



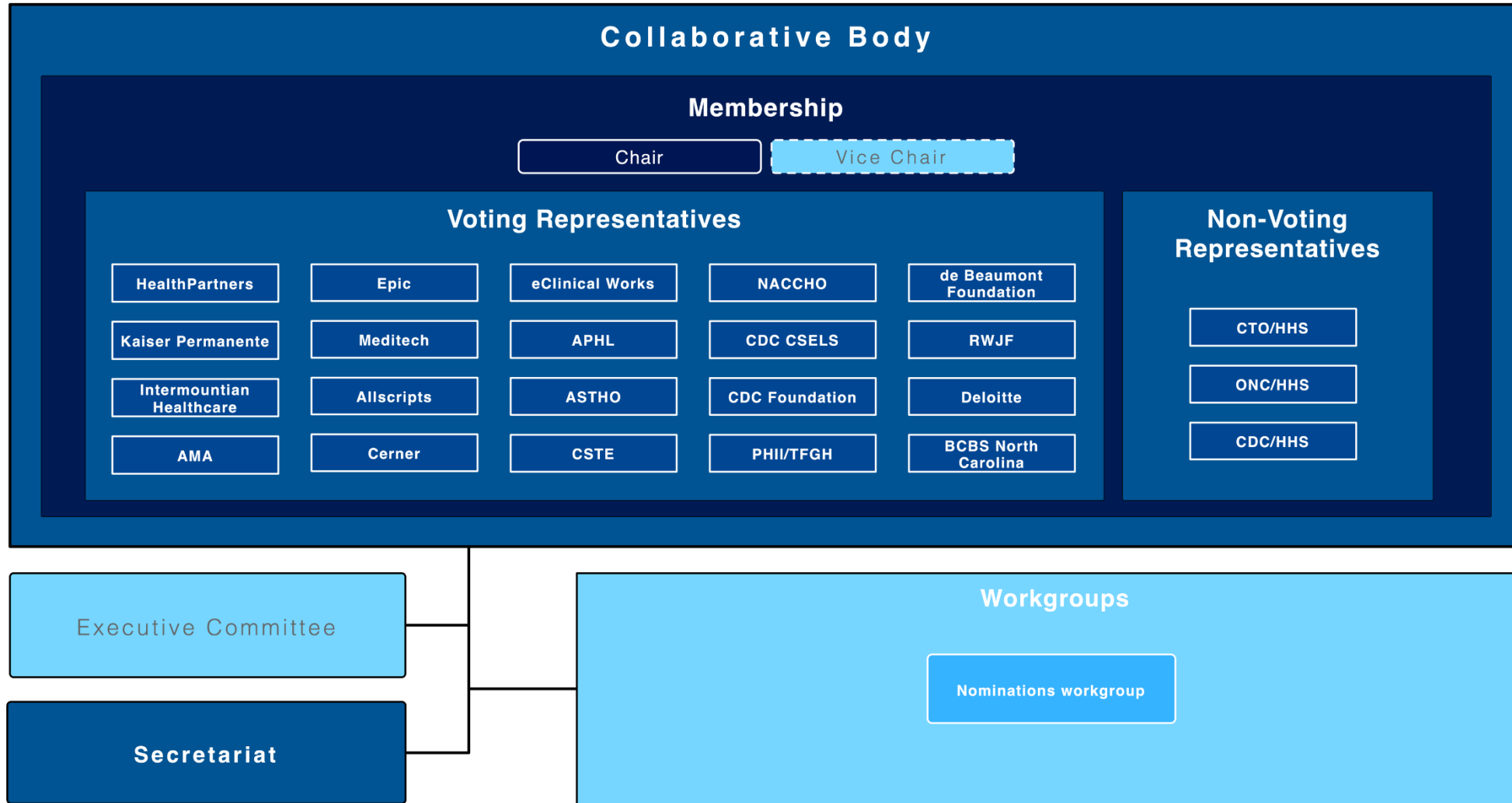


Collaborative Body Meeting

Thursday, May 7, 2020

12:00 P.M. – 1:00 P.M. ET

This meeting will be recorded for note-taking purposes only



LEGEND

- «name» Chartered entity
- «name» Resolved or charged entity
- name- Vacant, resolved or charged entity

LAST UPDATED
04/16/2020

Meeting Agenda

Purpose:

The purpose of this meeting is to work toward a common vision for exchanging actionable information between health care and public health.

