



Governance Body In-Person Meeting

January 24 – 25, 2018

The Task Force for Global Health
(Decatur, GA)

Warm-up

1. Stand up.
2. Find the person with the other half of your proverb.
3. Introduce yourselves: name and first rock concert.
4. Interpret the phrase; what does it remind you of?

If things are getting easier...	...maybe you're headed downhill. (Ghana)
Talk...	...does not cook rice. (China)
You'll never plow a field...	...by turning it over in your mind. (Ireland)
Plant only one seed of virtue...	...much fruit will be harvested. (Mongolia)
When spiders unite...	...they can tie up a lion. (Ethiopia)
The day of the storm is not...	...the time for thatching. (Ireland)
Nothing is so difficult...	...that diligence cannot master it. (Madagascar)
We start as fools...	...and become wise through experience. (Tanzania)
Those who are absent...	...are always wrong. (Congo)
The person who is being carried...	...does not realize how far the town is. (Nigeria)
You can't have the sunrise...	...before the day time. (Hati)
When you drink the water...	...think of the well-digger. (Russia)
A leaky house may fool the sun...	...but it cannot fool the rain. (Haiti)
He who spits at the sky...	...gets his face wet. (El Salvador)
People who do not break things first...	...will never learn to create anything. (Philippines)

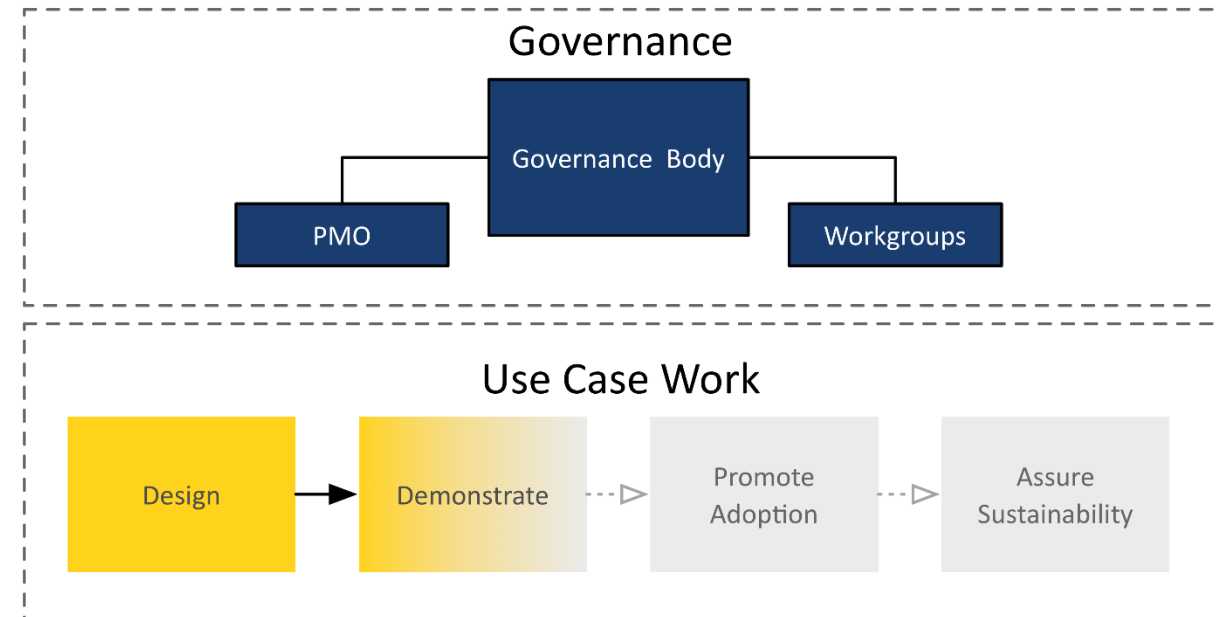
Welcome and meeting overview

Meeting Overview

Objectives

1. Determine what Digital Bridge organizations will do, both individually and collectively through the Digital Bridge, to ensure a successful eCR demonstration in 12 to 18 months.
2. Identify issues or questions central to ensuring adequate eCR sustainability nationwide.
3. Determine ways to advance Digital Bridge sustainability, both organizationally and fiscally, over the next 12 to 18 months.
4. Identify and document what DB founding organizations will do over the next 12 to 18 months to advance DB strategic priorities.

Framework



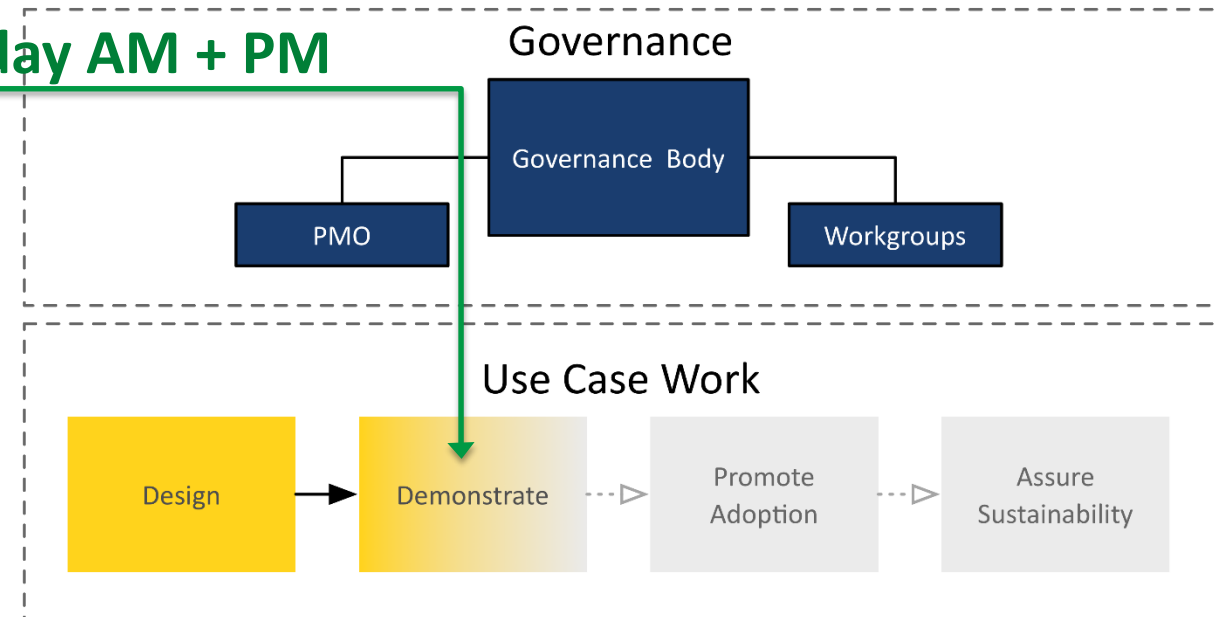
Meeting Overview

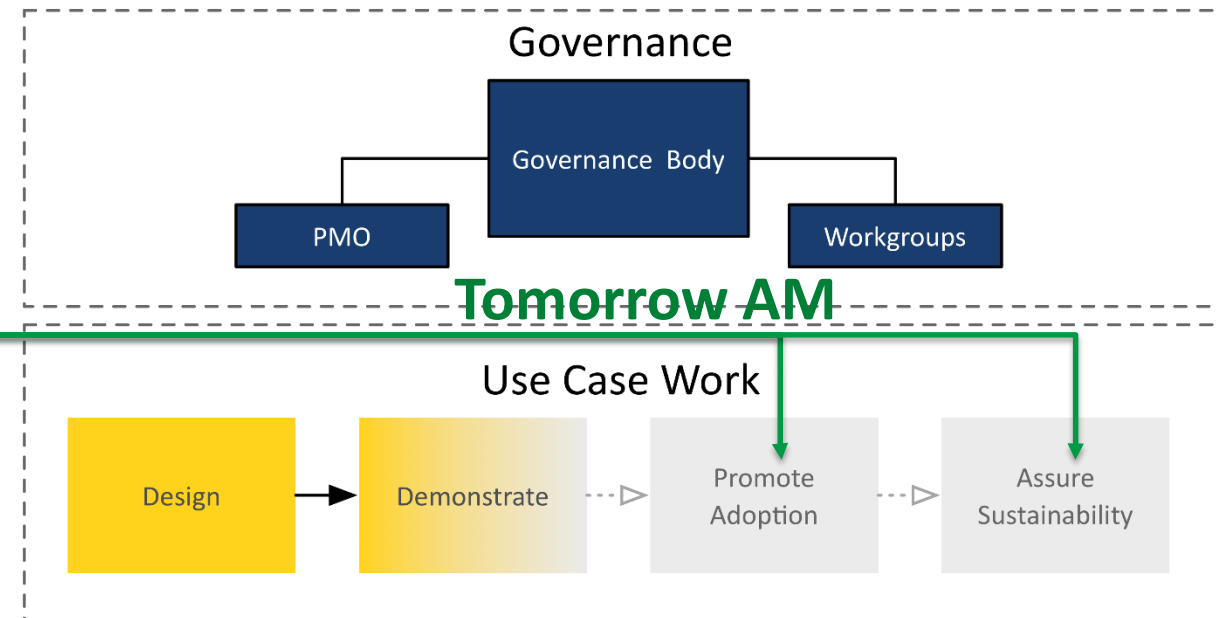
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Framework

