Digital Bridge Governance Principles

- **Transparency:** Stakeholders will have visibility into the governance body’s work and opportunities to provide input.

- **Respect for Process:** Governance body members will adhere to an agreed upon decision-making process. Members will observe delineated and agreed upon roles and responsibilities.

- **Outreach:** The governance body can solicit opinions and presentations from stakeholders to inform its decision-making.

- **Utility:** The governance body will prioritize use of existing information technology standards and infrastructure as it pursues shared and realistic goals that benefit all parties.

- **Representativeness:** Governance body members will represent their broader field and be responsive to the goals of the Digital Bridge partnership.

- **Trust:** Governance body members will honor commitments made to the Digital Bridge effort.
Governance Body Meeting

Thursday, August 2nd, 2018
12:00 – 1:00 PM ET

This meeting will be recorded for note-taking purposes only
DIGITAL BRIDGE GOVERNANCE BODY

Governance Chair
John Lumpkin, RWJF

Health Care Delivery Networks
- HealthPartners (Richard Reaml)
- Kaiser Permanente (Warner Sareen)
- Partners Healthcare (Michael Rompat)

Health IT Vendors
- Epic (James Doyle)
- Meditech (Joe Wulf)
- Allscripts (Richard Tornade)
- Cerner (Bob Hironen)
- eClinicalWorks (Tushar Malhotra)

Public Health
- APHL (Scott Becker)
- ASTHO (Mary Ann Conroy)
- CSTE (Kathy Turner)
- NACCHO (Ozair Alleyn)
- CDC (Bill Mac Kenzie)

Ex Officio
- RWJF
- de Beaumont Foundation (Brian Crosetto)
- PHII (Vipin Singh)
- Deloitte (Andy Weseenthal)
- ONC (Dan Chappel)
- CDC (Cheyney Richard)

LEGEND
- member with voting privilege
- active workgroup
- completed/inactive workgroup

UPDATED: July 19, 2018

*Workgroups are charged by the governance body, lead by primary or alternate governance body representatives, with members that are appointed by governance body organizations."
# Meeting Agenda

## Purpose:
The purpose of this meeting is to work toward a common vision for exchanging actionable information between public health and health care.

## Consent Agenda

1. HHS CTO ex officio seat on Digital Bridge governance
2. Governance plan objectives
3. Workgroup updates

## Risk Log

- Implementation progress update

## For Action

- Governance memo: eCR transition planning

## For Discussion

- Increasing health care representation and engagement in Digital Bridge
- Coordinating vendor marketing and public health outreach to health care for eCR

## Time | Agenda Item
--- | ---
12:00 PM | Call to Order
12:04 PM | Agenda review and approval
12:05 PM | Consent Agenda
   - 1. HHS CTO ex officio seat on Digital Bridge governance
   - 2. Governance plan objectives
   - 3. Workgroup updates
12:10 PM | eCR implementation update
12:25 PM | Action: eCR transition planning
12:45 PM | Discussion: Increasing health care representation and engagement in Digital Bridge
12:55 PM | Informational: Coordinating vendor marketing and public health outreach to health care for eCR
remaining | Announcements – Charlie Ishikawa
1:00 PM | Adjournment – John Lumpkin

FOR DISCUSSION USE ONLY – August 2nd, 2018
Governance Meeting Consent Agenda

Protocol

1. Pre-meeting:
   a. Chair places items that are believed to be non-controversial or routine
   b. Items should be received with sufficient review time

2. Start of meeting:
   a. Chair asks if any member wishes to move an item into regular discussion
   b. All items left on the consent agenda are documented as approved by governance body
   c. Any item removed will be discussed during the meeting

August 2018 Consent Agenda Items

1. Governance objectives
2. HHS CTO ex officio governance body seat
3. Workgroup updates:
   a. eCR Implementation Workgroup
   b. Evaluation Committee
   c. Pilot Participation Workgroup
Consent Agenda

Item 1: Governance Objectives

• Statements describing what the PMO is working to accomplish for Digital Bridge governance.

• Overseen by the governance chair.

• Subject to change at the direction of the Digital Bridge governance body.

eCR demonstration and evaluation

1. Oversee eCR implementation and funding assurance
2. Determine how Digital Bridge will support nationwide eCR adoption and sustainability following the eCR pilot and evaluation

Governance organization and operation

1. Improve meeting efficiency, effectiveness and engagement
2. Assess and recharge workgroups to meet present initiative needs
3. Confirm governance body representation with founding organizations
4. Increase representation with health care providers
5. Revise charter to suit current initiative needs

Transition planning

1. Decide future information exchange use case selection criteria
2. Identify and prioritize potential new use cases for incubation
3. Identify potential organizational home(s) or operating entities for Digital Bridge
4. Identify potential sustainable funding models
5. Begin transition of Digital Bridge to a new business model
Consent Agenda

Item 2: HHS CTO *ex officio* seat
Invite the Chief Technology Officer of the U.S. Department of Health and Human Services (HHS CTO) to participate in Digital Bridge governance as an *ex officio*.