Time	Agenda Item
12:00 PM	Call to order and roll
12:05 PM	Agenda review, approval, and COI declarations
12:07 PM	Consent Agenda
12:08 PM	Update: Partnership Management Transition
12:10 PM	Actions: <ul style="list-style-type: none"> - Nominations and elections process - Charlie and formation of Public Health API Workgroup - Charge and formation of use case project statement workgroups
12:40	Discussion <ul style="list-style-type: none"> - Special meeting follow up: eCR scale up and COVID-19
Remaining	Announcements
1:00 PM	Adjournment

Conflict of Interest Declarations?

Matters before the Collaborative Body today

1. Nomination and election process
2. Charge and formation of Public Health API Workgroup
3. Charge and formation of use case project statement workgroups

Discussion item

- Special meeting follow up: eCR scale up and COVID-19

Standing Rule III. Conflicts of Interests

Whenever a member (i.e., organization), member representative, officer, or a member's workgroup appointee has a financial or personal interest in any matter coming before the Collaborative Body or workgroup, the affected person shall

- a. fully disclose the nature of the interest and
- b. withdraw from discussion, lobbying, and voting on the matter.

Any transaction or vote involving a potential conflict of interest shall be approved only when a majority of disinterested members determine that it is in the best interest of the organization to do so.

The minutes of meetings at which such votes are taken shall record such disclosure, abstention and rationale for approval.

Consent Agenda | May 2020

John Lumpkin (Chair)

Collaborative Body 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 the governance body
 - c. Any item removed will be discussed during the meeting

May 2020 Consent Agenda Items

1. Charter correction of copy/paste error

Charter Correction of Copy/Paste Error

An error in the April 2nd approved Charter & By-Laws was identified and corrected; i.e., “Deloitte” was missing in the April 2nd document. Since reviews of draft versions of the Charter & By-Laws in March showed consensus that Deloitte is an initial Digital Bridge member, “Deloitte” was correctly added back to the Charter & By-Laws document on May 6th.

Excerpt of March 27th pre-finished version

FINAL | FOR DIGITAL BRIDGE GOVERNANCE BODY REVIEW AND ADOPTION | FINAL

- eClinicalWorks
- Epic
- HealthPartners
- Intermountain Healthcare
- Kaiser Permanente
- Meditech
- National Association of County and City Health Officials (NACCHO)
- Blue Cross Blue Shield North Carolina
- CDC Foundation
- Deputy Director for Public Health Science and Surveillance (DDPHSS), CDC
- Office of the National Coordinator for Health Information Technology (ONC)
- Office of the Chief Technology Officer for Health and Human Services (CTO)
- de Beaumont Foundation
- Robert Wood Johnson Foundation
- Task Force for Global Health
- Deloitte

3.6 Membership Application and Certification. Nominations for membership shall be made by a member in writing addressed to the organization’s chair and vice chair. New memberships must be approved by two-thirds (2/3) vote of all Digital Bridge members.

3.7 Conditions. The organization shall strive for balance in the constitution of its membership by attempting to promote equal representation among stakeholder groups with membership, i.e., equal proportion of public health, healthcare delivery, and industry partners.

3.8 Membership Resignation. If a member decides to resign their membership in the organization, they shall do so in writing addressed to the organization’s chair and vice chair.

ARTICLE FOUR: COLLABORATIVE BODY

4.1 Authority and Responsibility of the Collaborative Body. The governing body of the organization shall be the Collaborative Body.

- a. The Collaborative Body shall...
 - i. serve as the forum for membership to form consensus and document guidance and commitments in the service of the organization’s mission;
 - ii. determine the organization’s strategic policies and changes therein, actively pursue the organization’s purposes and objectives (See Article Two “Purposes and Governing Instruments”) and oversee the coordinated delegation of project implementation.
- b. The Collaborative Body may...
 - i. adopt, by unanimous vote, such rules as needed for the conduct of the organization’s work.

Page 3 of 10

Deloitte listed as initial member in list that was to be alphabetized for finishing

Commented [A2]: Alpha.

Commented [A2]: CDC. This is not eligible as we haven't interact with large group. 3/26/18 is like a valuable stakeholder group.

Excerpt of April 2nd finished and approved document

- a. Voting on matters that come before the Collaborative Body.
- b. Nomination and election of qualified representatives to the executive committee.
- c. Appointments of qualified individuals to serve or observe on Digital Bridge workgroups.
- d. Nominate and approve new members.

3.3 Voting. Any member may forfeit their voting right with explanation in writing to the Chair and Vice Chair. Such members shall be called, “Non-Voting Members.” At any point, such members can reinstate their voting privileges with explanation by notifying the Digital Bridge Secretariat (as defined in 10.1). Members may also abstain from voting on specific issues or for specific activities.

