



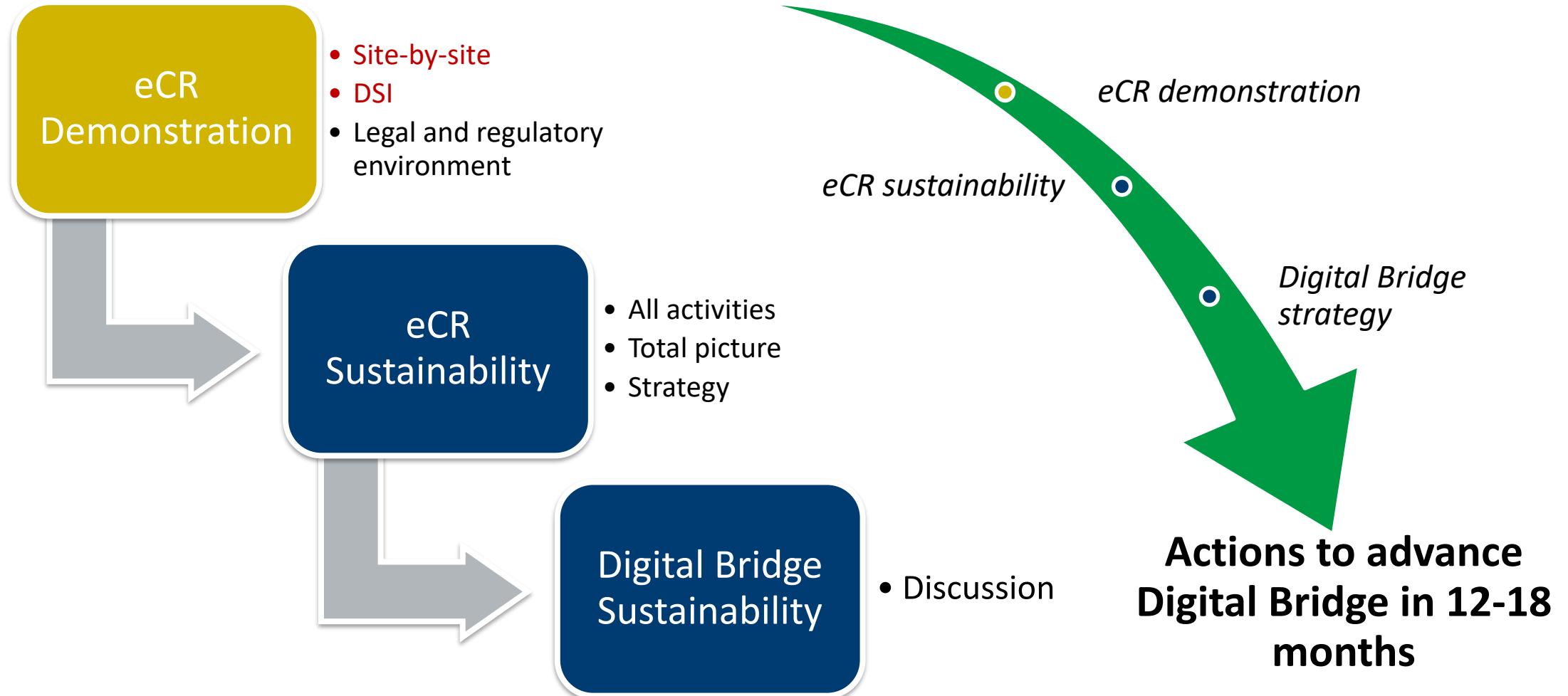
# Governance Body In-Person Meeting

January 24<sup>th</sup>-25<sup>th</sup>, 2018  
The Task Force for Global Health  
(Decatur, GA)

