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, October 4th, 2018
12:00 – 1:00 PM ET

This meeting will be recorded for note-taking purposes only
For Discussion Use Only – October 4th, 2018

Digital Bridge Governance Body

- John Lempke, RWJF

Digital Bridge Workgroups*

*Workgroups are chaired by the governance body, led by primary or alternate governance body representatives, with members that are appointed by governance body organizations.

**Legend**
- Green = member with voting privilege
- Blue = active workgroup
- Orange = completed/inactive workgroup

**Updated:** July 19, 2018
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
- Workgroup updates
- FAQs update

Risk Log
- Implementation progress update

For Action
- None

For Discussion
- Difficulty of BAA approach

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
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<tbody>
<tr>
<td>12:00 PM</td>
<td>Call to Order</td>
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<tr>
<td>12:03 PM</td>
<td>Agenda review and approval</td>
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<td>12:05 PM</td>
<td>Consent Agenda</td>
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<td>12:10 PM</td>
<td>Risk Log</td>
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<td></td>
<td>• Reportable conditions – Jeff Engel (CSTE)</td>
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<td>• eCR Implementation progress – Laura Conn</td>
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<td>12:35 PM</td>
<td>Discussions</td>
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<td>• Difficulty of BAA approach – Troy Willitt (APHL)</td>
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<td>12:50 PM</td>
<td>Announcements – Charlie Ishikawa</td>
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<td>1:00 PM</td>
<td>Adjournment – John Lumpkin</td>
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Consent Agenda | October 2018

John Lumpkin (Chair)
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

October 2018 Consent Agenda Items

1. Workgroup updates:
   a. eCR Implementation Workgroup
   b. Pilot Participation Workgroup
   c. Transition Workgroup
   d. Evaluation Committee

2. Updates to FAQ document
   a. Includes an answer to the question, “Is there an estimated timeframe for when other sites could potentially onboard with the Digital Bridge eCR approach?”
Risk Log

Reportable Conditions 101 – Jeff Engel (CSTE)
eCR Implementation Update
Laura Conn & Monica Coley (eCR Implementation Taskforce Co-Chairs),
Rob Brown (Digital Bridge PMO)
Update: eCR Implementation Workgroup

- **Utah testing summary:**
  - Three successful end-to-end workflow testing; five test cases being tested currently
  - 21 Defects Identified (17 Resolved)
  - IMH pushed eICR/triggering functionality to production without sending messages through the firewall to AIMSS
  - Within one week – 3,000 eICRs generated for 1,800 unique patients for five pilot conditions

- **Challenges uncovered in testing with Utah**
  - Generation of new test patients was more time- and resource-intensive than originally anticipated
  - Timing of how eICRs are generated within the EHR to minimize duplicate eICRs is being revisited
  - Intermountain test environments and interfaces have been up and down, preventing testing and creation of some test patients

- **Houston testing summary:**
  - Able to trigger on Problem List – SNOMED
  - SNOMED translated to ICD-10 when diagnosis is not triggered

- **Challenges uncovered in testing with Houston**
  - Epic product does not trigger from diagnosis fields, diagnosis trigger codes are being triggered out of problem list
  - Using production environment for testing
  - Surescripts HISPEpic issue with patient data in wrapper of returned Reportability Response has not allowed processing of RR that is received at HM

- **Implementation workgroup update:**
  - Governance body approved workgroup charter via email in July 2018
  - Laura Conn (CDC) and Kirsten Hagemann (Cerner) will continue to chair the workgroup
    - Kirsten will be out on leave starting in September, and Monica Coley from Cerner will be the temporary co-chair
  - First meeting was held in August 2018
  - Workgroup has reviewed and provided feedback on the Technical Specifications
  - Workgroup is providing feedback and recommendations on proposed high-level onboarding process

- **Utah testing summary (continued):**
  - 21 Defects Identified (17 Resolved)
  - IMH pushed eICR/triggering functionality to production without sending messages through the firewall to AIMSS
  - Within one week – 3,000 eICRs generated for 1,800 unique patients for five pilot conditions

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- **Site engagement and preparation for implementation continues:**
  - Most active sites include California, NY, Michigan, Kansas
  - For detailed status of each site and timelines, please see appendices
# Digital Bridge eCR Implementation Timeline - 2018

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For Discussion Use Only – October 4th, 2018
# Digital Bridge eCR Implementation Timeline - 2019

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<thead>
<tr>
<th>Month</th>
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<tbody>
<tr>
<td>Jan 2019</td>
<td>Kansas Site Connectivity/Onboarding/Testing</td>
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<td>Feb 2019</td>
<td>New York City Site Connectivity/Onboarding/Testing</td>
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<td>Mar 2019</td>
<td>New York State Site Connectivity/Onboarding/Testing</td>
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<td>Apr 2019</td>
<td>Kansas Site Production</td>
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<td>May 2019</td>
<td>New York City Site Production</td>
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<td>Jun 2019</td>
<td>New York State Site Production</td>
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<td>Jul 2019</td>
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<td>Nov 2019</td>
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<td>Dec 2019</td>
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**Potential Interested Implementation Sites:**
- Delaware
- Illinois
- Iowa
- Kentucky
- Maryland
- Minnesota
- North Carolina
- North Dakota
- Ohio
- Pennsylvania
- South Dakota
- Tennessee
- Wisconsin

Anticipate discussion of how eCR onboarding will be opened up as part of eCR transition.
California Parkinson’s Registry Update