3.4 Responsibilities. All members shall contribute time and expertise to Digital Bridge workgroups, honor their Digital Bridge commitments, solicit opinions from stakeholders, represent their broader field, be responsive to the organization’s strategic goals, adhere to bylaws and standing rules, and ensure that their appointees attend and actively participate in Collaborative Body meetings and workgroups.

3.5 Privileges. All members shall have the privilege of nominating eligible candidates for Digital Bridge membership, inviting observers to Collaborative Body meetings, and the privilege of representing Digital Bridge in public forums (e.g., professional conferences or webinars).

3.6 Initial Membership. The following entities form the organization’s initial membership:

- Allscripts
- American Medical Association (AMA)
- Association of Public Health Laboratories (APHL)
- Association of State and Territorial Health Officials (ASTHO)
- Blue Cross Blue Shield North Carolina
- CDC Foundation
- Cerner
- Council of State and Territorial Epidemiologists (CSTE)
- de Beaumont Foundation
- eClinicalWorks
- Epic
- HealthPartners
- Intermountain Healthcare
- Kaiser Permanente
- Meditech
- National Association of County and City Health Officials (NACCHO)
- Office of the Chief Technology Officer for Health and Human Services (CTO)
- Office of the National Coordinator for Health Information Technology (ONC)
- Robert Wood Johnson Foundation
- Task Force for Global Health
- Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), CDC; Non-voting Member
- Deputy Director for Public Health Science and Surveillance (DDPHSS), CDC; Non-voting Member

3.7 Membership Application and Certification. Nominations for membership shall be made by a member in writing addressed to the organization’s Chair and Vice Chair. New memberships must be approved by two-thirds (2/3) vote of all Digital Bridge members.

3.8 Conditions. The organization shall strive for balance in the constitution of its membership by attempting to promote equal representation among stakeholder groups with membership, i.e., equal proportion of public health, healthcare delivery, and industry partners.

3.9 Membership Resignation. If a member decides to resign their membership in the

Alphabetizing initial member list resulted in a copy/paste error that omitted Deloitte from the list of initial members

Excerpt of May 6th corrected document

3.2 Rights. All members shall have the following rights in service of achieving and advancing the organization’s mission.

- a. One representative seat on the Collaborative Body (See Article Four).
- b. Appointments of one individual as primary representative and as many as three individuals as alternates on the Collaborative Body.
- c. Voting on matters that come before the Collaborative Body.
- d. Nomination and election of qualified representatives to the executive committee.
- e. Appointments of qualified individuals to serve or observe on Digital Bridge workgroups.
- f. Nominate and approve new members.

3.3 Voting. Any member may forfeit their voting right with explanation in writing to the Chair and Vice Chair. Such members shall be called, “Non-Voting Members.” At any point, such members can reinstate their voting privileges with explanation by notifying the Digital Bridge Secretariat (as defined in 10.1). Members may also abstain from voting on specific issues or for specific activities.

3.4 Responsibilities. All members shall contribute time and expertise to Digital Bridge workgroups, honor their Digital Bridge commitments, solicit opinions from stakeholders, represent their broader field, be responsive to the organization’s strategic goals, adhere to bylaws and standing rules, and ensure that their appointees attend and actively participate in Collaborative Body meetings and workgroups.

3.5 Privileges. All members shall have the privilege of nominating eligible candidates for Digital Bridge membership, inviting observers to Collaborative Body meetings, and the privilege of representing Digital Bridge in public forums (e.g., professional conferences or webinars).

3.6 Initial Membership. The following entities form the organization’s initial membership:

- Allscripts
- American Medical Association (AMA)
- Association of Public Health Laboratories (APHL)
- Association of State and Territorial Health Officials (ASTHO)
- Blue Cross Blue Shield North Carolina
- CDC Foundation
- Cerner
- Council of State and Territorial Epidemiologists (CSTE)
- Deloitte
- de Beaumont Foundation
- eClinicalWorks
- Epic
- HealthPartners
- Intermountain Healthcare
- Kaiser Permanente
- Meditech
- National Association of County and City Health Officials (NACCHO)
- Office of the Chief Technology Officer for Health and Human Services (CTO)

Page 2 of 9

Corrected mistake. Deloitte correctly listed as an initial member.