**Reconvene**

*Charlie Ishikawa*

# Meeting Course



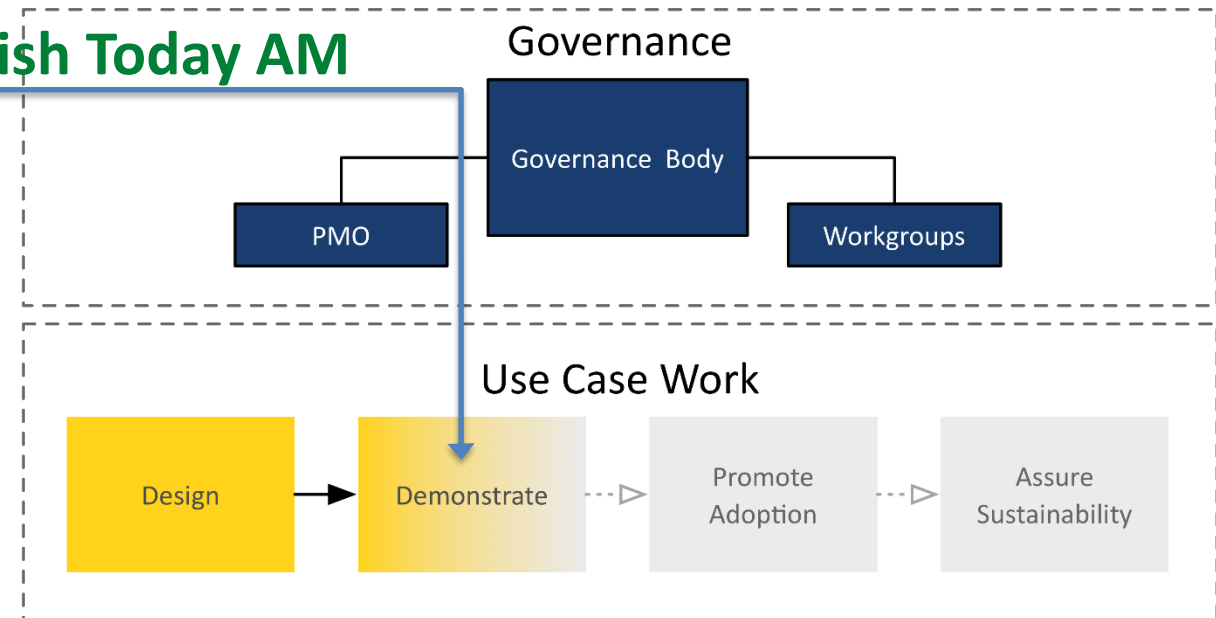
# Meeting Overview

## 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

**Finish Today AM**

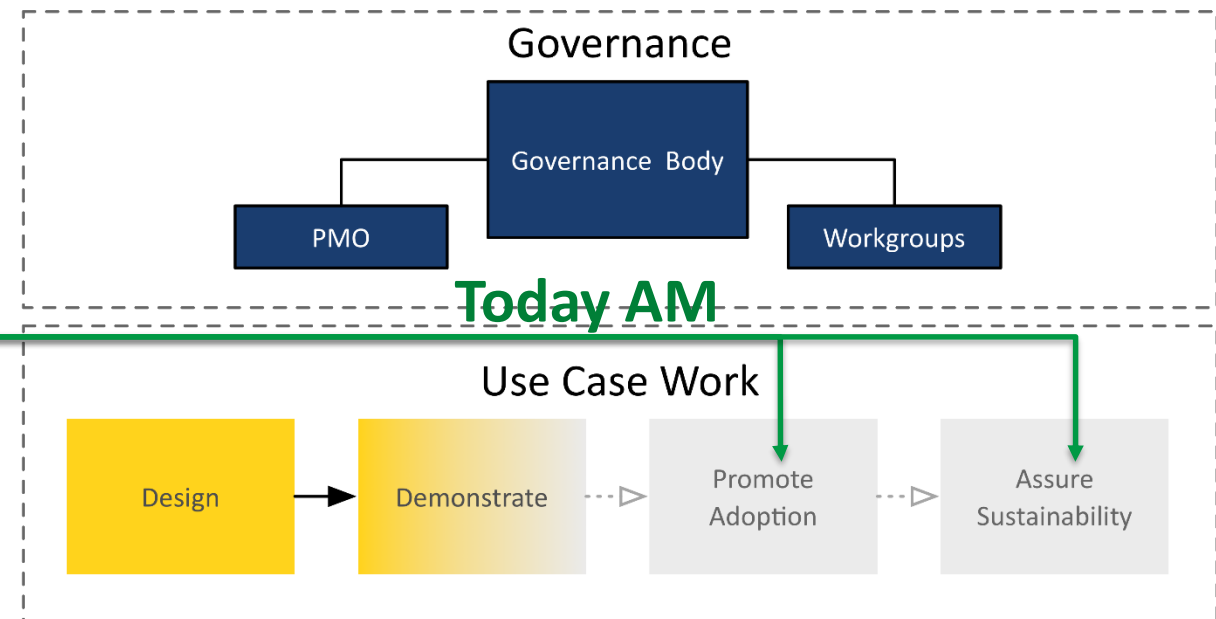


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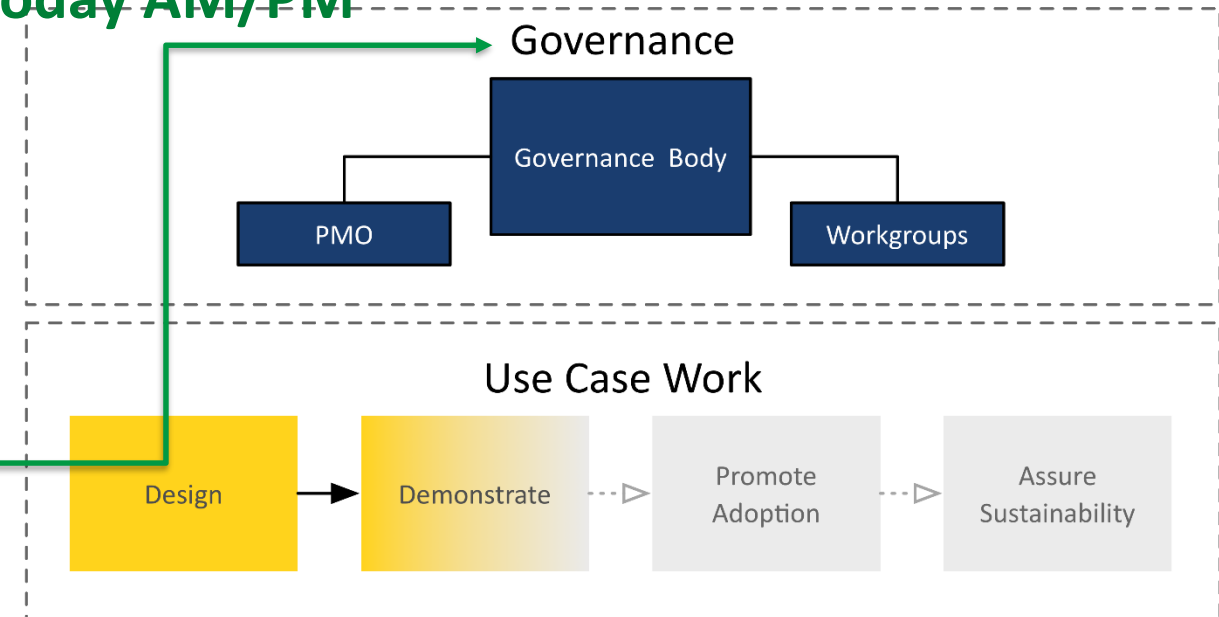
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## Framework