Today AM + PM





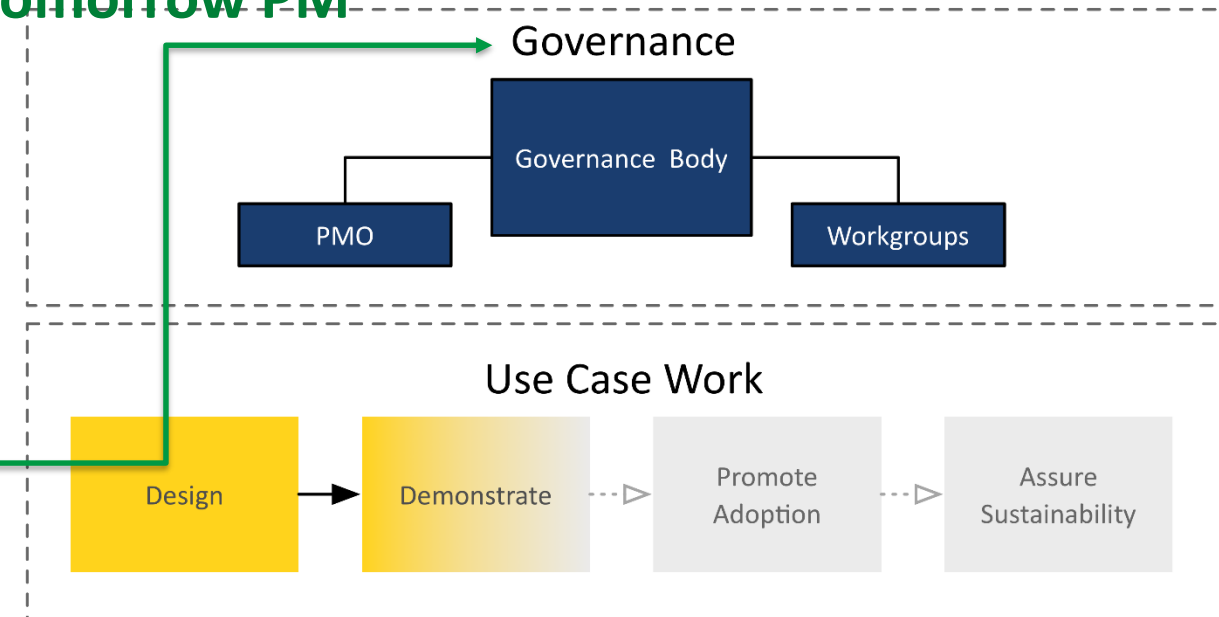
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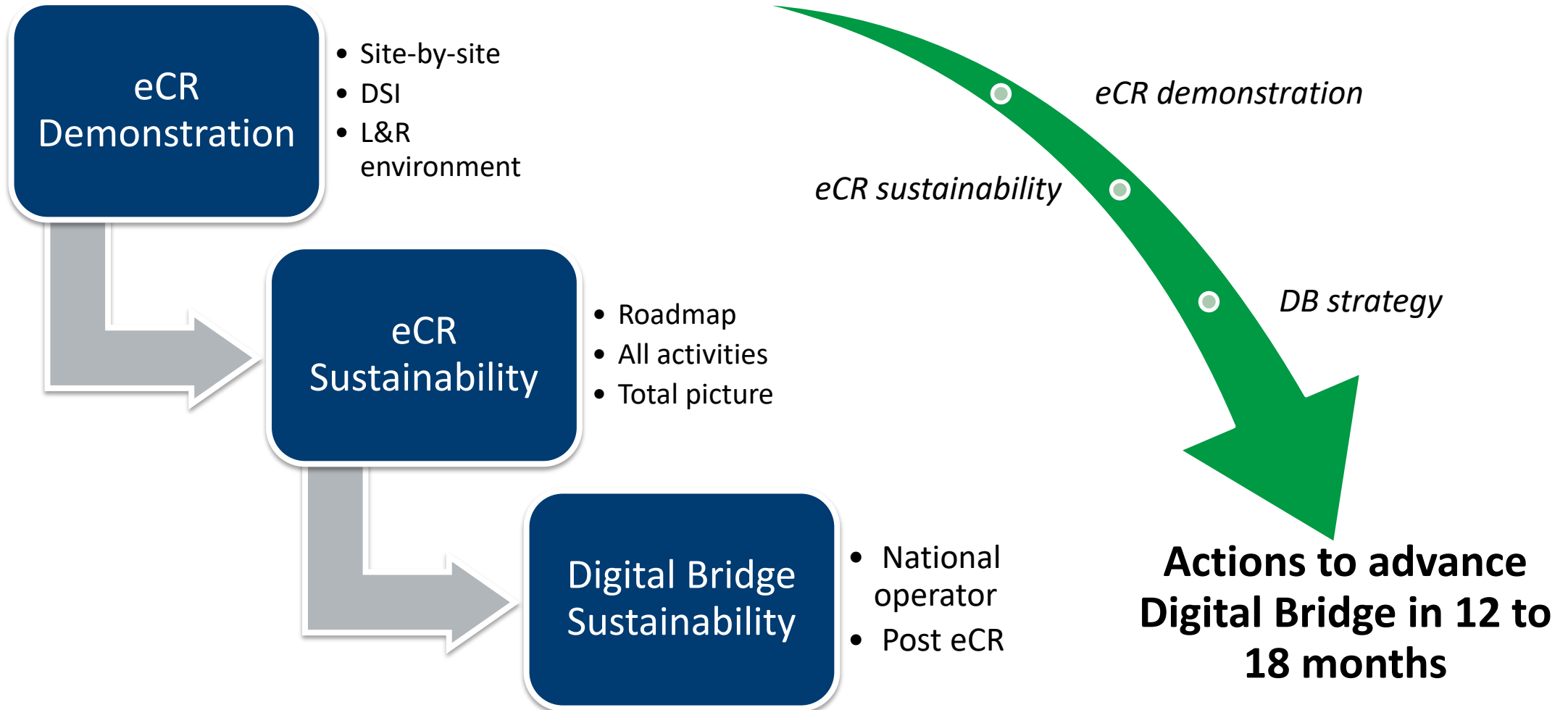
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Framework

Tomorrow PM



Meeting Course



Meeting Ground Rules

1. Seek common ground and understanding (not problems and conflict) .
2. Treat everything you hear as an opportunity to learn and grow.
3. Speak honestly, from your truth, without blame or judgment.
4. Show up and CHOOSE to be present.
5. “Yes...and” thinking (not, “Yes...but”).
6. Everyone participate, no one dominate.
7. Articulate hidden assumptions.
8. Have fun!

Schedule

Time	Day 1: Wednesday 1/24
9:45	Refresh the big Digital Bridge picture
10:30	Break (15 min)
10:45	DB eCR Implementations: Ensuring success
12:30	Working lunch <ul style="list-style-type: none"> Decision support capacity and outlook
1:50	What should Digital Bridge and partners do to ensure successful demonstration?
2:45	Break (15 min)
3:00	Legal and regulatory environment for eCR nationwide
4:15	HHS CTO Perspective
5:00	End Day 1
6:15	Happy Hour & Reception (Parker's on Ponce)

Time	Day 2: Thursday 1/25
8:30	Breakfast
9:00	Reconvene
9:15	Promoting nationwide eCR adoption and sustainability
10:30	Break (30 minutes)
12:30	Lunch
1:30	Digital Bridge sustainability
2:00	Next strategic steps
2:20	Summary and closing remarks
3:00	Meeting concludes