Benson Chang (Digital Bridge PMO)
California Parkinson’s Registry Use Case Update

Background

• In July, California Department of Health (CDPH) made it known that they were interested in potentially using Digital Bridge to collect required reporting for the statewide Parkinson’s Registry

• Electronic reporting for Parkinson’s is mandated by statute by January 2019, although clarifications by CDPH indicate providers have until March 2019

• PMO directed to perform additional investigation and requirements scoping with DSI partners in August 2018, initial discovery session held August 29, 2018
California Parkinson’s Registry Use Case Update

Accomplishments this month

• Follow up requirements and scoping discussions held on September 12, 21, and 24
  • Attendees included CDPH, DSI leads (CDC, APHL, CSTE), and PMO
  • UC Davis and Epic involved in discussions; 9/24 discussion held to clarify Epic plans for software development necessary

• General conclusions from meetings:
  • Some concerns mitigated – CDPH willing to issue waivers to providers who are planning to implement reporting this way (does not need to be done by January 2019)
  • More discovery may be needed before a complete picture of risks and sustainability can be presented and the governance body makes a decision
  • Concerns:
    • Legal agreements may need to be signed regardless for reporting to be done this way
    • DSI team is concerned about scalability of connections to more CA providers and understanding how CDPH will route and onboard each new provider in addition to general unknowns and the possibility of cannibalizing resources from other Digital Bridge site implementations
    • Epic needs to make changes to their software to trigger case reports off of diagnosis instead of just problem list to support this use case. The updates will need to be retrofitted to a variety of previous Epic versions to support the needs of the California Epic users. Epic is currently going through its estimation and release planning process and cannot give a firm commitment to a release timeline, although they believe tentatively it will be in January 2019. Epic agreed to meet with the PMO again to confirm a release schedule in mid-October.
California Parkinson’s Registry Use Case Update

Next steps

• Confirm with Epic timeline of software modifications and release schedule by mid-October 2018
• Convene follow-up meetings as necessary
• Present proposal to governance body for action in November 2018
Discussion: Experiences of implementing a business associate framework

Troy Willitt, APHL
eCR Using a Business Associate Framework

1. Authoring - Public health agency loads its case reporting criteria into Decision Support Intermediary

Jurisdiction-specific reporting criteria (input)

Public health case reports (jurisdictional criteria)

2. Trigger criteria delivery - Decision Support Intermediary provides Health Care Providers with nationally consistent criteria for triggering potential cases.

Nationally consistent trigger criteria (input)

Public health case reports (national criteria)

3. Preliminary event identification - Potential cases detected using nationally consistent trigger criteria optimized for sensitivity.

4. Secondary event assessment - Potential cases further evaluated against jurisdiction-specific public health reporting criteria optimized for specificity.

Legend
Black – technical
Blue - legal
Structure of Legal Agreement

Pilot Participation Agreement
• Agreement between pilot health care provider or HIE (a participant) and APHL
• Provides legal framework for pilot sites to enable transmission of protected health information to APHL, and, if elected, for APHL to transmit those data to public health authorities in accordance with applicable law on participant’s behalf
• Makes explicit that pilot project only includes a subset of all reportable conditions

Business Associate Agreement
• Formatted as an addendum to the Pilot Participation Agreement
• Accounts for requirements as defined by HIPAA (e.g., permitted uses and disclosures, additional obligations of APHL, breach reporting, ownership of information)
Lessons Learned to Date

• Challenges in negotiating the liability limit with the first three pilot participants
  • Implications for APHL’s annual cybersecurity insurance coverage
• Remaining pilot sites are eager to review and sign the pilot participation agreement
  • Logistics of getting every provider/HIE onboarded
• Additional exploration needed if AIMS/ RCKMS to be used to facilitate Parkinson’s disease reporting in California, beginning with UC Davis
Announcements

Jim Jellison, Jelisa Lowe and Charlie Ishikawa
ONC Request for Information

- ONC has issued an RFI for the 21st Century Cures Act EHR Reporting Program
  - The request: help develop EHR reporting program criteria and processes that are required by the Cures Act
  - Deadline: Wednesday, October 17, 2018 at 5:00PM ET
- Relevance to Digital Bridge:
  - The Cures Act requires the EHR Reporting Program's criteria to address five categories (security, interoperability, usability and user-centered design, and conformance to certification testing)
  - Other suggested categories include accessing and exchanging data held by federal, state, and local agencies
- Decision: Should the Digital Bridge governance body submit official comments?
  - If yes, the PMO suggests
    - One governance body representative guide the PMO in drafting before an asynchronous vote
    - Keep response brief and high level
      - Emphasize goal of bi-directional information exchange between health care and public health
      - Encourage a conceptualization of "reporting to clinical registries" that encompasses eCR and public health surveillance
      - Applaud ONC's support for modern, API-based approaches for interoperability
Communications

• Upcoming events
  • Johns Hopkins University panel – October 26, 2018
    • Connecting Healthcare and Public Health through a Digital Bridge
  • AMIA 2018 Annual Symposium – November 5, 2018
    • Informatics Challenges, Solutions and Opportunities for Public Health Electronic Case Reporting
  • 2019 ISDS Annual Conference
    • Abstract submitted, awaiting response

• Upcoming abstract deadlines
  • 2019 Health Datapalooza
    • Abstract deadline: October 22, 2018
NEXT MEETING
Thursday, November 1st, 2018, 12:00 – 1:00 PM EDT

Action Items

...