### Today AM/PM



# 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"> <li>Decision support capacity and outlook</li> </ul>
1:50	What should Digital Bridge and partners do to ensure successful demonstration?
2:45	<b>Break (15 min)</b>
3:00	
4:15	HHS CTO Perspective
5:00	End Day 1
6:15	Happy Hour and Reception (Parker's on Ponce)

Time	Day 2: Thursday 1/25
8:30	Breakfast
9:00	Reconvene
9:20	Legal and regulatory environment for eCR nationwide
<b>10:30</b>	<b>Break (30 minutes)</b>
11:00	12 – 18 month success in demonstration picture
11:30	Promoting nationwide eCR adoption and assuring sustainability <ul style="list-style-type: none"> <li>eCR Sustainability</li> </ul>
<b>12:30</b>	<b>Lunch (working)</b>
1:00	<ul style="list-style-type: none"> <li>eCR Sustainability strategy (continued)</li> </ul>
1:45	Digital Bridge Sustainability discussion
2:00	PMO Support
2:30	Wrap-up
<b>3:00</b>	<b>Meeting concludes</b>

## Day 1 Reflections

*What were you take away thoughts or impressions?  
Lingering questions that need to be addressed today?*



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

## Session Schedule

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

# Scalability Assessment Findings

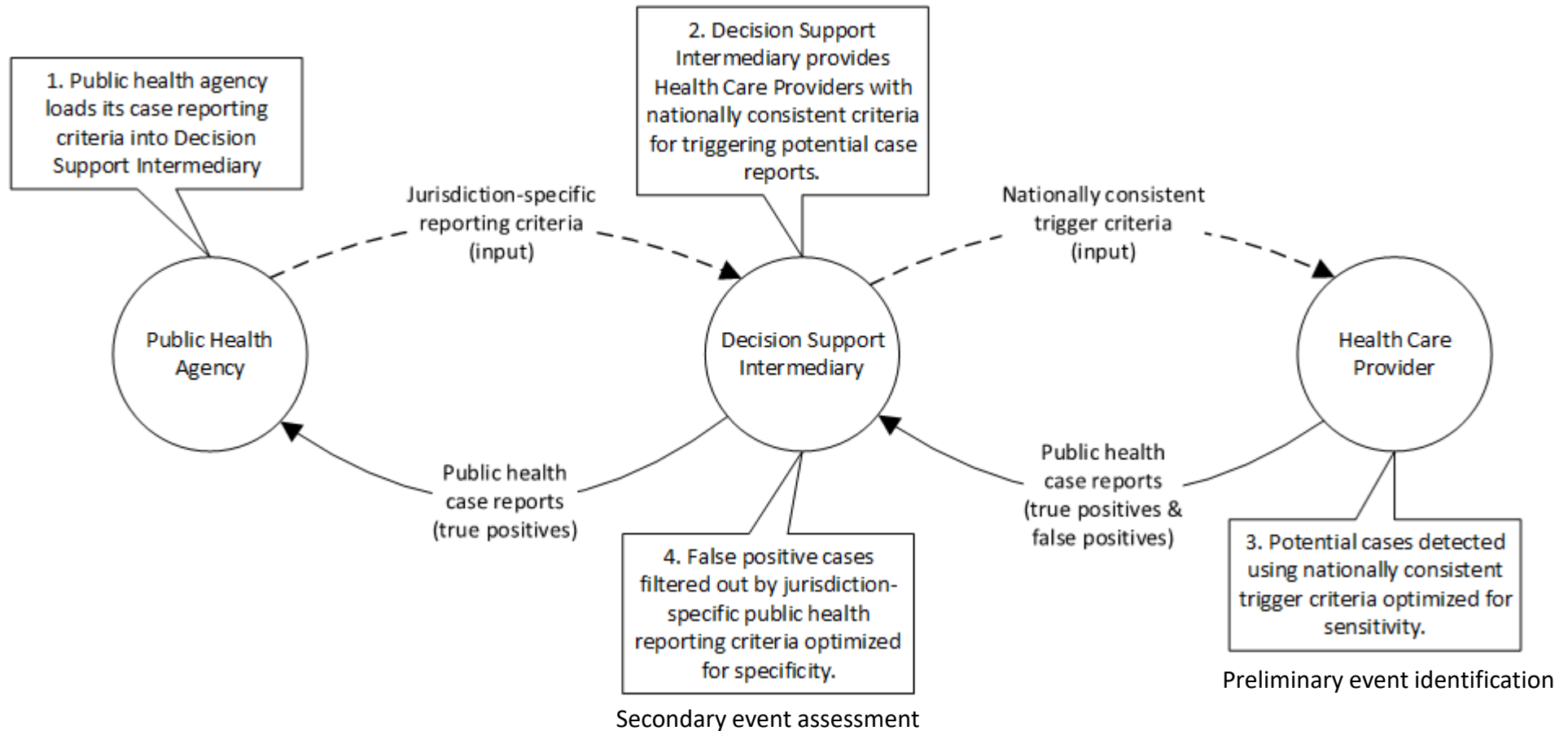
*Jim Jellison*

# 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"><li>Preliminary event identification that is nationally consistent and implemented in provider's EHR (e.g., "trigger codes", "RCTC")</li><li>Secondary event assessment that is jurisdiction-specific and implemented in DSI (e.g., "RCKMS")</li></ul>	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"><li>Preliminary event identification that is nationally consistent and implemented in provider’s EHR (i.e., “trigger codes”, “RCTC”)</li><li>Secondary event assessment that is jurisdiction-specific and implemented in DSI (i.e., “RCKMS”)</li></ul>	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 21<sup>st</sup> 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](#)

