

Meeting Minutes

Digital Bridge Interim Governance Body

Meeting Information

Date:	April 2, 2020	Location:	1-866-516-9291
Time:	12:00 PM – 1:00 PM ET	Meeting Type:	Virtual
Called By:	Project Management Office	Facilitator:	John Lumpkin
Timekeeper:	Charlie Ishikawa	Note Taker:	Jelisa Lowe
Attendees:	See attached		

Agenda Items	Presenter	Time Allotted
1 Call to Order and Roll Call	John Lumpkin / Charlie Ishikawa	2 min
2 Agenda Review and Approval	John Lumpkin	3 min
3 Update: Partnership Management Transition	Brandon Talley	2 min
4 Action: Resolution to adopt Charter and Bylaws 2020	CDC Foundation	10 min
5 Adjournment	John Lumpkin	Remaining

Decisions

1	The governance body approved adoption of the new Charter & By-Laws by resolution #2020-0001. Motion made by Bob Harmon (Cerner), second by Scott Becket (APHL). Verbal vote taken. All ‘ayes’; no decent or abstentions mage.
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New Action Items	Responsible	Due Date
A. N/A		

Other Notes & Information

1. **Call to Order** – Quorum was met.
2. **Agenda Review and Approval** – John Lumpkin welcomed new representatives to their first Digital Bridge meeting. The agenda was reviewed; no additions or abstentions.
3. **Update: Partnership Management Transition (Brandon Talley)** –
 - A. Thanks to the PHII team and Charlie and his team for the incredible support during this transition—it has been an honor to work alongside both of those groups. As I mentioned in the last call, we are moving forward with the selection of a PMO, and that is the Illinois Public Health Institute (IPHI). We have been working behind the scenes to develop a transition plan to hand over assets from PHII to IPHI over the next several months. We should have a full transition plan executed through April and May, and we look forward to continually update the group.
 - B. **IPHI Introductions (Laurie Call)**: Elissa Bassler is our CEO. My name is Laurie Call, and I serve as the director for our Center for Community Capacity Development. I’m joined by our program associate, Samantha Lasky. She will be providing communications support and working to support project management and Basecamp.
4. **Action: Resolution to Adopt Charter and Bylaws 2020 (Bob Harmon)** – John Lumpkin introduced the topic and thanked Bob Harmon and his team for all the work put into the charter and bylaws.
 - A. *(Bob Harmon)*: You can see our purpose and objectives—we’re pretty much on schedule moving this forward. We started last fall, and we have progressed to a much more detailed and explicit document (than the previous charter).

(Bob reviews the summary of changes made to the draft charter and bylaws).

The draft resolution to adopt has been posted since March 30. The most important is the resolve that we should adopt the new charter and bylaws effective immediately, and we recognize all the current governance body primaries and alternates to be the new collaborative body representatives. We would adjourn the governance body and dissolve it, and we would immediately reconvene as the collaborative body with Walter Suarez presiding to elect and seat a new chair. That’s the meat of it, and I would thereby propose this resolution. Motion by Bob Harmon; seconded by Scott Becker.

- **Oscar Alleyne**: Upon a vote now, we’re saying the charter and bylaws become immediately in effect?
- **John Lumpkin**: Correct. The charter and bylaws resolution has been approved with no abstentions. The governance body meeting is therefore adjourned.

5. **Adjourned.**

Meeting Minutes

Digital Bridge Collaborative Body

Meeting Information

Date:	April 2, 2020	Location:	1-866-516-9291
Time:	11:30 – 1:00 PM ET	Meeting Type:	Virtual
Called By:	Resolution 2020-0001	Facilitator:	Bob Harmon, Walter Suarez, and John Lumpkin
Timekeeper:	Charlie Ishikawa	Note Taker:	Jelisa Lowe
Attendees:	See attached		

Agenda Items	Presenter	Time Allotted
1 Call to Order and Roll Call	Walter Suarez	2 min
2 Agenda review, approval, and conflict of interest declarations	Walter Suarez	3 min
3 Collaborative Body Business		10 min
4 Action: Use Case Scoping Method	Richard Hornaday	10 min
5 Charging and forming workgroups to scope selected use cases		5 min
6 Discussion: eCR Scale-up and COVID-19	Laura Conn	15 min
7 Announcements	Charlie Ishikawa	5 min
8 Adjournment	John Lumpkin	Remaining