Refresh the big Digital Bridge picture

Reflecting on our common and complementary motives and interest



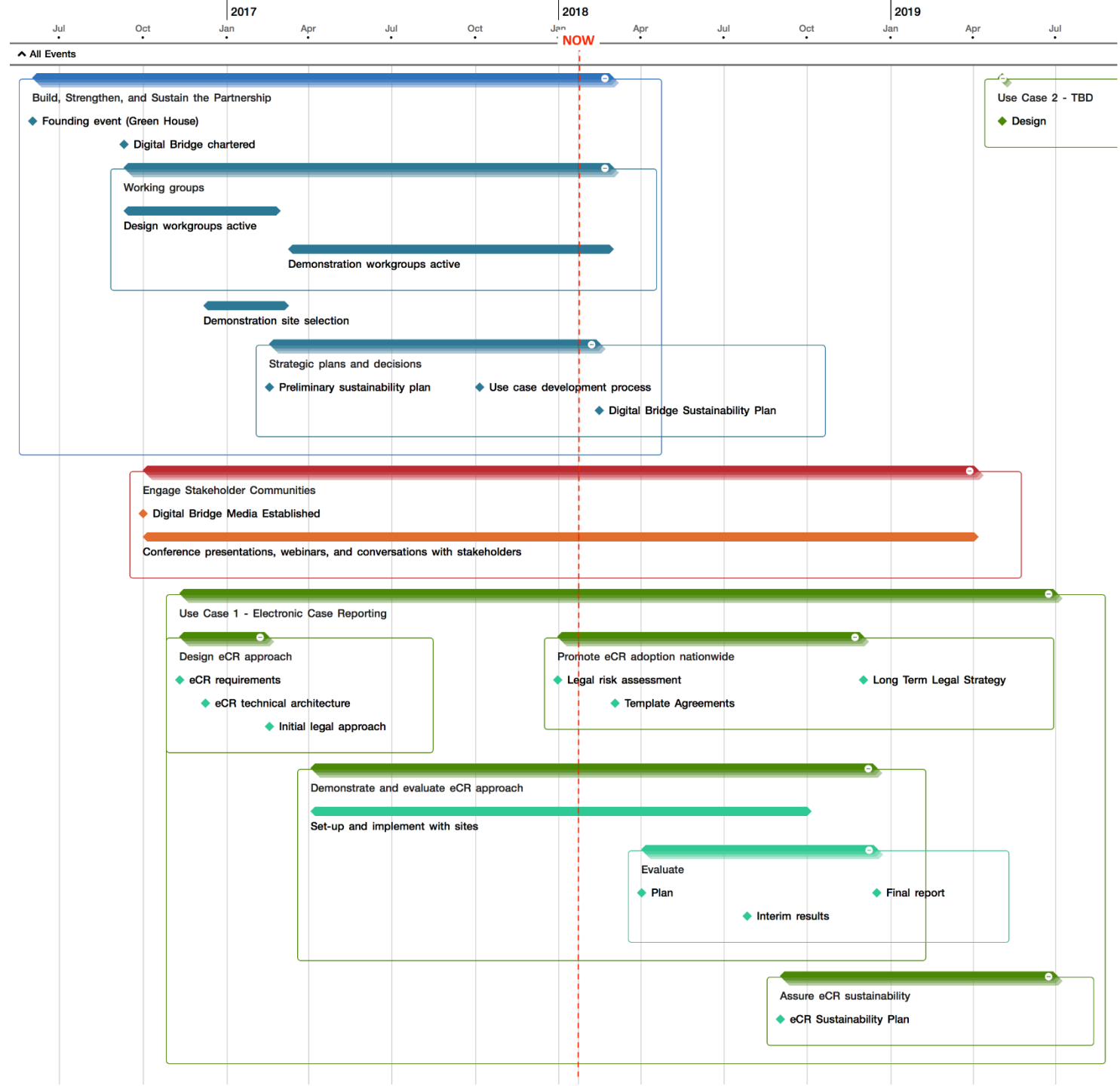
Digital Bridge Timeline

Accomplishments

1. Governance
 - Chartered the partnership
 - Charged workgroups for eCR design and demonstration
 - Selected implementation sites
 - Developed use case selection process
2. Engagement
 - Established media
 - Multiple presentations, talks and engagements
3. Use Case #1: eCR
 - Designed
 - Demonstrating

Future Key Milestones

1. Demonstrate and evaluate eCR approach
2. Promote eCR adoption
3. Assure eCR sustainability
4. Determine Use Case #2
5. Digital Bridge Sustainability Plan



In Kind Time Contributions

Workgroups/Calls/Taskforces	Number of Members	Meeting Time (hr.)	Number of Meetings	Time Outside Meetings	Total Hours
Strategy	30	1	12	1	720
Requirements	34	1.5	17	1.5	1,734
Technical Architecture	42	1	18	1	1,512
Sustainability	16	1	8	1	256
Governance Body	38	1.5	18	1	1,710
eCR Implementation Taskforce	36	1	40	2	4,320
Implementation Site Calls (MI, UT, KS)	12	1	79	1	1,896
Taskforce Co-Chair Calls	2	0.5	39	0.5	78
AIMS/RCKMS Call	7	1	200	1	2,800
Scalability	33	1.17	3	1.5	267.3
Legal	20	1	7	1	280

15,573.3 total hours (almost two full years!) Contributed by strategic partners

Activity

“The Digital Bridge will enable me to ____.”

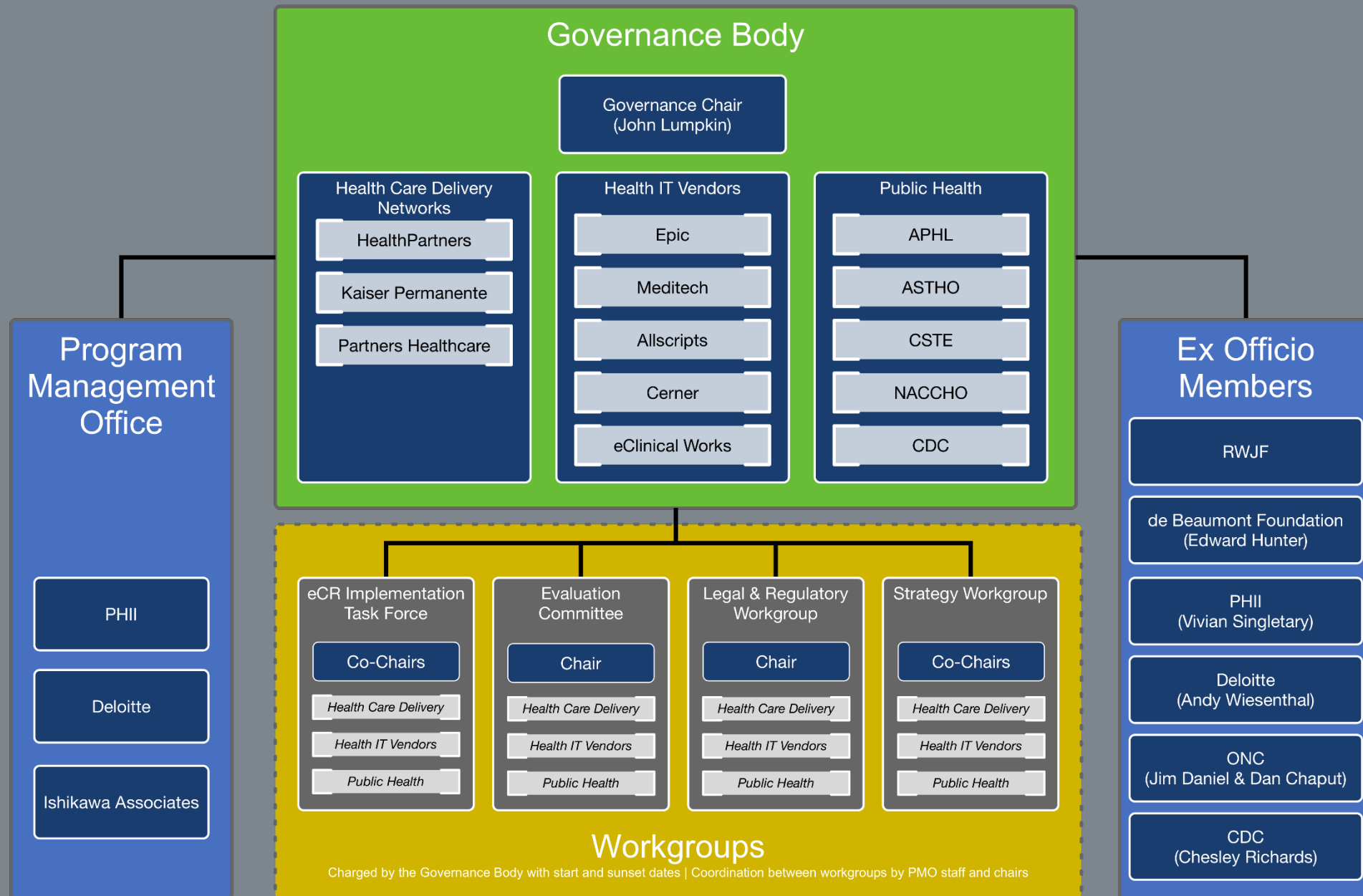
Activity Instructions

You will need....

1. Responses to meeting prep task #1
 - **“The Digital Bridge will enable me to ____.”**
 - Your organization’s top two or three reasons (i.e., interests or motives) for working on the Digital Bridge partnership.
 - No more than 15 words
2. Post-Its: Two or three
3. Sharpie

Tasks

1. All 1⁰ Governance Body reps and *ex officios*
 - A. Print one response per Post-It (legibly please).
 - B. Write org name on each Post-It.
 - C. Bring post-its to the back of the room, and place together on board.
2. All 2⁰ reps and guests go to back of the room.
3. While waiting for all to finish writing and posting, quietly review what’s getting posted.



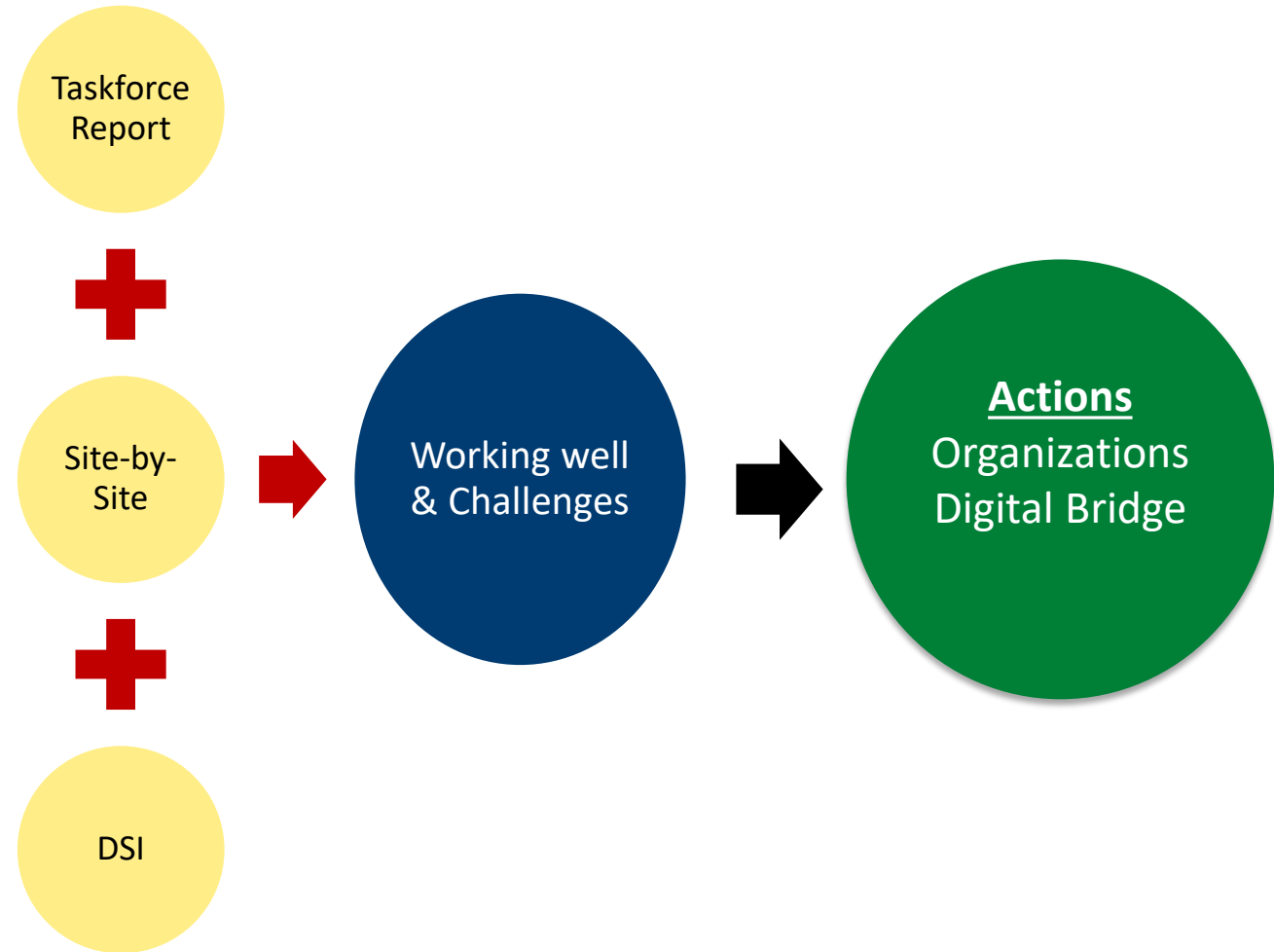
Break (15 minutes)