Leading reasons are:

i. Continue Jim Daniel’s engagement

ii. Extend Digital Bridge reach and broaden federal participation

Item 3: Workgroup Updates

See following pages for each workgroup:

a. eCR Implementation Workgroup

b. Evaluation Committee

c. Pilot Participation Workgroup
# Update: Pilot Participation Workgroup

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Designation</th>
<th>Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>APHL</td>
<td>Troy Willitt</td>
<td>Chair</td>
<td>Public Health</td>
</tr>
<tr>
<td>Houston Methodist*</td>
<td>TBD</td>
<td>Member</td>
<td>Participant</td>
</tr>
<tr>
<td>MiHIN*</td>
<td>TBD</td>
<td>Member</td>
<td>Participant</td>
</tr>
<tr>
<td>Cerner*</td>
<td>TBD</td>
<td>Member</td>
<td>EHR Vendor</td>
</tr>
<tr>
<td>Epic*</td>
<td>TBD</td>
<td>Member</td>
<td>EHR Vendor</td>
</tr>
<tr>
<td>Houston Health Department*</td>
<td>TBD</td>
<td>Member</td>
<td>Public Health Authority</td>
</tr>
<tr>
<td>Utah Department of Health*</td>
<td>TBD</td>
<td>Member</td>
<td>Public Health Authority</td>
</tr>
</tbody>
</table>

- Troy Willitt, APHL general counsel, will serve as chair
- See table (left) for recommended membership organizations
- Workgroup will convene remotely for one to two kick-off calls in early fall once membership is finalized
- Additional workgroup meetings will be determined as needed
- All communication will occur via Basecamp

*If there are no objectives to these recommendations, the chair and PMO steward will solicit individual members from each of the listed organizations. Each organization will have an opportunity to appoint either an implementation or legal contact, whichever they see most fit.
Update: Evaluation Committee

• Reconvened on July 25, 2018
  • Increase in health care representation
• Selection of co-chair
  • Goldie MacDonald, CDC
• Committee is reviewing documentation and tools
  • Key informant consent document
  • Data submission guidance document
  • Key informant interview guides
• Next meeting: August 8

• Committee reconvened and is chaired by Jeff Engel of CSTE.
• Committee will advise the development of the evaluation instruments and identify activities related to or overlapping with implementation.
Update: eCR Implementation Workgroup

- Two sites are currently in end-to-end testing: Utah and Houston
- Utah testing summary:
  - One successful end-to-end workflow testing; two test cases currently being tested
  - Seventeen defects identified (three resolved)
  - To resolve defects and account for Utah PTO, testing was on pause 7/18-7/30
  - Challenges uncovered in testing at Utah
    - Generation of new test patients was more time and resource intensive than anticipated
    - Timing of how eICRs are generated within the EHR to minimize duplicate eICRs may need to be revisited
- Site engagement and preparation for implementation continues
  - Most active sites include California, New York, Michigan and Kansas
- For detailed status of each site and timelines, please see appendices

- The governance body approved the workgroup charge via email in July 2018
- Laura Conn of CDC and Kirsten Hagemann of Cerner will continue to chair the workgroup
- Workgroup recruitment is underway; first meeting planned for August 2018
- The workgroup will focus on reviewing and discussing technical implementation issues with initial implementation sites and will also interface with the Evaluation and Pilot Participation workgroups for any information or guidance they need
Risk Log: eCR Implementation Update

Laura Conn (eCR Implementation Taskforce Co-Chair),
Rob Brown (Digital Bridge PMO)
Utah End-to-End Testing

Testing Process
• Utah officially began end-to-end testing on July 11
• Initial testing has been managed through a combination of stand-up calls and live working sessions to test initial cases
• Intermountain has tailored test cases to accommodate the idiosyncratic demographic characteristics of existing test patients and specifics of how fields/codes are used in the Cerner testing environment

Challenges
• Designated test scenarios were revised to address Intermountain-specific scenarios
• Generation of new test patients was more time and resource intensive than originally anticipated due to patients needing to be in the SunQuest Lab system and Cerner Millennium for proper workflow. Intermountain has been adjusting existing test patients to trigger eICRs with similar requests
• Intermountain's testing does not exactly cover the test cases defined initially, but necessary aspects of these scenarios are incorporated