Decisions

- 1 The Collaborative Body formally elected John Lumpkin to serve as chair.
- 2 The Collaborative Body approved an executive committee by resolution 2020-0002 to establish its purpose, membership and responsibilities. Motion by Oscar Alleyne; seconded by Walter Suarez.
- 3 The Collaborative Body approved the formation and scope of the nominations workgroup and that Vivian Singletary will chair. Motion by Scott Becker; seconded by Richard Hornaday.
- 4 The Collaborative Body approved the scope of the use case scoping methods workgroup and gating conditions for Digital Bridge to partner with additional potential projects. Motion by Richard Hornaday; seconded by Chris Alban.

New Action Items	Responsible	Due Date
A. Electronic approval on nominations workgroup recommendation	Collaborative Body	
B. Develop use case project scoping workgroup charges	Collaborative Body	
C. Action on nominations period	Collaborative Body	

Other Notes & Information

1. **Call to Order** – Quorum was met.
2. **Agenda Review and Approval** – Bob Harmon reviewed the agenda; no additions or abstentions. Are there any declarations of conflicts of interests to the agenda?
 - A. **Discussion:**
 - **Michael Iademarco:** Do you want conflicts of interest for the voting members or for the voting and non-voting members.
 - **Bob Harmon:** A declaration of either would be appropriate.
 - **Michael Iademarco:** Okay, I’m also representing Adi, and neither of us have any personal conflicts of interest. CDC as an organization funds the bulk of electronic case reporting and a small portion of the larger Digital Bridge enterprise. We also fund a number of other projects which could be perceived as competing efforts.
3. **Collaborative Body Business** (*Walter Suarez, John Lumpkin*) –
 - A. **Collaborative Body Chair Election** (*Walter Suarez*): The first action of the new charter and bylaws is the nomination of a Collaborative Body chair. At this point, we have received recommendations for identifying and selecting a current member as the chair, but we will proceed to call for any other nominations. The person that has been nominated at this point is John Lumpkin to serve as our chair. Are there any other nominations to bring forward to the floor? Hearing none, we can proceed to vote on the nomination we have on the floor. Any opposition to the appointment of John Lumpkin as the Collaborative Body chair? None and no abstentions.
 - B. **Executive Committee Resolution** (*John Lumpkin*): The next item of business is approval of the executive committee resolution. The critical component of this resolution is that it will establish a purpose of the executive committee and that the executive committee will be composed of five representatives from the Collaborative Body, as well as the chair and vice chair. The proposal is to approve the executive committee, and in our May meeting, we will have final nominations after we appoint a nominating workgroup. We will have an election of the vice chair at the May meeting and follow up with an online election of the five members for the executive committee. The Collaborative Body will ask the nominating workgroup to define an election process that will help us make sure the members of the executive committee represent the breadth of the membership of the Collaborative Body. The terms will be two years. The executive committee will provide its minutes of its meetings, and all the actions of the executive committee should be subject to review by the full Collaborative Body. Any discussion? Motion by Oscar Alleyne; seconded by Walter Suarez.
 - C. **Nominations Workgroup** (*John Lumpkin*): The next item of business is the charter and nominations committee. They will come forward with nominations for the office of vice chair, as well as recommendations and nominations for the executive committee. We propose the workgroup will be composed of members from the charter and bylaws workgroup as identified, with Vivian Singletary agreeing to be chair of that group. Motion by Scott Becker; seconded by Richard Hornaday.
4. **Action: Use Case Scoping Method** (*Richard Hornaday*) –
 - A. At the last meeting, we formed as a group to pull together criteria and tools to help identify use cases. The intention was to guide how we’re going to be using our new use case work, ultimately identifying a

template for project scope and approval to work those things through the Digital Bridge process and coming up with a list of conditions to consider using as gating criteria—in essence, things that would identify issues or concerns for Digital Bridge.