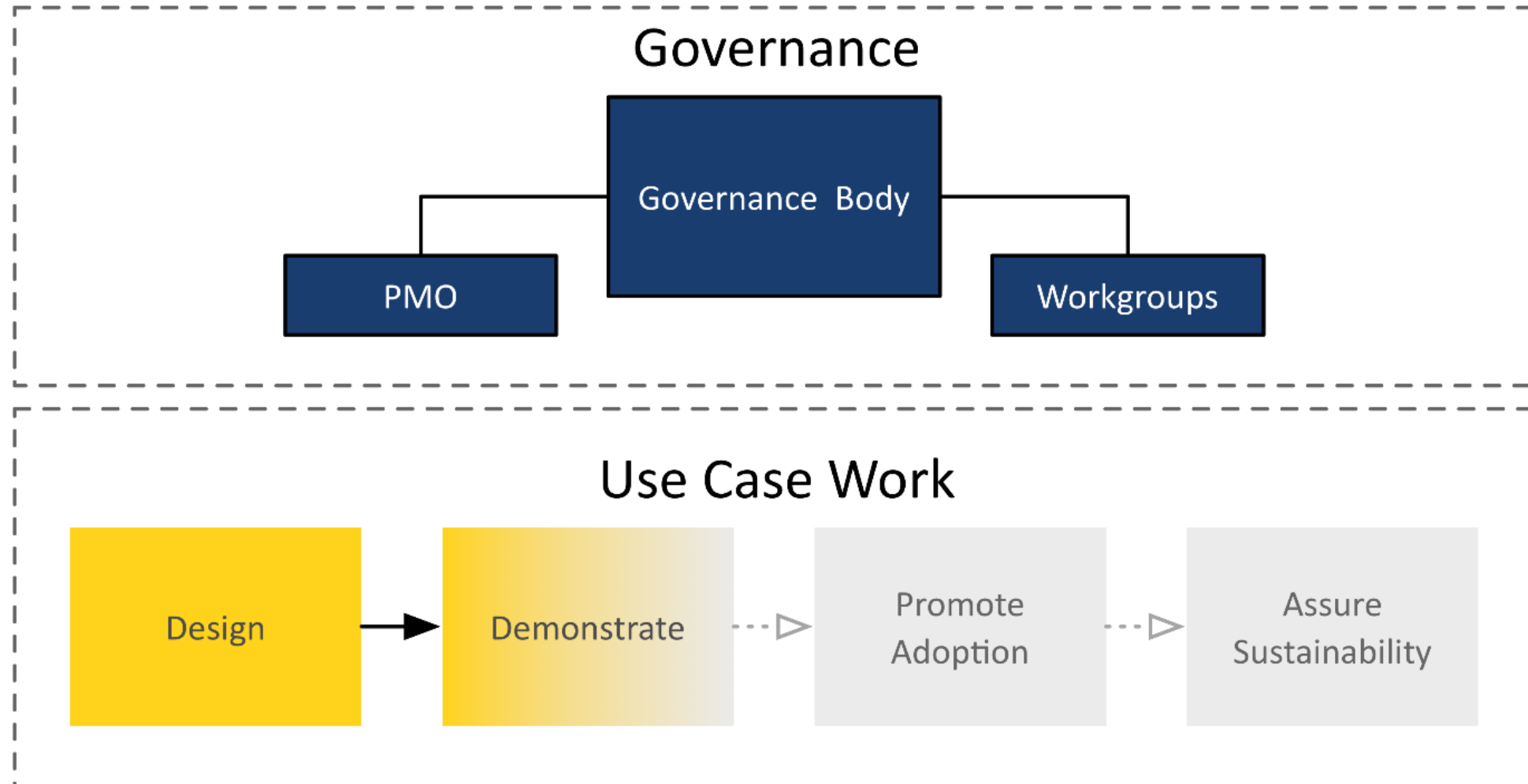


## TEFCA Resources

- 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>

**BREAK (30 minutes)**

# **eCR Demonstration to eCR Sustainability**

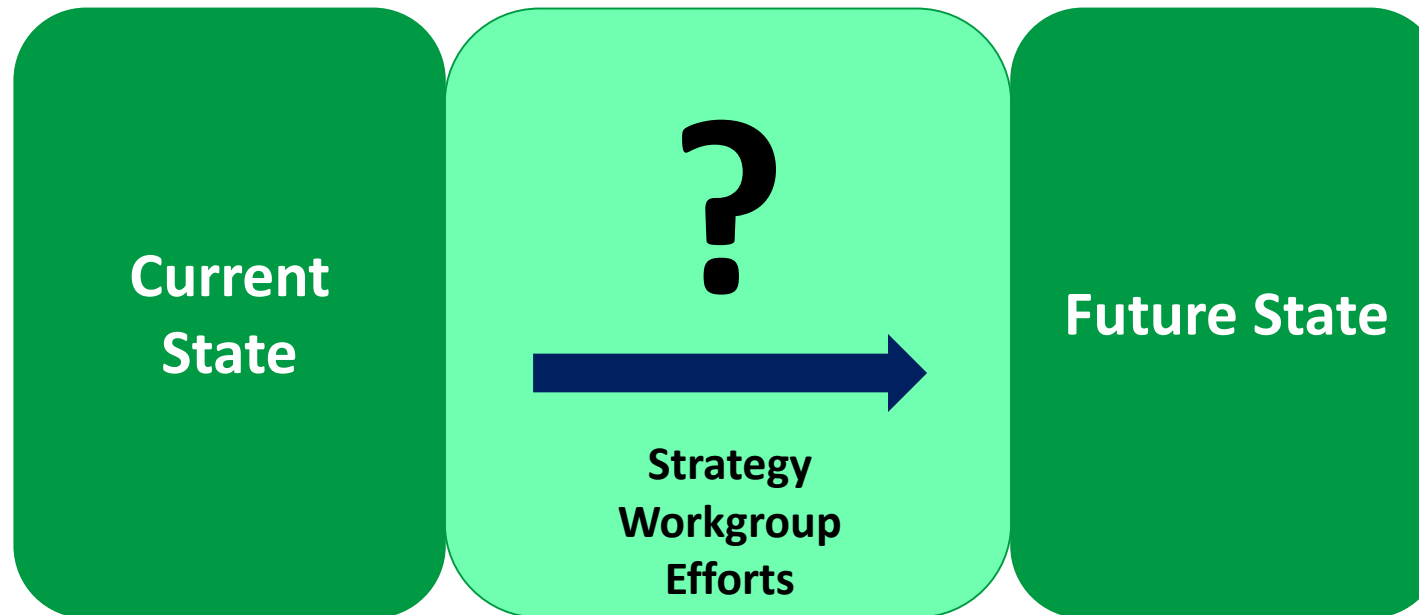


*Success in demonstration picture*  
*12 – 18 months*

- PLACE HOLDER FOR CHARLIE

# Defining eCR and Digital Bridge

# Digital Bridge Strategy Workgroup





# Electronic Case Reporting (eCR) & Digital Bridge

	eCR	Digital Bridge
<b>Scalability</b>	<ul style="list-style-type: none"> <li>• <b>Scalability refers to the infrastructure needed to support large-scale operations of eCR</b></li> <li>• <b>Scalability of eCR includes the following:</b> <ul style="list-style-type: none"> <li>– <u>Technology</u> – i.e. What technical infrastructure does the DSI need in place to support eCR beyond the initial 5 reportable conditions?</li> <li>– <u>Additional Sites</u> – i.e. How will the DSI support more than 7 initial implementation sites for eCR?</li> <li>– <u>Legal</u> – i.e. What legal agreements need to be in place to support exchange of data between the DSI and stakeholders?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Scalability refers to the infrastructure needed to support operations of additional use cases beyond eCR</b></li> <li>• <b>Scalability of Digital Bridge includes the following:</b> <ul style="list-style-type: none"> <li>– <u>Technology</u> – i.e. What technical infrastructure does the DSI need to support additional Digital Bridge use cases?</li> <li>– <u>Additional Use Cases</u> – i.e. How will Digital Bridge select new use cases to develop and incubate beyond eCR?</li> <li>– <u>Legal</u> – i.e. What legal agreements need to be in place to support exchange of different data types between the DSI and stakeholders?</li> </ul> </li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>• <b>Sustainability refers to the core business drivers needed to support overall operations of eCR</b></li> <li>• <b>Sustainability of eCR includes the following:</b> <ul style="list-style-type: none"> <li>– <u>Financials</u> – i.e. Where will the DSI obtain funds to continue sustaining the eCR use case? What funds are needed to support the necessary technical infrastructure?