Digital Bridge eCR Implementations: Ensuring Demonstration Success

Ensuring eCR Demonstration Success

Session Objective

Determine what Digital Bridge organizations will do, both individually and collectively through the Digital Bridge, to ensure a successful eCR demonstration in 12 to 18 months.



Meeting Ground Rules

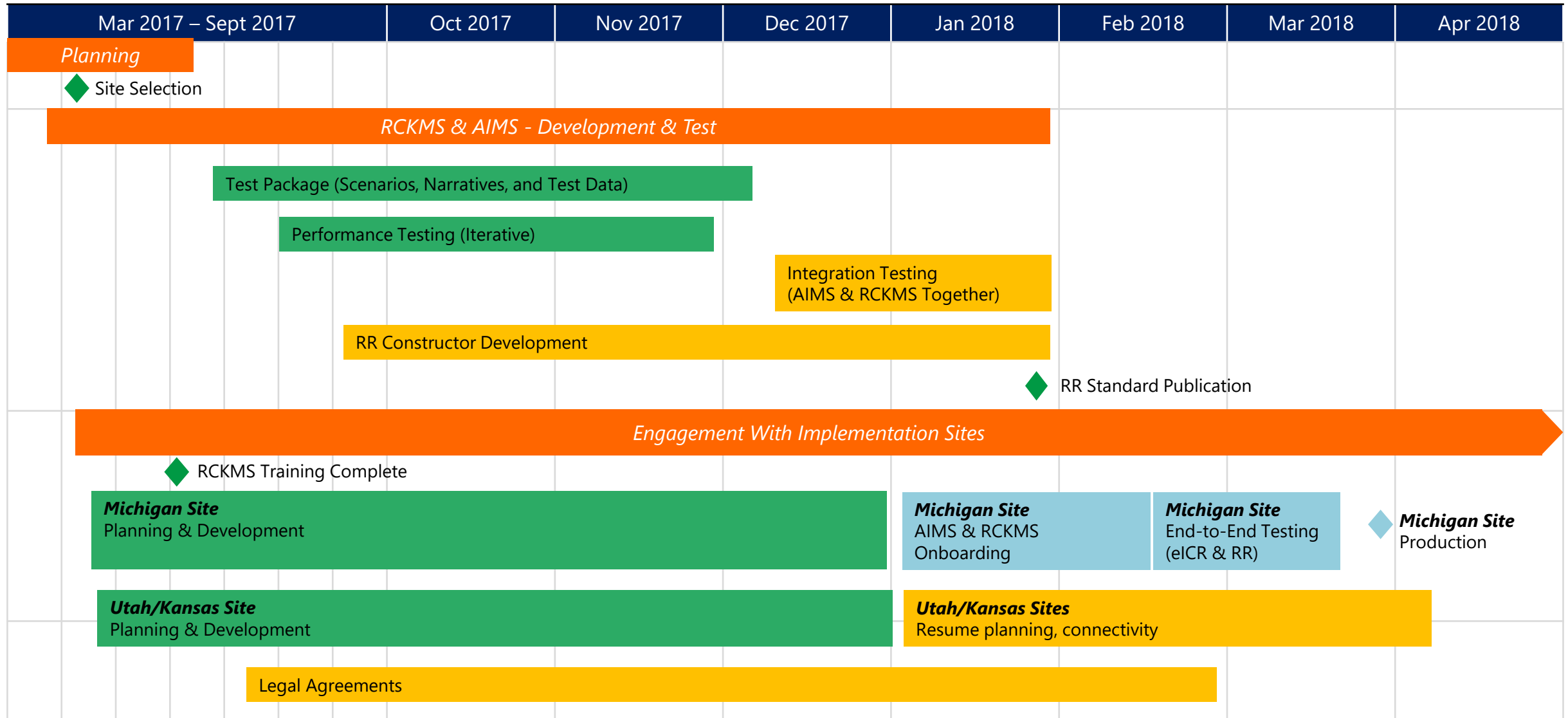
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eCR Implementation

Laura Conn (eCR Implementation Taskforce Co-Chair), Digital Bridge PMO,
and guest site speakers

Implementation Timeline

DRAFT

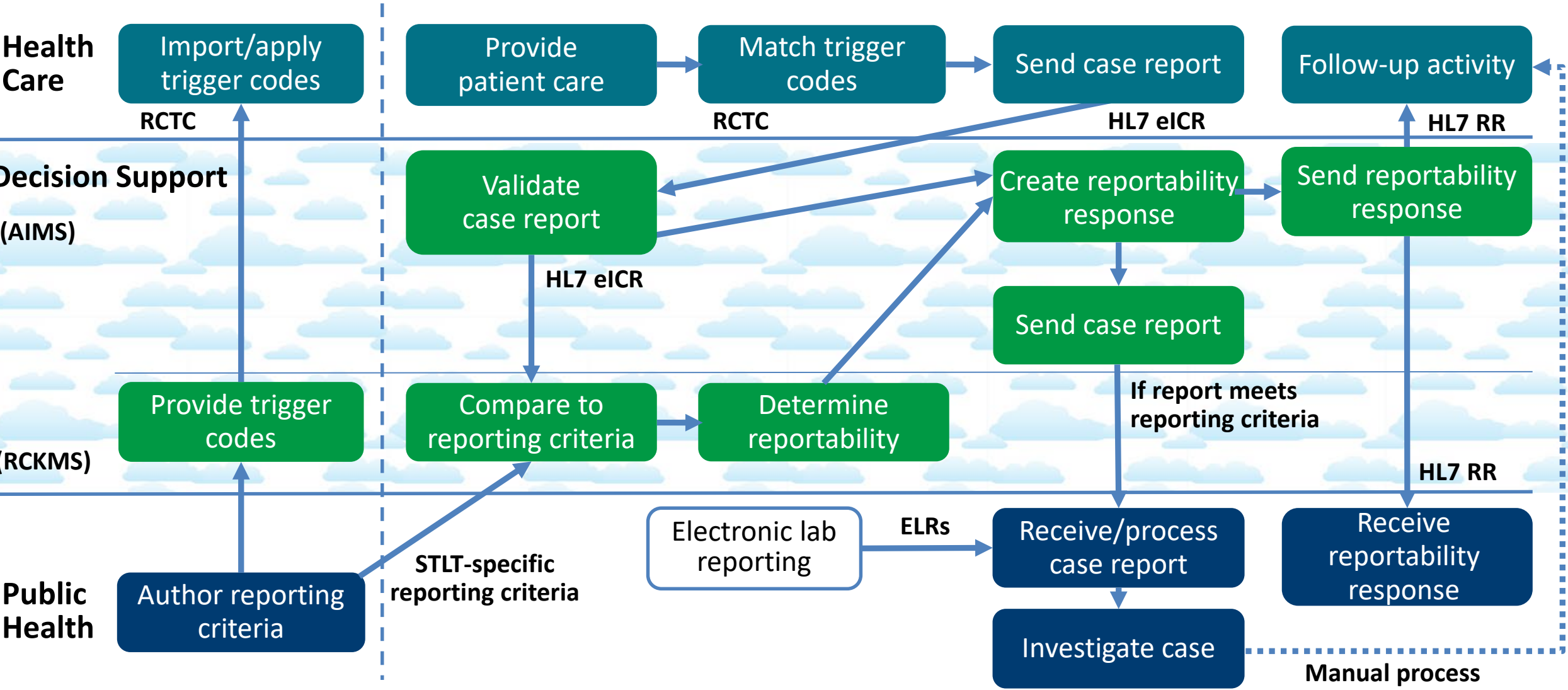


eCR Implementation – Risks & Issues

#	Issue	Impact	Mitigation
1	Cerner implementation for eICR 1.1 support is delayed due to competing priorities	Medium	PMO presented the Cerner and Intermountain implementation brief vetted by the eCR Implementation Taskforce to the Governance Body at the October meeting. Cerner & Intermountain have also identified a resource and should have the solution production ready by March 2018.
2	Epic cannot provide coded values for lab test resulted for the initial implementation sites. This limits the ability for RCKMS to identify reportability of the eICRs. This issue may also be widespread and encountered by other sites as implementation progresses. Analysis is still evolving.	High	Epic intends to provide this as a standard functionality in the next version of Epic, but it poses an issue for the initial implementation. The group continues to conduct further analysis of the impact and potential workarounds (i.e. additional mapping).