Update: Partnership Management Transition

Brandon Talley, CDC Foundation

Action

Executive Committee Nominations & Election Process

Vivian Singletary, Chair, Nominations Workgroup

Charge | Nominations workgroup

Purpose and objectives

The purpose Of the Nominations Workgroup is to recommend procedure(s) for the Digital Bridge (DB) to orderly and fairly elect a Collaborative Body representative to the Vice Chair (VC) office, and ensure that Executive Committee (EC) representatives together include representation from all sectors participating in Digital Bridge . The Nominations Workgroup will also advise the Chair and Secretariat staff in implementing the procedure(s) approved by the Collaborative Body (CB).

Objectives

- By no later than April 20, 2020, the Nominations Workgroup will deliver to the CB **a written description of a process for...**
 - **nominating and electing a CB representative to the office of VC**
 - **electing (through a fair, equitable, and transparent process) qualified CB representatives to the EC.**
- Advise the Chair and Secretariat in conducting the CB approved nominations and election process(es).

Membership

Name	Member Organization
Vivian Singletary (Chair)	PHII
Hillary Heisman	RWJF
John Lumpkin	BCBS NC
Grace Mandel	CSELS, CDC
Walter Suarez	Kaiser-Permanente
Brandon Talley	CDC Foundation
Mylynn Tufte	ASTHO
Andy Wiesenthal (consultant)	Deloitte

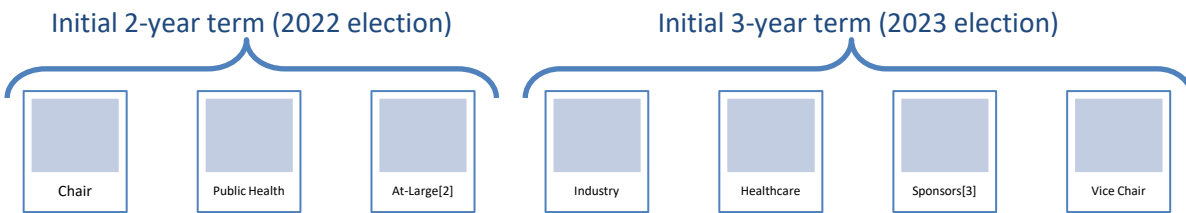
Resolved: Executive Committee Size and Scope

Size = 7 members (Chair, Vice Chair, 5 others)

1. Pursue financial and other resources to sustain Digital Bridge
2. Guide communications strategy, in alignment with the organization's purposes and objectives
3. Monitor progress of workgroups and advise as needed, including identifying decisions needing Collaborative Body input and/or review
4. Identify and prioritize strategic partnerships
5. Identify strategic emerging topics for Collaborative Body discussion
6. Track any vacancies to assure they are filled within designated timeline

Summary: Nominations and Election Recommendation

Exec. Committee Size, Scope, Initial Terms^[1]



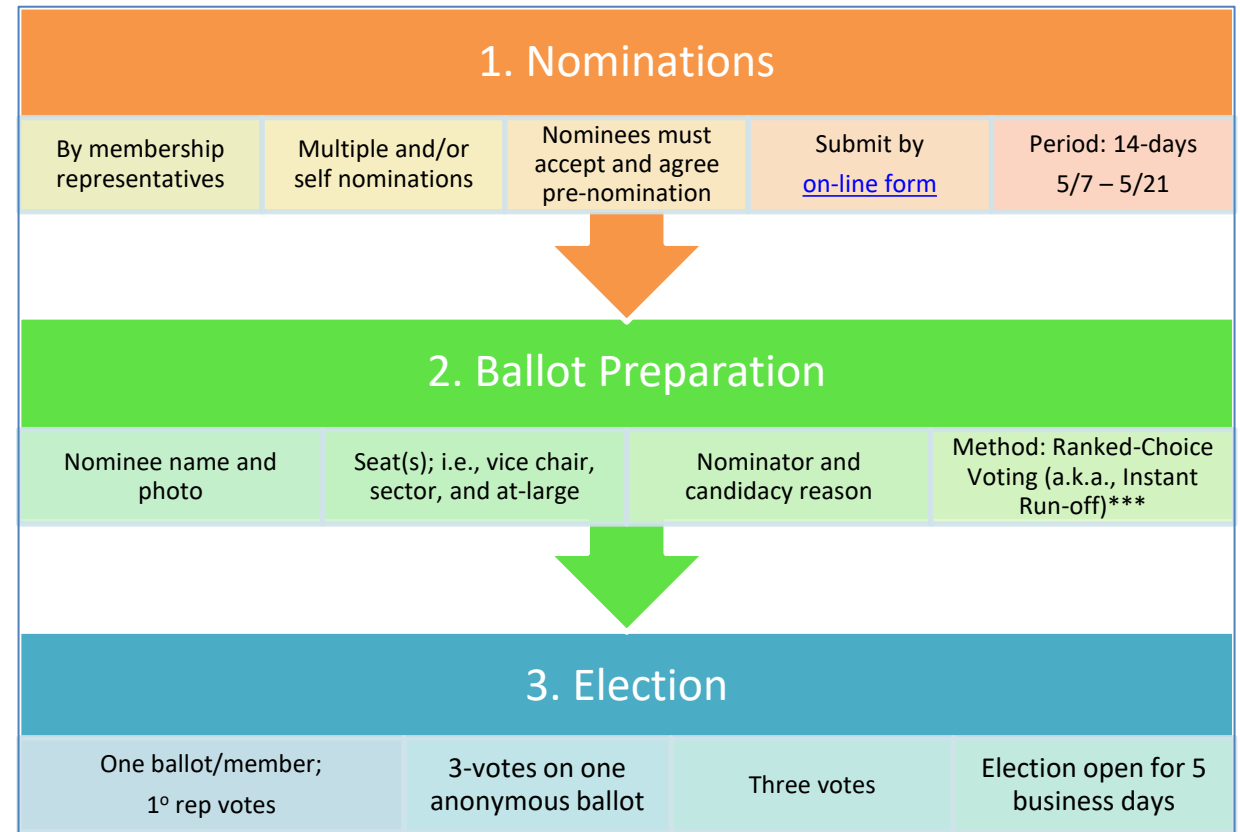
^[1]To ensure continuity, terms will be staggered with **initial terms** of 2-years for some seats and 3-years for the others. Following the initial terms, all seat terms will be two-years.