</li> <li>– <u>People</u> – i.e. Who are the people that will support the operations of the DSI?</li> <li>– <u>Business Operations</u> – i.e. What activities need to take place to support the day-to-day operations of eCR and successful demonstration</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Sustainability refers to the core business drivers needed to support overall operations of Digital Bridge</b></li> <li>• <b>Sustainability of Digital Bridge includes the following:</b> <ul style="list-style-type: none"> <li>– <u>Governance</u> – i.e. How is Digital Bridge running itself? How should it support use cases at every phase (from conception to incubation to national scale)?</li> <li>– <u>Financials</u> – i.e. Where will Digital Bridge obtain funds to continue sustaining day-to-day operations?</li> <li>– <u>People</u> – i.e. Who are the people that will support the day-to-day work of Digital Bridge? Who are the people that will participate in Digital Bridge?</li> <li>– <u>Business Operations</u> – i.e. What activities need to take place to support the day-to-day operations of Digital Bridge and the launch of new use cases</li> </ul> </li> </ul>

# eCR Sustainability Strategy

# In Kind Time Contributions

Workgroups/Calls/Taskforces	Number of Members	Meeting Time (hr)	Number of Meetings	Time Outside Meetings (hr)	Total Hours
Strategy	30	1	12	1	720
Requirements	34	1.5	17	1.5	1734
Technical Architecture	42	1	18	1	1512
Sustainability	16	1	8	1	256
Governance Body	38	1.5	18	1	1710
eCR Implementation Taskforce	36	1	40	2	4320
Implementation Site Calls (Michigan, Utah, Kansas)	12	1	79	1	1896
Taskforce Co-Chair Calls	2	0.5	39	0.5	78
AIMS/RCKMS Calls	7	1	200	1	2800
Scalability	33	1.2	3	1.5	267
Legal	20	1	7	1	280

**15,573 Total Hours (Almost 2 Full Years!) Contributed by Strategic Partners**

# Digital Bridge and Partner Activities

## National Public Health Activities

- Develop RCTC and RCKMS Content
- AIMS & RCKMS Development, Test, and Prep Activities
- Validate EHR Vendor eICRs
- Conduct Integration Testing (AIMS & RCKMS Together)
- Prepare for DB Site End-to-End Testing
- Connection Establishment
- Standards Reviews
- Legal, Regulatory, & Policy
- Meetings and Coordination