#	Risk	Impact	Mitigation
1	Third party security assessment will not occur before initial implementations are in production	Medium	On eCR roadmap for 2018/2019. AIMS has real-time security monitoring and regular tests to assure this risk is mitigated. A third party security assessment to be scheduled in 2018 if funding is identified.
2	Legal agreements and data use agreements beyond initial implementation (risk for both Implementation and Strategy WG)	High	The Legal Workgroup is working on the creation of legal and data use agreements for the initial implementations and a eCR scalability assessment will occur for future implementations. The eCR Scalability Group and Legal Workgroup have come to preliminary consensus on approach for short, medium and long term and will be presented at 1/24-1/25 Gov Body meeting.
3	Reportability Response (RR) standard changing between balloting and December publication	Medium	HL7 RR ballot reconciliation process has completed. RR discussions scheduled with sites to address surfacing questions. Mitigated - RR publication expected in January 2018. The RR generated by AIMS will be compatible with the final release.
4	Technical Partners CSTE & APHL may have funding and sustainability shortfalls for FY18	High	CSTE (RCKMS team) has mitigated their contract gap in the short term and is actively looking into longer term solutions. APHL has expressed concerns about limited resources and funding for eCR. CSTE's cooperative agreement will be renewed in June 2018, which may bring additional uncertainty.

Digital Bridge eCR Process



RCTC = Reportable Conditions Trigger Codes
HL7 eICR = HL7 Electronic Initial Case Report
HL7 RR = HL7 Reportability Response

AIMS = APHL Informatics Messaging Services Platform
RCKMS = Reportable Conditions Knowledge Management System
STLT = State, Tribal, Local, Territorial
ELRs = Electronic Lab Reports

Site by Site Review

Michigan Site

Provider, Vendor, HIE/HIN Activities	DHD10, Netsmart, MiHIN Status
AIMS Connectivity	Complete – MiHIN (Connectivity is in place, waiting to receive documentation from AIMS)
Implement and Test RCTC (Trigger Codes)	In progress – Netsmart
Implement and Test eICR 1.1 Template(s)	In progress – Netsmart
Install Vendor’s eICR Functionality	In progress – DHD10
Test eICR structure with AIMS Online IG Validator	In progress – Netsmart
Receive Reportability Response	In progress – MiHIN, Netsmart, DHD10

Public Health Activities	MDHHS Status
AIMS Connectivity	N/A (MiHIN will be connected to AIMS)
Receive eICR	In progress
Ability to Receive Reportability Response	In progress

Key accomplishments:

- Provided analysis and feedback on trigger codes and reporting criteria.
- Pushed through the additional analysis and configuration prior to setup for VPN connectivity to successfully complete AIMS connectivity and testing.
- MiHIN connectivity to the provider/vendor and public health is progressing as well.
- Completed background checks for access to environments for testing.
- MiHIN is developing supplemental testing personas and eICRs.

Current Challenges:

- Netsmart is focusing on an implementation until Feb. 19 for DHD10 (Michigan site’s local health department /provider); this work must occur prior to resuming Digital Bridge eCR implementation.
- Netsmart uses CPT codes for lab orders and test methods instead of LOINC, and mapping to the RCTC is required.

Cerner - EHR Vendor for Utah Site & Kansas Site

- Cerner was delayed in applying the necessary resources for eICR development due to competing priorities. Additional Intermountain resources were brought to aid the Cerner implementation in late 2017.
- Initial implementation approach will not be released in Cerner's product or used beyond the Utah and Kansas implementations.
 - eICR is generated using available CDA sections.
 - Occurring at the time of trigger code match, by the provider (Intermountain Healthcare) in Cerner software.
 - Intermountain Gateway (a component behind the Intermountain firewall) will transport the eICR to the AIMS platform using the XDR connection.
 - Cerner and Intermountain have made progress towards the initial implementations and anticipate being ready for a March 2018 deployment.
- Full trigger code support and eICR development for Cerner's product, starting in 2018.

Utah Site

Provider/Vendor Activities	Intermountain, Cerner Status
AIMS Connectivity	In progress – Intermountain
Implement and Test RCTC (Trigger Codes)	In progress – Intermountain
Implement and Test eICR 1.1 Template(s)	In progress – Intermountain/Cerner
Install Vendor's eICR Functionality	N/A – Will occur when Cerner product for eICR generation is completed. For now, Intermountain is generating the eICR
Test eICR structure with AIMS Online IG Validator	In progress – Intermountain/Cerner
Receive Reportability Response	In progress – Intermountain

Public Health Activities	UDOH Status
AIMS Connectivity	Complete
Receive eICR	Complete
Ability to Receive Reportability Response	Complete

Key accomplishments:

- In an effort to further eCR and the initial implementation, Intermountain and Cerner (Utah site) are sharing their solution with Lawrence Memorial Hospital (Kansas site).
- Provided feedback analysis on trigger codes within the RCTC.
- Competing priorities within Cerner during 2017 required a modified vendor/provider solution to generate the eICR. Additional Intermountain resources were brought to aid the Cerner implementation in late 2017.

Current challenges:

- Mapping lab codes to the RCTC is complex – lab orders and results are coded with codes from Sunquest (Intermountain lab).

Kansas Site

Provider/Vendor Activities	Lawrence Memorial Hospital, Cerner Status
AIMS Connectivity	In progress – LMH
Implement and Test RCTC (Trigger Codes)	In progress – LMH
Implement and Test eICR 1.1 Template(s)	In progress – LMH/Cerner
Install Vendor's eICR Functionality	N/A – Will occur when Cerner product for eICR generation is completed. For now, LMH is generating the eICR
Test eICR structure with AIMS Online IG Validator	Not started – LMH/Cerner
Receive Reportability Response	Not started – LMH

Public Health Activities	KDHE Status
AIMS Connectivity	Complete
Receive eICR	Complete
Ability to Receive Reportability Response	In progress

Key accomplishments:

- In an effort to further eCR and the initial implementation, Intermountain and Cerner are sharing their solution with Lawrence Memorial Hospital.
- Provided analysis and feedback on trigger codes and reporting criteria.
- Competing priorities within Cerner required a modified vendor/provider solution to develop and generate the eICR. Lawrence Memorial Hospital will take a similar approach as Intermountain (Utah site) for eICR generation during the initial implementation.

Current challenges:

- There are no current challenges at this time.

Epic – EHR Vendor for California Site, Houston Site, Massachusetts Site, & New York Site

- Epic has incorporated eICR functionality into their product, and was released to the sites in the Fall 2017.
- Coded results may not be included in the eICR.
 - Potential concerns with RCKMS and identifying reportability
 - Intend to add to future release
 - Workaround would require additional mapping
- Partners (MA Site Provider) is unable to participate in the Digital Bridge eCR implementation until early 2019 because of timeline misalignment and competing priorities. Epic is helping the PHA by reaching out to provider candidates to participate in Digital Bridge for a 2018 implementation.

California Site

Provider/Vendor Activities	UC Davis, Epic Status
AIMS Connectivity	Not started – UC Davis
Implement and Test RCTC (Trigger Codes)	Partially complete – Epic
Implement and Test eICR 1.1 Template(s)	Complete – Epic
Install Vendor’s eICR Functionality	Not started – UC Davis
Test eICR structure with AIMS Online IG Validator	Complete – Epic
Receive Reportability Response	Not started – UC Davis

Public Health Activities	CDPH Status
AIMS Connectivity	Not started
Receive eICR	In progress
Ability to Receive Reportability Response	Not started

Key accomplishments:

- Provided analysis and feedback on trigger codes and reporting criteria.

Current challenges:

- Initial concerns with provider engagement. With leadership support, provider is able to continue participation with Digital Bridge eCR Implementation. Continue outreach in order resume initial engagement with provider.

Houston Site

Provider/Vendor Activities	Houston Methodist, Epic Status
AIMS Connectivity	In progress – Initial connectivity completed with Houston Methodist
Implement and Test RCTC (Trigger Codes)	Partially complete – Epic
Implement and Test eICR 1.1 Template(s)	Complete – Epic
Install Vendor’s eICR Functionality	Not started – Houston Methodist
Test eICR structure with AIMS Online IG Validator	Complete – Epic
Receive Reportability Response	Not started – Houston Methodist

Public Health Activities	HHD Status
AIMS Connectivity	In progress – Initial connectivity completed
Receive eICR	In progress
Ability to Receive Reportability Response	In progress

Key accomplishments:

- Provided analysis and feedback on trigger codes and reporting criteria.
- Worked through initial concerns of not having the right folks from the provider side involved and their understanding of the Digital Bridge eCR Implementation. Completed initial connectivity with the provider and public health for Houston site.

Current Challenges:

- At this time, there is no funding for AIMS to support the provider’s desired connection type, direct messaging, for production data.