Test Summary
• One successful end-to-end workflow testing; two test cases currently being tested
• Seventeen defects identified (three resolved)
• Wide variety of defects impacting the Intermountain eICR (i.e., abnormal indicator, nullFlavor used in medication section)
• To resolve defects and account for Utah PTO, testing was on pause 7/18-7/30
Implementation Workgroup Update

• Charge officially approved
• First workgroup meeting will be in August
• Membership still being defined
<table>
<thead>
<tr>
<th>Month</th>
<th>Utah Site</th>
<th>California Site</th>
<th>Michigan Site</th>
<th>Kansas Site</th>
<th>New York City Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2018</td>
<td>RR</td>
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<tr>
<td>Feb 2018</td>
<td>RR</td>
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<tr>
<td>Mar 2018</td>
<td>RR</td>
<td></td>
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<td></td>
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<tr>
<td>Apr 2018</td>
<td>Onboarding</td>
<td></td>
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<tr>
<td>May 2018</td>
<td>Production</td>
<td></td>
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<tr>
<td>June 2018</td>
<td>Production</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>July 2018</td>
<td></td>
<td>Connectivity/Onboarding/Testing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Aug 2018</td>
<td></td>
<td>Connectivity/Onboarding/Testing</td>
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<tr>
<td>Sept 2018</td>
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<td>Connectivity/Onboarding/Testing</td>
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<tr>
<td>Oct 2018</td>
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<td>Connectivity/Onboarding/Testing</td>
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<tr>
<td>Nov 2018</td>
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<td>Connectivity/Onboarding/Testing</td>
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<td></td>
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<tr>
<td>Dec 2018</td>
<td></td>
<td>Connectivity/Onboarding/Testing</td>
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</tr>
</tbody>
</table>
### Digital Bridge eCR Implementation Timeline - 2019

|----------|----------|----------|----------|----------|-----------|-----------|----------|-----------|----------|----------|----------|

**Massachusetts Site**  
Connectivity/Onboarding/Testing  
Production

**New York State Site**  
Connectivity/Onboarding/Testing  
Production

**Potential Interested Implementation Sites:**
- Delaware
- Illinois
- Iowa
- Kentucky
- Maryland
- Minnesota
- North Carolina
- North Dakota
- Pennsylvania
- Tennessee
- Wisconsin

*THIS LIST IS GROWING AND SOME SEPARATE GROUPS ARE FORMING TO DEFINE APPROACHES BECAUSE THEY FEEL EXCLUDED FROM DIGITAL BRIDGE*

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FOR DISCUSSION USE ONLY – August 2nd, 2018
Action: eCR Transition Planning

John Lumpkin (Chair)
Several decisions need to be made soon to ensure a smooth transition from piloting and evaluating eCR to their next focus. The decisions are as follows:

1. **TRANSITION FROM PILOT** - Beyond piloting and evaluating eCR, what will Digital Bridge do for nationwide eCR adoption and to assure eCR sustainability?

2. **NEXT USE CASE** - What will the initiative do to further bi-directional exchange in the health IT ecosystem?

3. **ORGANIZATION** - What is the most effective and efficient way to structure and support the Digital Bridge partnership for member priorities and interests in 2019 - 2020?

For unanimous agreement on these decisions, the process should (a) ensure input from the full membership in a way that is accessible and sensitive to their limited time, and (b) utilize or account for all prior Digital Bridge strategic and sustainability work.
**Action: Select eCR Transition Planning Process**