## Groups

- APHL
- CSTE
- NACCHO
- ASTHO
- CDC

## Initial Implementation Site Activities

- Healthcare/Vendor Set Up
- AIMS Connectivity Setup and Testing
- Public Health Agency Setup
- Onboarding onto AIMS Onboarding
- Setup Reporting Specifications in RCKMS
- Conduct end-to-end testing for the 8 Scenarios
- Legal, Regulatory, & Policy
- Meetings and Coordination

## Groups

- Implementation Provider
- Implementation Vendor
- Implementation PHA

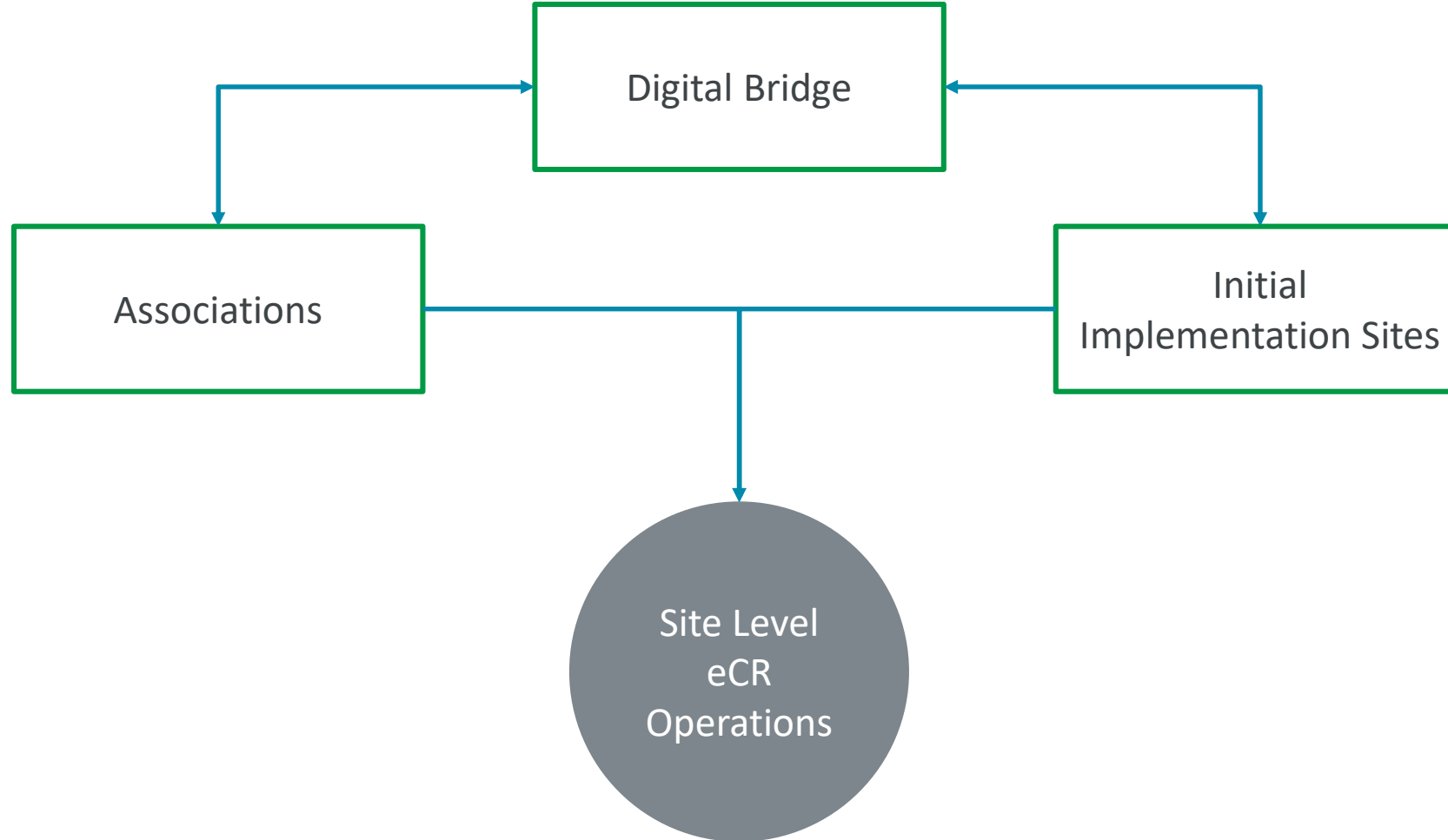
## Digital Bridge PMO Activities

- Activities to Support Digital Bridge
- Board of Directors & Governance coordination
- Incubation and Hand-Off
- Trust and Legal
- Communications
- Program Management
- Funding
- Standards Management
- Administrative efforts
- Meetings and Coordination