New York Site (New York State and New York City)

Provider/Vendor Activities	IFH, Upstate, Epic Status
AIMS Connectivity	Not started – IFH, Upstate
Implement and Test RCTC (Trigger Codes)	Partially complete – Epic
Implement and Test eICR 1.1 Template(s)	Complete – Epic
Install Vendor’s eICR Functionality	In progress – IFH, Upstate
Test eICR structure with AIMS Online IG Validator	Complete – Epic
Receive Reportability Response	In progress – IFH, Upstate

Public Health Activities	NYC DOHMH, NYSDOH Status
AIMS Connectivity	Not started
Receive eICR	Complete
Ability to Receive Reportability Response	In progress

Key accomplishments:

- Provided analysis and feedback on trigger codes and reporting criteria.
- Good progress and work towards receiving an eICR and RR.
- Resolved initial concerns from provider on the licensing and maintenance fees associated with Epic software for the initial implementation.

Current Challenges:

- Public health (NYC DOHMH and NYSDOH) requires the installation of a specific transport onto the AIMS platform. The transport is known as Universal Public Health Node (UPHN) Lite and is currently used by all clinical labs licensed by NYSDOH and some hospitals. There is no funding for AIMS to test and maintain UPHN Lite; analysis is pending on the extent of the effort.

Massachusetts Site

Provider/Vendor Activities	Partners, Epic Status
AIMS Connectivity	Not started – Partners
Implement and Test RCTC (Trigger Codes)	Partially complete – Epic
Implement and Test eICR 1.1 Template(s)	Complete - Epic
Install Vendor's eICR Functionality	Not started – Partners
Test eICR structure with AIMS Online IG Validator	Complete - Epic
Receive Reportability Response	Not started – Partners

Public Health Activities	MDPH Status
AIMS Connectivity	Not started
Receive eICR	Complete
Ability to Receive Reportability Response	In progress

Key accomplishments:

- Provided analysis and feedback on trigger codes and reporting criteria.
- Good progress and work towards receiving an eICR and RR.

Current challenges:

- Partners (MA site provider) is unable to participate in the Digital Bridge implementation until early 2019 because of timeline misalignment and competing priorities.
 - Partners remains committed to support Digital Bridge in other areas and in 2019 as an implementation site.
 - Currently, Epic and MDPH looking for a MA provider to participate during 2018.

Likelihood of Production in CY 2018

High Likelihood

Michigan Site

Utah Site

Kansas Site

California Site

Medium Likelihood

Houston Site, New York Site

Massachusetts Site

Low Likelihood

Implementation Sites		Notes
Michigan:	DHD-10 NetSmart, MiHIN MDHHS	Implementation has made the most progress, AIMS connectivity testing is underway and preparations for onboarding have begun. Despite a two week pause from Netsmart and DHD-10, the Michigan site continues to strive forward.
Utah:	Intermountain Cerner UDOH	Public Health has completed their critical activities, and the Vendor/Provider solution is expected to be ready for production in March 2018.
Kansas:	LMH Cerner KDHE	Public Health is making progress to complete their critical activities, and the Vendor/Provider solution is expected to be ready for production in March 2018.
California:	UC Davis Epic CDPH	Epic's eICR software updates are released. With leadership support, provider is able to continue participation with Digital Bridge eCR Implementation. There has not been full engagement, but no major challenges have been identified at this time.
Houston:	Houston Methodist Epic HHD	Epic's eICR software updates are released. At this time, there is no funding for AIMS to support the provider's desired connection type for Production.
New York:	IFH, Upstate Epic NYC, NYS	Epic's eICR software updates are released. Public Health requires the installation of a specific transport onto the AIMS platform. There is no funding for AIMS to test and maintain the transport.
Massachusetts:	Partners/TBD Epic MDPH	Epic's eICR software updates are released. Partners is unable to participate in the Digital Bridge implementation until 2019 due to competing priorities. Epic and MDPH looking for a MA provider to participate during 2018.

Site Observations from Governance Body

Poll Everywhere

- **How does it work?**

As a poll is displayed to an audience, they submit responses by visiting a specific web site (www.pollev.com/bstratton; preferred) or by sending text messages to our short code number (22333).

- **Is the poll anonymous?**

Yes, the poll is anonymous and individual responses will not be attributed to a participant.

- **How do I submit an answer?**

Poll responses can be submitted via the web (preferred) or via text.

Poll Everywhere

- Instructions for Today

1. Join the session:

- a) **PREFERRED:** Use your mobile phone to go to www.pollev.com/bstratton.
As polls are opened, they will appear in the browser window.

- b) Text “BSTRATTON” to “22333” to join the polling session.

2. Respond as appropriate to the polls. If using the web browser, instructions will show up in the browser window. If using text, follow the projected instructions on the screen.

POLL EVERYWHERE, Free Response:



Based on what you've seen and heard today, what is working for the sites?

POLL EVERYWHERE, Free Response:



Based on what you've seen and heard today, what is challenging for the sites?

Working Lunch

Decision Support Capacity and Outlook

Decision Support Capacity and Outlook – APHL/AIMS

Patina Zarcone-Gagne, MPH
Director, Informatics

In the context of

- eCR Technical Implementation
- Standards development
- Legal

Analysis.
Answers.
Action.



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eCR Technical Implementation



- Creation of test server for eICR
- RCKMS has latest updates available
- Scheduled full end to end testing for MI (February)
- Held calls with EHR Vendors
- HL7 Connectathon

Analysis.
Answers.
Action.



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Standards Development



- Reportability Response (RR) formally publishing by HL7 as STU on 1/23/18!
- eICR 1.1 STU published January 2016; comments dispositioned
- January “For Comment” eCR FHIR Ballot open

Analysis.
Answers.
Action.



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Legal



- RWJF Engagement of Davis, Wright and Tremaine
 - Thank you to RWJF!
 - Contract drafting
 - HIPAA policy guidance
 - Security discussions

Analysis.
Answers.
Action.



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What's been working well?



- DB Tech Project Management
- AIMS/RCKMS collaboration
- Ability to collaborate with many diverse partners

Analysis.
Answers.
Action.



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CURRENT CHALLENGES

Learning from our story thus far...



Analysis. Answers. Action.

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Why do a Pilot?



Definition of Resources...

“a stock or supply of money, materials, staff and other assets that can be readily drawn upon when needed.”



DSI's biggest challenges

1. Dealing with uncharted territory

- Need for EHR's to produce the eICR
- Reportability Response Development
 - Challenging identifying source of elements to include in RR
 - Need more example's of eICR and RR in order to test appropriately



DSI's biggest challenges

Another precious resource-Time

Since the DSI is central to this project, we have found it difficult to keep up with all of the **workgroups** that we have needed to be part of.



APHL's biggest challenges

2. Funding Constraints

- Inhibits our ability to join appropriate trust networks
- AIMS team spending a lot of time trying to figure out how to lean down on this project to conserve funding
- When the tech team is called in, we should be able to hit the ground running and that's not often the case.



It comes down to 2 things:

1. This is hard stuff – if it were easy, everyone would be doing it.
2. We are all in this together.

**TODAY I WILL DO
WHAT OTHERS WON'T,
SO TOMORROW I CAN DO**

EVERYONE CAN DO IT!



Analysis. Answers. Action.

THANK YOU!

Questions/Discussion

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Reportable Conditions Knowledge Management System (RCKMS) Update

Digital Bridge Governance Body Meeting

January 24, 2018

Jeff Engel, M.D.



Council of State and Territorial Epidemiologists

RCKMS Successes: Tool Development



- **Community-driven effort**
 - Engagement from practicing epidemiologists to develop content
 - Online form for feedback submission
- **Dedicated CSTE staff**
 - Janet Hui (1 FTE) and Shaily Krishan (.4 FTE)
- **Progress along expected 2017-2018 timeline**
 - Virtual trainings provided to PH community in Summer 2017
 - On track for implementation of default content for 74 notifiable conditions in June 2018
 - New enhancements such as versioning and “maybe’s” scheduled for Spring 2018
- **Alignment with national eCR initiatives**
 - HL7 standards development

RCKMS Successes: eCR Implementation



- **Active engagement in Digital Bridge**
 - Attendance of implementation taskforce and site calls
 - Provide feedback on scalability, legal, and evaluation activities as needed
- **Accomplishments:**
 - Development of technical infrastructure
 - Review and address technical questions and site feedback
 - Review and update of trigger codes based on site feedback
 - In-person RCKMS training for DB public health sites
 - Support of testing activities, including creation of test materials

RCKMS Risk 1: Data Requirements



Concern:

- Epic eICRs currently do not contain coded lab results (e.g., SNOMED result values)
 - Next Epic software release will support SNOMED result values, if SNOMED codes provided
 - However, lab results often returned from labs to EHRs as local codes
- RCKMS currently not able to process non-coded lab results values
 - RCKMS requires SNOMED coded lab results to determine reportability

Risk:

- Without SNOMED coded result values, RCKMS would “miss” potentially reportable eICRs, based on lab results
- Additional resources would be needed to modify RCKMS to support non-coded values
 - Concerns about level of effort and scalability

RCKMS Risk 2: Funding Limitations



Concern:

- RCKMS project funded through June 30, 2018
- Ability to support Digital Bridge activities past June 2018 uncertain
- Funding gap of ~\$720K to expand adoption of RCKMS as nation-wide tool

Risk:

- Potential timeline slippages due to resource gaps
- Limited capacity to scale to additional jurisdictions, beyond initial sites

Questions?





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What will the Digital Bridge and partners do individually to ensure a successful eCR implementation or demonstration over the next 12 to 18 months?

