digital bridge

Frequently Asked Questions

September 2018

Digital Bridge

What is Digital Bridge?

Digital Bridge is a partnership of health care, health IT and public health organizations, with a vision to ensure our nation's health through bidirectional data exchange between health care and public health. As its first project, Digital Bridge stakeholders have designed a nationally scalable, multi-jurisdictional approach to electronic case reporting, the automated generation and transmission of case reports from health care providers' electronic health record (EHR) systems to public health agencies for review and action. Digital Bridge is not a software solution: rather, it is a collaborative that brings together key stakeholders to discuss challenges and potential solutions to two-way information exchange.

A governance body formed in the fall of 2016 with representation from public health, health care delivery systems and electronic health record vendors. At that time, workgroups were charged by the governance body to focus on issues related to eCR including defining requirements, technical infrastructure, sustainability, and review of legal and regulatory factors. Workgroup activity for eCR continues and provides a mechanism for governance body members to engage subject matter experts and align with supportive efforts such as standards development. In spring 2017, Digital Bridge began coordinating eCR implementation at sites across different states and cities.

Digital Bridge governance is funded by the Robert Wood Johnson Foundation and the de Beaumont Foundation. Deloitte Consulting and the Public Health Informatics Institute provide project management support.

What are the ultimate goals of Digital Bridge? What do you mean by a bidirectional exchange?

The Digital Bridge initiative intends to build a bidirectional exchange, meaning two-way information exchange, between health care and public health. Health care providers have information that public health agencies need to fulfill their essential services. At the same time, public health agencies and community partners have information that will help providers deliver quality care and control costs. Initially, the focus for Digital Bridge is to share information about infectious diseases; however, future data exchange could include collaborated management of chronic diseases and emerging health threats.

The ultimate goal of Digital Bridge is to identify a consistent, nationwide and sustainable approach to using health care's EHR data to improve public health surveillance. Through more efficient data sharing, Digital Bridge will empower both public health and health care with the information needed to improve their constituents' and patients' health.

Below are high-level goals for Digital Bridge:
- Ease the burden and costs for all stakeholder groups through a unified approach to information exchange.
- Advance greater standards-based information exchange across public health and health care.
- Lay the foundation for greater bidirectional exchange of data so that clinicians can be more informed about population health, environmental risks and outbreaks.

What is the value of Digital Bridge?

Digital Bridge promotes the use of national health IT infrastructure to alleviate the administrative burden and costs of outdated, siloed data exchange practices. It allows public health to speak with one voice by encouraging collaboration across all jurisdictions. By convening health care providers and health IT vendors, Digital Bridge provides an opportunity for them to be part of the conversation and solution to effective data exchange. These discussions foster better connectedness between health care and public health, a relationship that is integral to building healthy communities

How is Digital Bridge structured and how are decisions made?

Governance meetings allow the members to review workgroup products and recommendations and hold discussion when key decisions are necessary. The group strives to make consensus-driven decisions, but when opinions differ, a roll call vote is taken to reach a decision according to a simple majority. The group abides by the principles of transparency, respect for process, outreach, utility, representativeness and trust. The governance charter and member list are available on **the Digital Bridge governance page**.

Governance Body

The governance body consists of representatives from health care, public health and electronic health record (EHR) technology. One primary delegate represents each organization under each field. Each organization may also be represented by up to three alternate representatives. Both primary and alternate representatives may participate in governance meetings. Primary representatives may vote. If an organization's primary representative is not in attendance, the designated alternate representative will vote on their behalf. Ex officio members and PMO staff may not vote. The chair may vote only in the event of a tie between affirmative and negative votes. A list of governance body members is available on **the Digital Bridge governance page**.

Governance Chair

Governance meetings are convened by a governance chair, Dr. John Lumpkin of the Robert Wood Johnson Foundation. The governance chair may designate an alternate governance chair as necessary to convene governance meetings.

Ex Officio Members

Ex officio members are appointed to the governance body because of their financial support of Digital Bridge or office. Such persons include funders of the Digital Bridge initiative, principal investigators, federal officials, etc. Ex officio members may participate in governance meetings and may be selected by the governance body to serve as governance body chair.

Workgroups

To conduct the activities of Digital Bridge, the governance body may establish workgroups. The governance body will determine the members and charge for a workgroup and may consider workgroup members from outside the governance body to provide subject matter expertise relevant to the workgroup charge. Workgroup charges will include specific issues to be addressed, deliverables to be returned to the governance body and a timeline that begins and ends with the workgroup's initiation and sunset dates. Workgroups are expanding on previous work

and exploring new areas such as measuring the outcomes of the project and evaluating resources for nationwide expansion. Find workgroup products on **the Digital Bridge resources page**.

Project Management Office

The Project Management Office (PMO) is charged with facilitating Digital Bridge activities as directed by the governance body. The PMO supplies a platform for collaboration and management of project documentation. The PMO also develops draft materials to be introduced as agenda items during governance and workgroup meetings.

How does Digital Bridge differ from federal advisory committees or standards development organizations?