The next item we came up with was to optimize these plans for the Digital Bridge use cases. We had discussions to identify methodologies and tools to be able to work with Digital Bridge. The project statement is trying to identify the key aspects that we want to be able to capture within the projects that we have: (1) identify the essential problem or the need, (2) get more details on the solutions developed, (3) get information about the project approach, (4) get details on sponsorships, stakeholders and other interested parties, (5) and identify the long-term sustainability—not only how to transition it from a use case to implementation, but also for the sustainability for Digital Bridge as an organization.

From that, we provided a deliverable for you all. Using the completed project scope statements, we want to consider using these items to gate that work: (1) is the use case’s relevance to Digital Bridge mission clear? Is it described in a way that is compelling? We had a lot of discussion about the value of those projects being to gain additional support from Digital Bridge, but also to get Digital Bridge tied in to additional activities and bringing additional membership into Digital Bridge. (2) Is the project designed to maximize Digital Bridge strategies and relationships? (3) Is the project supported adequately for successful completion? (4) How would the use case contribute to Digital Bridge sustainability? Moved by Richard Hornaday; seconded by Chris Alban.

5. **Charging and forming workgroups to scope selected use cases** (*John Lumpkin*) –

- A. Based on the report you heard, each workgroup will go into an assessment phase, and then present findings to the Collaborative Body on moving from the scoping phase to the implementation phase. So, it will be a scoping workgroup, then—if approved by the Digital Bridge Collaborative Body—it will become an implementation workgroup. What we’re looking for from the body today is agreement to have an electronic approval—once we’ve identified leadership after this meeting—for these five areas where we have scoping workgroups established. So, the process we will follow is to send out an electronic approval to establish each workgroup when they have been staffed and we get volunteers, and then we will draft the leadership and then approve electronically by the Collaborative Body.

6. **Discussion: eCR Scale-up and COVID-19** (*Laura Conn*) –

- A. **Digital Bridge eCR update:** We are pleased to announce that UC Davis became live on March 23 with the pilot conditions. When we met in January, we talked about the opportunity to rapidly accelerate implementation and add COVID-19 reporting to the eCR approach we’re using. There were two activities that needed to occur: (1) connect public health agencies to AIMS so they can receive electronic case reports (we’ve increased from 23 to 39 public health agencies connected to AIMS); (2) we had to publish criteria in the RCKMS tool and get jurisdictions to author those. We do have some that authored but have not connected, and we are continuing to work on those.

What has happened between our January meeting and now is that diagnosis criteria were added to the tool for authoring for jurisdictions. In addition, the response effort has evolved, and lab testing has become widely available. Laboratory criteria—both lab orders and lab results—were added to the tool on March 16. This requires an additional authoring step by the jurisdiction to identify what they want reported based on that lab criteria. Twelve jurisdictions have re-authored that based on lab criteria to date, one jurisdiction has not authored or connected to AIMS, one jurisdiction has connected but has not pushed the authoring, and 13 have authored but not connected.

Diagnosis and problem triggering were implemented by Intermountain, Houston Methodist and the Institute of Family Health at the end of January and at UC Davis when we went live. Likewise, lab triggering started at Intermountain for lab results and Houston Methodist in March. UC Davis has pushed triggers for lab results as well.

- B. **Does eCR Work for COVID-19:** So far, we have had over 26,000 case reports triggered. We have seen confirmed cases being identified from these case reports. One jurisdiction validated they’re receiving them faster and that they’re more complete than manual reports. From a timing standpoint, they’re

getting eICRs directly in their systems compared to when faxes come over. On the completeness side, it is filling out information that isn't consistently in ELRs, like demographic data and contact information for the patient. So far, we had 11 jurisdictions receive case reports from the four active health care providers. We have also seen three additional jurisdictions that would have received the case reports, but they're not connected to AIMS. As we see these come in, we're communicating directly with these jurisdictions to encourage them to connect to AIMS and accelerate that. There is definitely a lot of excitement around this working well for COVID-19. We've had clear evidence that eCR works well for emergency response—both being able to implement quickly and be effective.