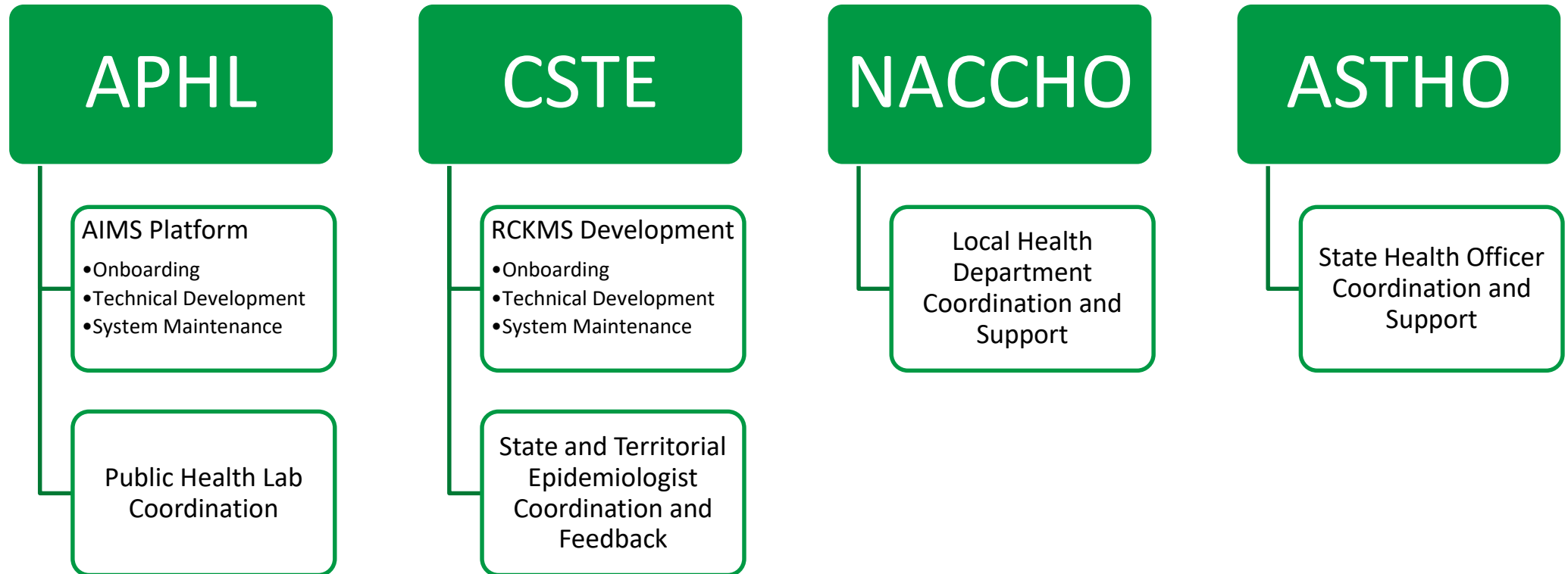
## Groups

- Digital Bridge PMO
- Digital Bridge Governance Body

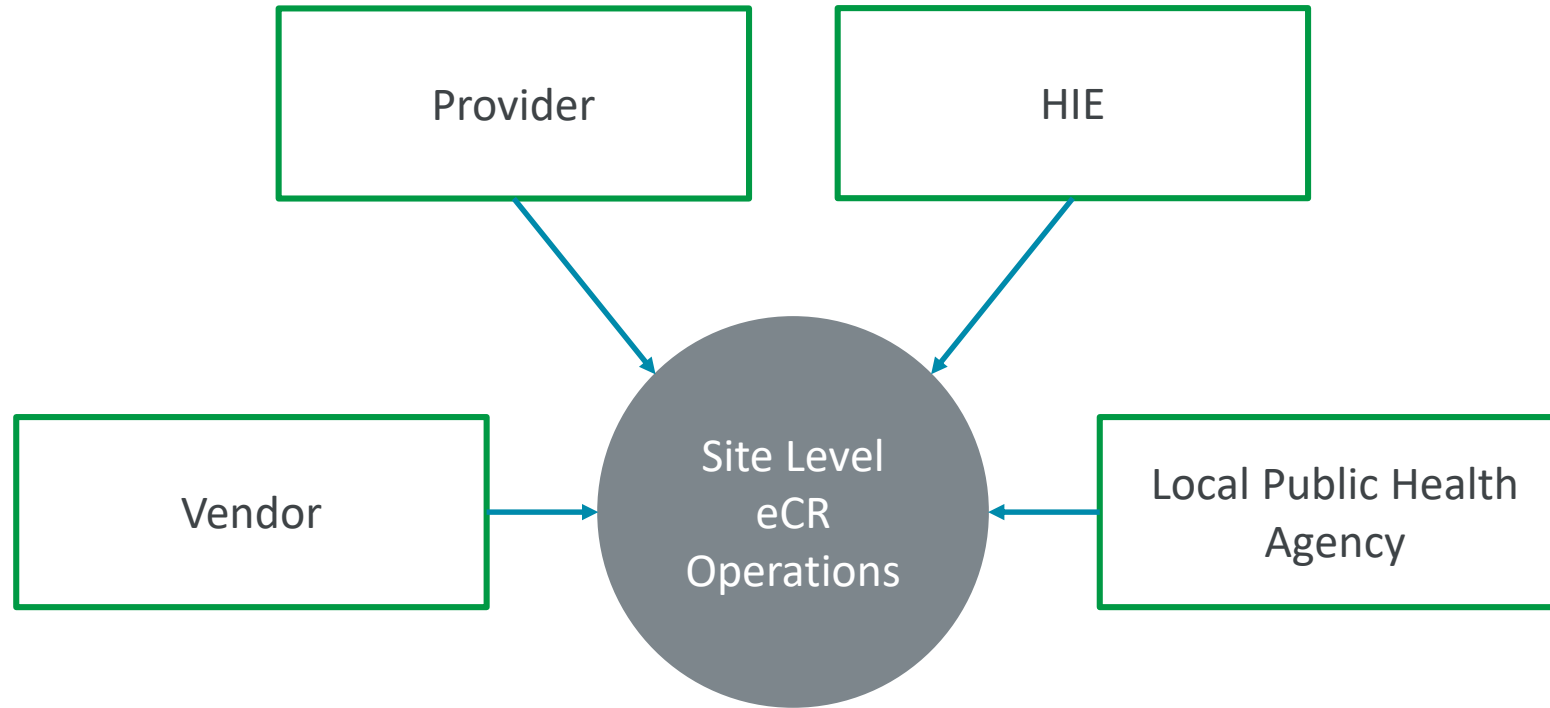
# Digital Bridge + eCR Multiple-Organization Structure



# Association eCR Super-Organization Structure



# Initial Implementation Sites Organization Structure



# Small Group Discussion

## Activities

- For those of you in Group X (Initial Implementation Sites, National Public Health, Digital Bridge PMO), do the activities listed here cover what you have been doing? Do they cover what you need to do to make eCR successful?
- For those of you not in Group X, are there other activities that Group X could do to support eCR from your perspective?
- What are some activities that need to be undertaken to make eCR successful?