Digital Bridge involves the development and management of an active partnership of diverse interests and the forging of consensus on a path forward. We are focused on adopting existing technologies and standards to implement data exchange between health care and public health. Many Digital Bridge governance body representatives have contributed to federal advisory committees or health IT standards development. As Digital Bridge identifies opportunities for bidirectional data exchange, we seek to leverage existing technical infrastructure and interoperability standards. Evaluation findings from implementations facilitated by Digital Bridge will be shared with the broader community to inform future development of technologies and standards.

How is Digital Bridge different than a health information exchange (HIE)? Is Digital Bridge interacting with health information exchanges (HIE)?

Digital Bridge is not an HIE or a technology product. It is a collaborative between health care, health IT and public health to improve bidirectional data exchange between health care and public health. Our focus is on identifying data exchange opportunities, relevant technologies and standards, and evaluation of initial implementations. Digital Bridge provides a governance framework for cross-sector collaboration and decision-making. We seek to leverage existing HIEs, interoperability standards, and technology platforms as we develop and implement data exchange use cases like eCR.

What are the specific stakeholder roles within the Digital Bridge effort?

Public health

Many public health associations participate on the governance body and represent agencies at state, territorial, local, and tribal (STLT) levels. Digital Bridge relies on public health associations to provide an informed view of agencies' surveillance needs and to share expertise. The associations engage with their membership to solicit opinions and insights on how public health can contribute to bidirectional data exchange with their clinical partners. In addition, representatives from the Centers for Disease Control and Prevention (CDC) and the Office of the National Coordinator for Health Information Technology (ONC) provide a balanced view of national needs in the area of disease surveillance and expertise on proposed technical components.

Health care delivery systems

Health care organizations are represented on the governance body and are part of the initial effort to establish implementation sites. Like the other participants, health care representatives provide needed input to relevant

workgroups and socialize the issues and plans for Digital Bridge within their organizations. While health care delivery system participation is limited, given Digital Bridge's focus on eCR of reportable conditions and the number of care delivery systems nationwide, all health care delivery systems will have an opportunity to provide feedback on the requirements being developed.

This group is also responsible for articulating the needs of peers and colleagues. The governance body and the workgroups need this input to inform how data exchange with public health is best incorporated into the clinical workflow, in an efficient and useful manner.

EHR vendors
EHR vendor participants will provide technical knowledge, experience and know-how. They are needed to help develop the solutions and provide input on what can be accomplished in short project timelines.

EHR vendors are represented on the governance body and are a part of the initial effort to establish implementation sites. While vendor participation is limited, given Digital Bridge's focus on eCR of reportable conditions and the number of EHR vendors nationwide, all vendors will have an opportunity to provide feedback on the requirements being developed.

How will the participating stakeholders communicate with constituencies?
The project management office will provide these groups with talking points, proposed requirements, anticipated legal issues and any other in-progress Digital Bridge work products that they can share with their organization and constituents. Digital Bridge intends to be transparent. The completed work products and other relevant resources are available at **www.digitalbridge.us**. A Digital Bridge e-newsletter with current news and events is also **available for subscription**.

My organization is not involved but we want to have input. How can we provide feedback on the Digital Bridge effort?
You can provide feedback through the designated representatives on the Digital Bridge governance body and the workgroups. A schedule of meetings and a timeline is available at **www.digitalbridge.us**. Additionally, the Digital Bridge program management office will be happy to talk with anyone seeking to provide input. We provide several avenues for feedback: we are available by email at **info@digitalbridge.us** and via our **contact page**.

Electronic Case Reporting (eCR)

What is eCR and its value?

Electronic case reporting (eCR) is the automated generation and transmission of case reports from EHRs to public health agencies for review and action. It is a valuable tool that reduces the burden of public health reporting of infectious diseases while improving the timeliness, accuracy and completeness of data. Currently, infectious disease case reports are created through time-intensive manual processes (e.g., written reports, fax or mail) which can stall the public health response required to contain dangerous outbreaks. eCR allows reports to be sent digitally from the clinician's EHR system to the public health agency in near real time, alleviating the burden of manual reporting. It is a time-and-cost-efficient tool that leads to rapid productivity in disease case reporting and data collection, improving routine outbreak management.

What is the difference between eCR and eICR?

Electronic case reporting (eCR) is the process of automatically generating and transmitting case reports from an electronic health record (EHR) to public health agencies for review and action. Two pieces of information move back and forth during this process: the electronic initial case report (eICR) and the reportability response. The eICR is the *first* report that moves from health care to public health that contains information from the patient's encounter, but it is not final—the report could evolve as more data are collected. The reportability response is the acknowledgement that is sent to health care confirming the report was received and whether the patient's condition is reportable.

What is the Digital Bridge technical approach for electronic case reporting?

Digital Bridge's technical approach aims to change the status-quo of point-to-point data connections between health care organizations and their public health partners by offering a central decision support service to facilitate case reporting.

The approach leverages existing electronic health record systems to automatically flag potentially reportable disease cases and create a case report. The report is then sent digitally to the central decision support service to validate its format and determine whether the case is reportable to public health. If the case is reportable, the report is forwarded to appropriate public health agencies. The decision support service eliminates guesswork on which jurisdiction the case report goes to, and alleviates burdensome manual reporting processes for health care professionals. This real-time, automated process improves the accuracy and completeness of the data. It is designed to be system agnostic and adoptable by any size organization and data provider.