- C. **Recruitment and Scale-up Plans:** There has been tremendous increase in this, specifically around COVID-19. We had recruitment plans in order but accelerated that. We've had many discussions—particularly with health care organizations in California—but hearing from many across the country. We're identifying ways to accelerate onboarding, potentially for COVID-19 first and then bringing other conditions on later. We have been hearing from the public health side that it has been delayed in getting the case-level data, and we can support that activity.

Send names and email addresses of five leaders at health care systems who may be interested in implementing eCR.

D. **Discussion:**

- **John Lumpkin:** In order for us to nudge public health agencies, please send us which agencies are engaged right now so we can figure out which ones are not. Also, can you share the experience in New York?
- **Laura Conn:** Institute for Family Health is the New York provider; however, it is interesting that there have been very few COVID reports from that reporter—and it could just be the nature of that organization. We do know they pushed diagnosis triggers but don't have confirmation that they have pushed lab triggers. They could very well be overwhelmed at this point.
- **Jim Daniel:** Have you guys thought about how eHR vendors might be recording point-of-care testing and if that point-of-care testing ends up not being in the lab, where it might be in the EHR and making sure it's sent in the eICR?
- **Laura Conn:** From our perspective, if we can identify where we would be triggering it—making sure it's captured with LOINC or SNOMED codes that are in the system—it should come over, but I'm not sure how it's being integrated into the workflow.
- **Andy Wiesenthal:** While they're thinking about that, the corollary is going to be the same for antibody testing, especially if it happens in the form of home kits.
- **Laura Conn:** Correct. We do have antibody triggers in the set now, but at this point that's not the focus. We should be able to capture it in the clinical systems, but from home kits, I'm not sure how it would get included in the patient's record and reported to health care.
- **Andy Wiesenthal:** Maybe instead of [our industry partners] answering, you can just huddle and talk to each other about how your organizations are thinking this through and come back to the committee via email to describe what's going on.
- **Laura Conn:** And I did reach out to the vendors before this call to convene and talk about those accelerations, so I think we will be able to report back to the group.
- **Richard Hornaday:** Andy's request makes sense for us to get together and chat about this.
- **Jim Daniel:** The EHRA group has been meeting with CSTE, and that question has come up. No best practices or anything shared, but that question has come up there. Keep in touch with that group to see if anything comes up.
- **Richard Hornaday:** The simplest answer is that anything that's in the RCTC group is going to be triggered, so that's going to need to always be the focus. Other aspects may get into where you give guidelines to folks to do some manual reporting beyond the automated triggering.
- **Andy Wiesenthal:** There are ways or examples for providers to incorporate results that come in in novel ways. As they do that, maybe that would be part of the trigger set. And if they notate,

“patient did test at home, here are the results,” would we force them to do that manually or is there a way of capturing that?

- **John Lumpkin:** Maybe we can follow up on this offline: how do we share this? This is important information. Something along the lines of a quick report to Health Affairs that will give information on how people can join and sign up and how it has worked so far.
- **Priyanka Surio:** ASTHO and NACCHO are also tied in to the EHRA request, and I know that they are open to exploring some of those questions. Also, the testing issue goes beyond at home test kits, but also private labs, which I know are reporting their results directly to health agencies. In terms of bringing health agencies on board, a lot of agencies are using various tools for contact tracing and identifying and receiving reports on cases—to what extent are you all aware of that and how that stacks up against eCR? I’m happy to talk offline.

7. **Announcements** (*Charlie Ishikawa*) —

- A. Look for communications to confirm representations now that we have a Collaborative Body.
- B. Look for communications around transition meeting appointments to IPHI and other logistical matters.
- C. The Collaborative Body’s second quarter meeting will be May 7, 2020
- D. There are several action items to be mindful of: (1) the nominations workgroup will be carrying out their work, so please look for communication from them that will require an electronic approval; (2) look for use case project scoping workgroup charges—there will be five charges in development, so please think about if you’d like to be a part of those workgroups; and (3) we will be looking at a nominations period per what the nominations workgroup comes up with, so look for communication and action on that as well.

8. **Adjourned.**