**OBJECTIVE 1: Document what activities, actions, infrastructure, and support are needed to make eCR a success at a nationwide scale**

## Interactions

- Are these the interactions you see week to week?
- Is this the best way for all of you to work together?
- What other support could your organization get from current partner organizations?
- Is there any other organization that should be involved with this?

**OBJECTIVE 2: Document what interactions, collaborations, and organizations need to be considered and involved to make eCR a success at a nationwide scale**



# eCR Demonstration Commitments

- Yesterday we talked about commitments and what that means to each of you  
I am going to do \_\_\_\_\_ to ensure successful eCR demonstration in the next 12-18 months....
- Take 5 minutes by yourself to think about specific actions you can complete in the next 30 days to support at least one of those commitments and **write down 2-4** on your Personal Commitment Pledge in front of you
- When writing these consider your personal and organizational capabilities. These don't need to be big actions, but can be simple activities that can move forward your overarching commitment
- After, we will do a large group report out

# Building the Digital Bridge

## Where does this group go next?

- **Scenario:** We have hit our success factors and build a strong foundation for the Digital Bridge. We are all excited for the next thing. What happens next?
- **Question:** What milestones and actions does the strategy workgroup need to take to ensure that we can build on success for Digital Bridge?

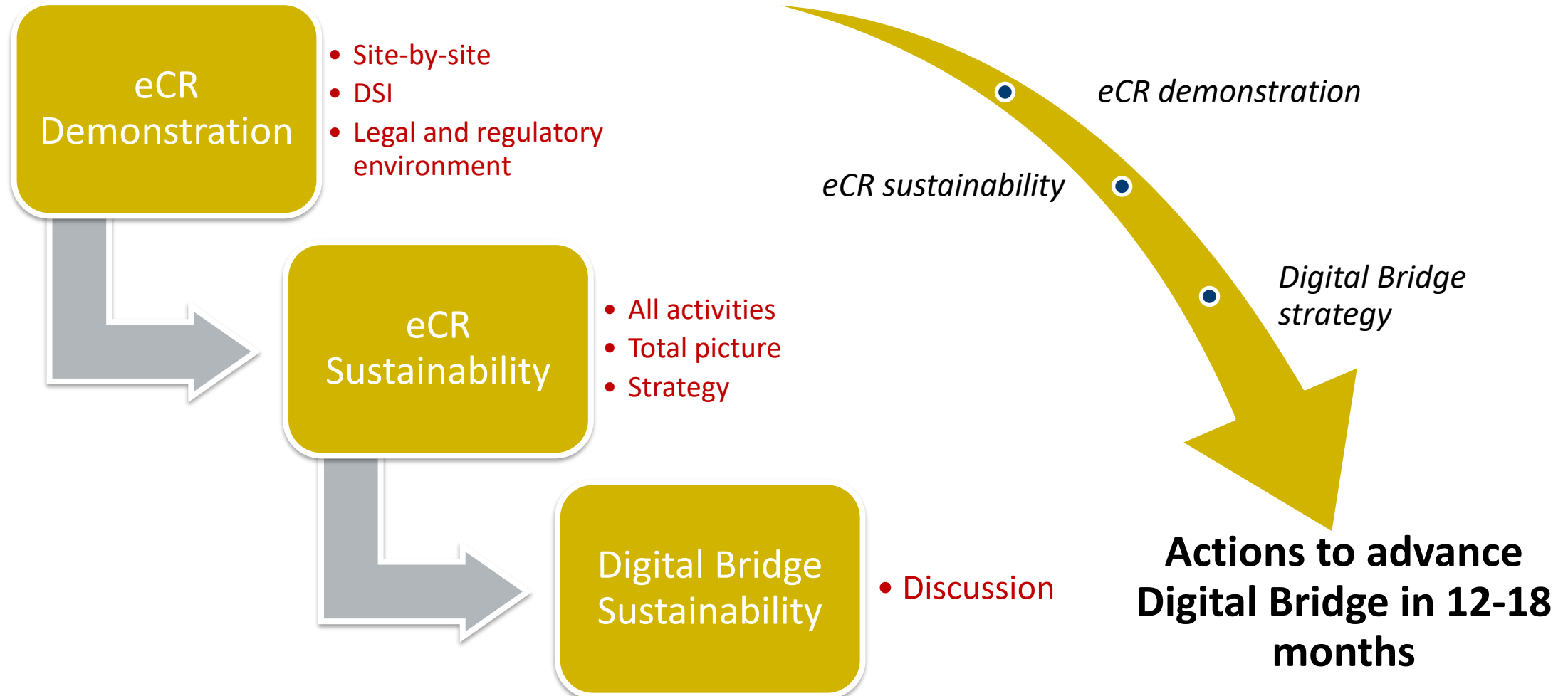
# **PMO Support for the Digital Bridge partnership**

- PLACE HOLDER FOR ANYTHING JIM WOULD LIKE PROJECTED

# Meeting Wrap & Conclusion

# Meeting Summary

# Meeting Course





# Concluding Remarks