**TABLE 1: KEY ISSUES FOR THE THREE TRANSITIONAL DECISIONS THAT THE GOVERNANCE BODY NEED TO MAKE BY JANUARY 2019**

<table>
<thead>
<tr>
<th>Transition from eCR pilot issues</th>
<th>Next Use Case Issues</th>
<th>Organization and operations of DB issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> Description of changes that the effort following eCR Pilot will work toward.</td>
<td><strong>Sponsors:</strong> A list of viable sponsors for a second Digital Bridge use case; i.e., names and affiliations of individuals.</td>
<td><strong>Goal:</strong> Describes consensus vision for Digital Bridge as a collaboration platform and use case incubator.</td>
</tr>
<tr>
<td><strong>Objectives:</strong> Description of specific, time-bound and measurable outputs or outcomes of the effort.</td>
<td><strong>Value Proposition(s):</strong> For each use case, brief descriptions of the Digital Bridge value proposition (may differ among use cases)</td>
<td><strong>Objectives:</strong> Description of specific, time-bound and measurable outputs or outcomes of the effort.</td>
</tr>
<tr>
<td><strong>Roadmap for nationwide eCR adoption:</strong> provides a big-picture view of the course of events or milestones to nationwide eCR availability and use.</td>
<td><strong>Stakeholders:</strong> A list of key stakeholder organizations for each use case.</td>
<td><strong>Transitional timeline:</strong> describes events and milestones for adjusting Digital Bridge organization and operations</td>
</tr>
<tr>
<td><strong>Current and future state:</strong> Describes the current state of eCR per the Digital Bridge eCR Pilot effort. Separately describes the state of eCR for early adoption by healthcare and public health agencies nationwide.</td>
<td><strong>Engagement:</strong> Workgroup of stakeholders who will engage potential sponsors preparatory for an in-person discussion with governance body</td>
<td><strong>Digital Bridge Operational Model:</strong> describes business processes or functions required to support the Digital Bridge governance and strategic planning</td>
</tr>
<tr>
<td><strong>Digital Bridge Activities:</strong> Describes what activities the Digital Bridge collaborative will do together to facilitate the future state.</td>
<td><strong>Digital Bridge Funding Model:</strong> description of transitional funding models for Digital Bridge governance</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 2: OPTIONS - Possible ways for to facilitate decision making by January 2019**

<table>
<thead>
<tr>
<th>Process Options</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New workgroup</strong> addresses eCR transition issues and use case issues and provides recommendations to full GB to review and endorse, then PMO produces plan to support transition that requires for GB approval. Workgroup membership should be GB representatives only.</td>
<td>Governance body organizations describe how they want to...</td>
</tr>
<tr>
<td><strong>Present eCR funders and operators</strong> address eCR transition issues and provide recommendations for full GB to review and endorse, then PMO produces plan to support transition for GB approval.</td>
<td>1. increase the availability and use of the Digital Bridge eCR architecture/approach nationwide</td>
</tr>
<tr>
<td><strong>Small workgroup or task force</strong> addresses next use case issues and provides recommendations for full GB to review and endorse, then PMO produces plan to support transition that requires for GB approval.</td>
<td>2. assure eCR sustainability</td>
</tr>
<tr>
<td><strong>PMO</strong> addresses eCR transition issues and provides recommendations for full GB to review and endorse, then PMO produces plan to support transition that requires for GB approval.</td>
<td>3. use the Digital Bridge to enable their next strategic focus for eCR</td>
</tr>
<tr>
<td><strong>MO</strong> addresses eCR transition issues and provides recommendations for full GB to review and endorse, then PMO produces plan to support transition that requires for GB approval.</td>
<td>4. further bi-directional exchange in the health IT ecosystem (i.e., a second use case)</td>
</tr>
</tbody>
</table>

**Resulting documentation includes...**

1. a governance body endorsed plan for transitioning Digital Bridge focus from pilots to the next strategic focus for eCR
2. a governance body endorsed selection and champion of the next use case
3. a governance body endorsed plan for operating (including funding) the Digital Bridge PMO to support the mission and objectives
Discussion: *Increasing health care representation and engagement in Digital Bridge*

*John Lumpkin (Chair)*
Discussion: Increasing health care representation and engagement in Digital Bridge

**Background**
There’s an acknowledgement that greater representation would help ensure an approach that health care professionals value and that we can communicate that value successfully/influentialy. How and when to push for greater representation is a decision the governance body should make together.

**Discussion**
1. When: Before or after pilot success?
2. How: Invite systems already engaged (implementation site systems like Intermountain or Houston Methodist), or engage new health care systems?
   - Option 1: Engage new health care systems in governance body
   - Option 2: Engage implementing health care systems in governance body
Informational: Coordinating vendor marketing and public health outreach to healthcare for eCR

John Lumpkin (Chair, Digital Bridge governance body)
Informational: Coordinating vendor marketing and public health outreach to health care for eCR

- Staff from a state public health agency are curious if it would be possible to exchange information with vendors about product marketing (see example questions)
- This may help PHAs form, or advance, data trading partnerships with health care providers and systems, because issues regarding cost and technical feasibility are frequently discussed as barriers or facilitators for health care to acquire and implement a new messaging technology.

Sample questions PHA might ask of vendors:

1. What is their nomenclature for this “product”? Is it an eCR module/upgrade/package?
2. Is there a brief description of how eCR works for their system?
3. How do they plan to deploy this module within their system? Is it as easy as flipping a switch or is this a system reboot?
4. What is their general outreach strategy to market this product? Are they reaching out already? What is their approach?
5. Are all of their local affiliates aware of this product? Can a provider call a general customer service number to speak with someone who knows what eCR is?
Announcements

Charlie Ishikawa
NEXT MEETING
Thursday, September 6\textsuperscript{th}, 2018, 12:00 – 1:00 PM EDT

Action Items

...