Session Schedule

Duration	Part
25 min	1. Discuss what is working, and what are the challenges.
10 min	2. Confirm objectives for a successful eCR demonstration.
20 min	3. Identify what Digital Bridge and organizations will do for successful demonstration.

Site Observations

Working/Continue

Motivation, commitment

- “All parties motivated.”
- “There are willing participants. Certain public health entities are very much on board.”
- “Commitment to the vision...Vendor support”

Advocacy

- “It seems success at a site has been tied to a single champion who drives thing forward despite the installed.”

Collaboration, leveraging partnerships

- “Vendor driven collaboration across sites/states.”
- “Strong relationships already established with AIMS/RCKMS”

Working technology

- “The technology is working. Mostly”

Working towards target dates and plans

- “Sites with firm plans are moving forward towards implementation”

Challenges

Lack of motivation

- “Lack of motivation on part of providers. No incentive” “...what compels participants to commit”

Resources (funding and people)

- “Some technical issues with capabilities at DSI due to resource constraints” “No funding” “Resources!!!! Money and people”

Prioritization

- “Prioritization for sites/vendors”

Competing priorities for organizations

- “...pushing this to back burner”

Lack of interoperability

- “Code discrepancies” “lack of uniform approach”

Lack of timeline/planning expectations

- “Sites without dates are not making steady progress” “Can't set timelines without a stable source of revenue for DSI”

Accountability

- “Realistic coordination and true accountability”

What does an achievable and successful eCR demonstration look like for the next 12-18 months?

POLL EVERYWHERE

On a scale of 1 (strongly disagree) to 5 (strongly agree), a realistic objective over the next 12-18 months should be that:

At least one EHR Vendor has an eICR solution that (1) contains all required fields, including travel history and history of present illness, and (2) is part of their generally available product

POLL EVERYWHERE

On a scale of 1 (strongly disagree) to 5 (strongly agree), a realistic objective over the next 12-18 months should be that:

At least one Public Health Agency should be able to receive AND process both the eICR and the Reportability Response

POLL EVERYWHERE

On a scale of 1 (strongly disagree) to 5 (strongly agree), a realistic objective over the next 12-18 months should be:

Support for more than one transport mechanism between the Provider/Vendor/HIE and the Decision Support Intermediary

Activity: Identifying what you will do

1. Review what you came prepared to do based on preparation #2.
2. Given your new insights, express what you and your organization will be able to do as a statement that completes the following phrase:

“I am going to «verb» to ensure a successful eCR demonstration in the next 12 to 18 months.”

3. Write each responses on a Post-It (one action per Post-It) in the next two minutes.
4. Walk to the back of the room and place Post-Its on the board.

Break (15 minutes)

**Creating a legal and regulatory environment for
eCR nationwide**

Session Schedule

Duration	Part
10 min	Introduction
20 min	Scalability assessment findings
30 min	Remarks from legal counsel
15 min	TEFCA

Scalability Assessment Findings

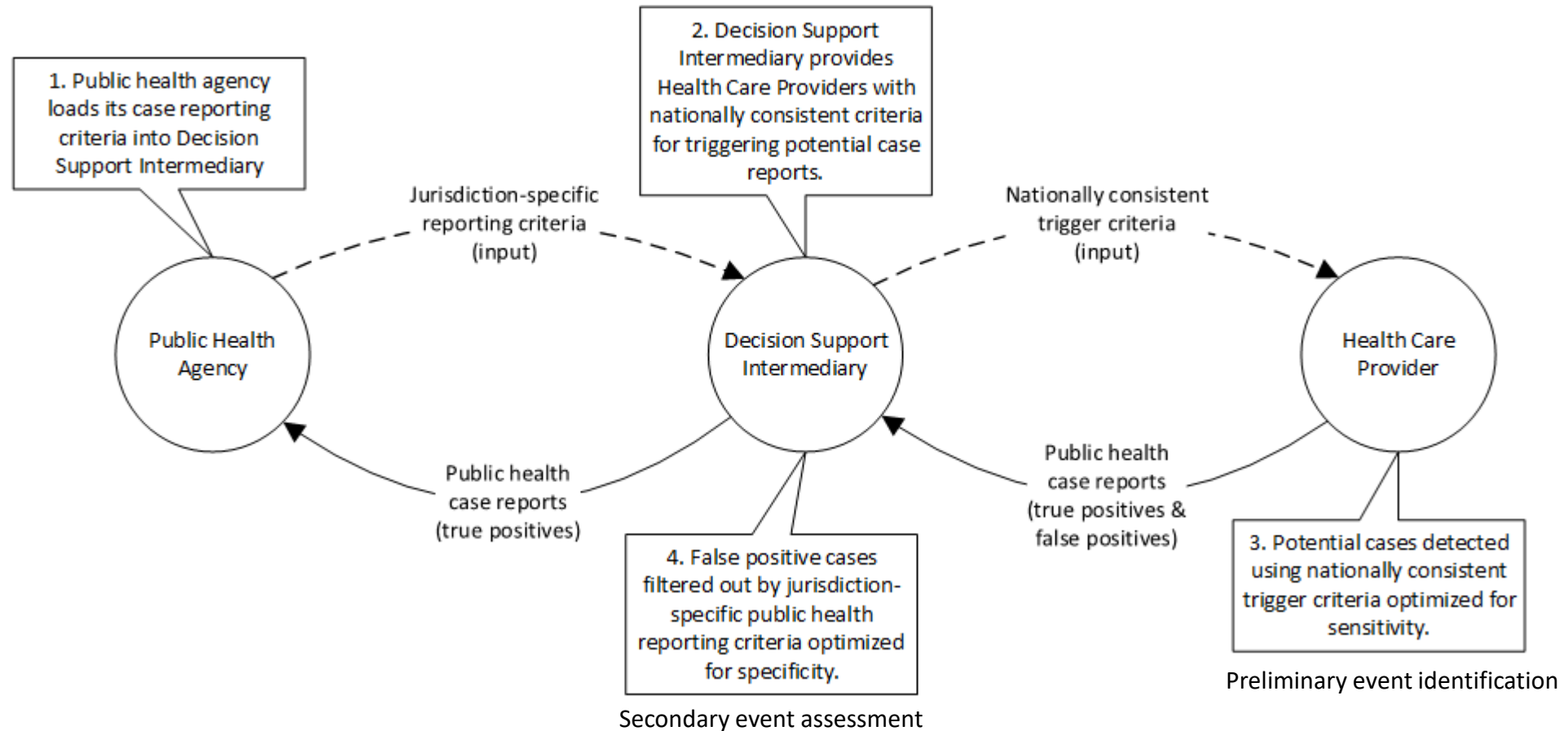
Jim Jellison

eCR Scalability Assessment

- **Objective:** Identify possible modifications to the current Digital Bridge electronic case reporting (eCR) approach that may improve scalability from legal and regulatory perspective for future implementations.
- **Purpose:**
 - Summarize scalability issues and describe approach for identifying possible modifications.
 - Facilitate the governance body's prioritization of modification options.
 - Take a proactive role in addressing potential privacy breaches for patients.

Current eCR Approach

- Developed by Digital Bridge partners and approved by the governance body Jan. 2017.



Summary of Current Findings

	Current eCR Approach	Scalability Issue(s)	Potential Modification(s)	Responses
1.	DSI acts as BA of provider (or HIE) sending case report.	Inherent privacy breach risks associated with role of BA; administrative costs of BAAs;	DSI acts on behalf of public health (potentially entails contract between APHL, public health agencies)	Public health agencies may not delegate authority to DSI; DSI taking on BA's risks could be "selling point" for eCR; Administrative costs of BAAs mitigated through trusted exchange frameworks; BA approach favored for short- and medium-term.
2.	Two levels of evaluation to identify a reportable event: <ul style="list-style-type: none">Preliminary event identification that is nationally consistent and implemented in provider's EHR (e.g., "trigger codes", "RCTC")Secondary event assessment that is jurisdiction-specific and implemented in DSI (e.g., "RCKMS")	HIPAA risks associated with provider reporting non-reportable conditions to DSI (e.g., preliminary event identification may "over report" to DSI)	DSI distributes logic for both levels of evaluation for implementation at EHR, HIE. (or) Provider sends de-identified case report to DSI for secondary event assessment, then sends identified case report only if determined to be reportable.	Preliminary event identification (RCTC "trigger codes") and secondary event assessment (RCKMS "decision logic") together identify reports to send to public health; BA approach mitigates "over reporting" to DSI concern for short- and medium-term; At present, not technically feasible to distribute both levels of evaluation to EHRs, HIEs; At present, insufficient resources to re-engineer DSI for de-identified case reports;
3.	Emphasis on preliminary event identification and case report construction at point of care (e.g., in EHR)	Some potential implementers may be motivated to implement preliminary event identification and case report construction in an HIE (or similar) environment.	Preliminary event identification "trigger codes," secondary event assessment "decision logic" and case report construction is implementable in EHRs or HIEs (or environments accessible to EHRs and HIEs).	At present, not technically feasible to distribute both levels of evaluation to EHRs, HIEs.

Role of Decision Support Intermediary

- DWT and their clients (APHL, CSTE, TFGH/PHII, RWJF) reached consensus that the decision support intermediary (DSI, hosted by APHL with RCKMS application supported by CSTE) acting as a business associate is appropriate for short- and medium-term eCR rollout (as of Jan. 4, 2018).
- Want to keep option for DSI to act on behalf of public health for long-term consideration.
 - “Long-term” not yet defined.
 - Contingent on technology advances to support some level of distributed logic.

Consensus on Timeline for Addressing Scalability Issues?