The decision support service runs on the APHL Informatics Messaging Service (AIMS), a secure, cloud-based platform developed by the Association of Public Health Laboratories. Case reports are evaluated against public health reporting criteria by the Reportable Conditions Knowledge Management System (RCKMS), developed by the Council of State and Territorial Epidemiologists (CSTE). eCR pilot activities for this technical approach will continue through 2019. Additional details on the Digital Bridge eCR approach are available at **www.digitalbridge.us**.

What is the Digital Bridge legal and regulatory approach for sharing patient data?

The Digital Bridge collaborative worked with health IT and privacy experts to develop the legal framework and agreements required to implement the eCR technical approach. The current legal approach positions the decision support service to act as a business associate of health care organizations or their existing health information exchange partners, allowing the AIMS platform and RCKMS to access required patient data and facilitate case reporting on behalf of providers. While stakeholder groups have expressed consensus on this approach, there is interest in evaluating the viability of the decision support service acting on behalf of public health agencies or other alternative legal frameworks.

What are the current eCR implementation sites and why have they been delayed?

To effectively test the technical approach, Digital Bridge is coordinating eCR implementations at selected pilot sites through 2019. Each site includes a public health agency, a health care provider and a data provider/EHR vendor. As the sites continue through the implementation process, each will periodically submit data and participate in key informant interviews to measure the efficacy of eCR and collect lessons learned. California, Houston, Kansas, Massachusetts, Michigan, New York City, New York state and Utah have been selected as pilot sites.

Digital Bridge is attempting to change health care and public health information exchange nationwide. Considering the scope of this project, particularly one with a fast-paced timeline, delays are common. Based on current projections, the first implementation site anticipates being production-ready in Fall 2018. This is the earliest an implementation site will receive case reports (i.e., patient data) using the decision support intermediary platform (DSI).

Is there an estimated timeframe for when other sites could potentially onboard with the Digital Bridge eCR approach?

The schedule for onboarding additional sites will be determined by the Digital Bridge governance body and is under development. This schedule will be informed by the experience of the current pilot sites and evaluation findings. Please monitor **www.digitalbridge.us** and communications channels hosted by APHL and CSTE for more information.

In the meantime, the Digital Bridge stakeholders are developing robust onboarding documentation, including pre-onboarding tasks for all interested implementation site partners. Pre-onboarding work includes socializing the Digital Bridge eCR approach with executive leadership at all site partners, collecting contact information for technical, security and legal site subject matter experts, and implementing functionality to support eICR generation, among other tasks. Once finalized, this material will be available on **www.digitalbridge.us**

How will the eCR implementations comply with patient privacy and public health reporting regulations?

The Digital Bridge initiative is committed to information sharing between health care and public health that is consistent with laws and regulations governing patient privacy and public health reporting. Electronic case reports include protected health information that moves from the health care provider setting to the decision support intermediary (DSI) and then to a jurisdictional public health department if it matches jurisdictional reporting

criteria. For the initial eCR implementations, it is anticipated that the DSI will act as a business associate of the health care provider as it facilitates reporting of public health cases to STLT agencies per STLT reporting criteria applicable laws and regulations. A goal of Digital Bridge is to ensure that the right agreements are in place between the health care provider, the DSI and the public health agency. Template legal agreements will be posted to digitalbridge.us once available.

Processes related to case notifications from STLT agencies to CDC are outside the scope of the eCR implementations described for Digital Bridge.

Will Digital Bridge provide any funding to implementation sites?

Selected sites are expected to provide in-kind contributions for implementations. The Digital Bridge governance body and program management office will provide technical assistance, but direct funding to selected sites is currently not available.

Will sensitive data, such as for HIV, be included in the Digital Bridge eCR approach?

The eCR approach developed by the Digital Bridge collaborators is designed to comply with the HIPAA privacy rule with respect to protected health information and public health reporting. HIV is not currently among the five conditions that will be supported by the eCR approach developed by Digital Bridge partners. To participate in discussions on when HIV could be supported, learn more about **CSTE's Reportable Conditions Knowledge Management System (RCKMS)**—part of the technology platform for eCR—contact a CSTE representative.

How can I achieve meaningful use with eCR and does Digital Bridge have any material stating their method of eCR counts for meaningful use credit?

In order to meet this criteria, the Digital Bridge governance body may provide documentation to Digital Bridge participants to assist in meaningful use attestation for electronic case reporting. The governance body can also facilitate creating this documentation as implementation sites approach eCR production.

The four criteria that support the electronic transmission of case reporting information to public health in a Health IT module are as follows:

1. Consume and maintain a table of trigger codes to determine which encounters should initiate an initial case report being sent to public health;
2. When a trigger is matched, create and send an initial case report to public health
3. Receive and display additional information, such as a "notice of reportability" and data fields to be completed
4. Submit a completed form.

Please visit **the final rule** for further details on certification requirements.