Sharing data to improve clinical care and public health. digitalbridge.us

	Current eCR Approach	Short-Term (current implementations)	Medium-Term (2019-2020*)	Long-Term (2021 and beyond*)
1.	DSI acts as BA of Provider (or HIE) sending case report.	No changes to current eCR approach.	Continue current eCR approach; learn from 2018 implementations. Explore potential modifications (e.g., leverage Trusted Exchange Framework and Common Agreement; DSI acts on behalf of public health).	Be prepared if some eCR adopters (providers, public health, HIEs) prefer DSI acts on behalf of public health.
2.	Two levels of evaluation to identify a reportable event: <ul style="list-style-type: none">Preliminary event identification that is nationally consistent and implemented in provider's EHR (i.e., "trigger codes", "RCTC")Secondary event assessment that is jurisdiction-specific and implemented in DSI (i.e., "RCKMS")	No changes to current eCR approach.	Continue current eCR approach; learn from 2018 implementations. Add additional diseases to scope of eCR. Improve distribution mechanism for preliminary event identification (i.e., trigger codes, RCTC); consider FHIR, CDS standards. Secondary event assessment (i.e., RCKMS) remains at DSI. Begin exploring feasibility of distributing to EHRs, HIEs (emphasis on technical feasibility, i.e., <u>can</u> it be done?)	Be prepared if some eCR adopters (providers, public health, HIEs) prefer both levels of evaluation logic reside in EHR or HIE.
3.	Emphasis on preliminary event identification and case report construction at point of care (i.e., in EHR)	No changes to current eCR approach.	Continue current eCR approach; learn from 2018 implementations. Secondary event assessment (i.e., RCKMS) remains at DSI. Begin exploring feasibility of distributing this logic to EHRs, HIEs (emphasis on social feasibility, i.e., <u>should</u> it be done, will data quality requirements be met?)	Be prepared if some eCR adopters (providers, public health, HIEs) prefer both levels of evaluation logic reside in EHR or HIE.

Remarks from Legal Counsel

Adam Greene, David Wright Tremaine, LLP

Remarks from Legal Counsel

- Overview of how HIPAA applies to Digital Bridge and business associate vs. public health contractor options:
 - Reporting where required by law, authorized by law, or based on consent.
 - Potential legal benefits and challenges to moving to DSI acting as public health contractor.
- Status of pilot project legal agreement.
- How TEFCA and Digital Bridge fit.
- Q&A

Trusted Exchange Framework and Common Agreement (TEFCA)

Trusted Exchange Framework and Common Agreement (TEFCA)

- What is it?
 - Part of the 21st Century Cure Act.
 - Aims to enable interoperability across disparate health information networks.
- What's in it?
 - Part A, Principles for Trusted Exchange — guardrails and general principles that qualified health information networks (QHINs) and health information networks (HINs) should follow to engender trust amongst participants and end users.
 - Part B, Minimum Required Terms and Conditions for Trusted Exchange — specific terms and conditions that will be incorporated into a single common agreement.

Part A—Principles for Trusted Exchange

- Principle 1 - **Standardization**
- Principle 2 - **Transparency**
- Principle 3 - **Cooperation and Non-Discrimination**
- Principle 4 - **Security and Patient Safety**
- Principle 5 - **Access**
- Principle 6 - **Data-driven Accountability**

Part B –Minimum Required Terms and Conditions for Trusted Exchange

- Common authentication processes of trusted health information network participants.
- A common set of rules for trusted exchange.
- A minimum core set of organizational and operational policies to enable the exchange of electronic health information among networks.

Potential Applicability to eCR Work

- May simplify the scalability of eCR.
 - Network of network trusted agreement and single “on-ramp” concept could enable the 1000+ health care organizations (providers, public health) in the U.S. to share data with each other across networks.
 - Public health organizations, federal agencies and technology developers may use the Trusted Exchange Framework to support information exchange with others.
 - Note: appropriate business associate agreements still need be in place, where appropriate.
 - Public health use cases are considered permitted purposes for information exchange.
- Concern that the overall TEFCA approach focuses on query of data only.
 - It seems TEFCA does not consider sending of data, and focuses primarily on request/query of data across networks.
 - Important to ensure TEFCA supports not just querying of data, but also sending of data.

Call to Action, Decisions for Governance Body

- Submit comments via your individual organizations.
- Decision: Should the PMO coordinate comment submission to ONC on behalf of Digital Bridge? (Dr. Lumpkin)
 - If so, what should the nature of those comments be?
 - If so, should the governance body formally approve the comments?
 - If so, the PMO will share next steps via Basecamp
 - Will aim to finalize comments on [Wednesday, February 14](#)

TEFCA Resources

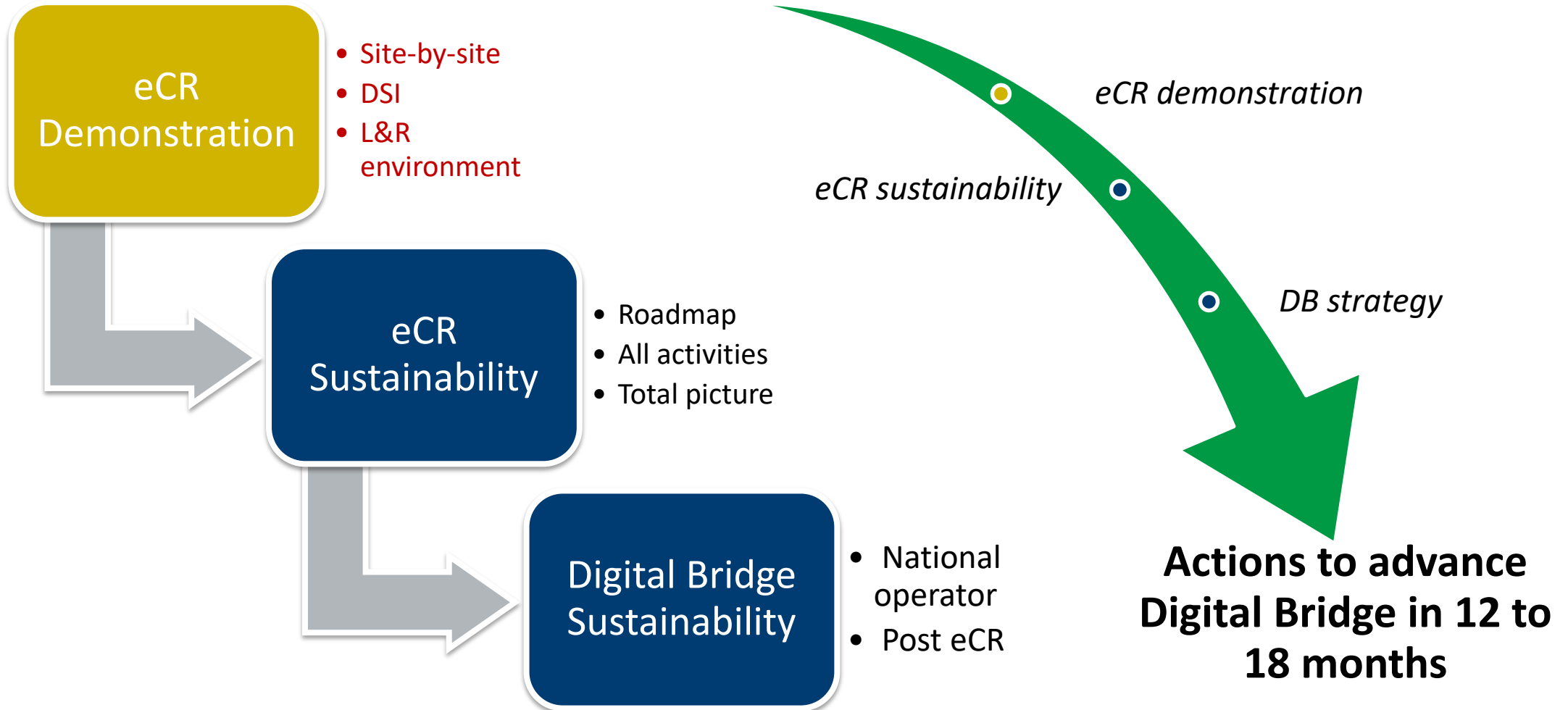
- TEFCA Website: <https://beta.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement>
- Draft Trusted Exchange Framework for Public Comment: <https://www.healthit.gov/sites/default/files/draft-trusted-exchange-framework.pdf>
- *A User's Guide to Understanding The Draft Trusted Exchange Framework:* <https://www.healthit.gov/sites/default/files/draft-guide.pdf>

HHS Chief Technology Officer's Perspective

Bruce Greenstein

Day 1 Summary & Day 2 Preview

Meeting Course



Schedule

Time	Day 1: Wednesday 1/24
9:45	Refresh the big Digital Bridge picture
10:30	Break (15 min)
10:45	DB eCR Implementations: Ensuring success
12:30	Working lunch <ul style="list-style-type: none"> Decision support capacity and outlook
1:50	What should Digital Bridge and partners do to ensure successful demonstration?
2:45	Break (15 min)
3:00	Legal and regulatory environment for eCR nationwide
4:15	HHS CTO Perspective
5:00	End Day 1
6:15	Happy Hour & Reception (Parker's on Ponce)

Time	Day 2: Thursday 1/25
8:30	Breakfast
9:00	Reconvene
9:15	Promoting nationwide eCR adoption and sustainability
10:30	Break (30 minutes)
12:30	Lunch
1:30	Digital Bridge sustainability
2:00	Next strategic steps
2:20	Summary and closing remarks
3:00	Meeting concludes

See you 6:15 p.m. at Parker's on Ponce!