^[2]**At-large Seat:** Intent that such position be available for additional future members such as consumer representatives, others, as well as, in this initial stage, allow better balanced representation of the current four core sector-specific groups.

^[3]**Sponsor EC Seat:** Members eligible are organizations that have or are currently providing financial and expert support to Digital Bridge operations (i.e., a project or Secretariat)

^[4]**Ranked Choice Voting:** The ballots are rankings of the candidates. If a candidate is ranked first by more than 50% of the voters, then that candidate is declared the winner. If there is no candidate with a strict majority of first place votes, repeatedly delete the candidate or candidates that receive the fewest first-place votes (i.e., the candidate(s) with the lowest plurality score(s)). The first candidate to be ranked first by strict majority of voters is declared the winner (if there is no such candidate, then the remaining candidate(s) are declared the winners). (Source: The Stanford Encyclopedia of Philosophy, <https://plato.stanford.edu/entries/voting-methods/#RankMethScorRuleMultStagMeth>, accessed: 04/24/2020)

Nomination and Election Process | Oversight by Chair



Eligibility

- All representatives, primary or alternate, of voting members are **eligible** for...
 - Chair (elected in 4/2020; not May 2020 ballot)
 - Vice Chair
 - At-Large EC representative.
- Non-voting members **are not** eligible for officer or EC representative positions
- Representatives of public health, industry, healthcare, and sponsoring members are **eligible** for their sector-specific EC representative seat.
 - In advance of nominations and voting, BCBS of NC, CTO, Deloitte, and ONC must declare the sector-seat that best represents them.*

Nominations

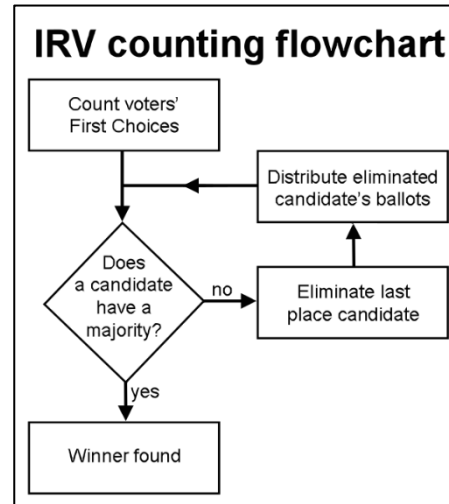
- Any voting or non-voting representative (primary or alternate) may make nominations for any post.
- Before nominating, candidates must agree to the nomination and provide photos to nominator
- Nominations made by on-line form
- Multiple and self-nominations are acceptable
- Nominees may be a candidate for one or more positions for which they are eligible; e.g., Vice Chair, and At-Large and sector-specific EC representative seat
 - Given equal eligibility for officer, At-large, and sector-specific seats, it is possible that an individual may be qualified, and ready and willing to serve all roles.

Member Name	Chair	Vice Chair	At-Large	Sector-Specific Seats			
				Public Health	Industry	Health-care	Sponsors
Allscripts	EV	EV	EV		EV		
American Medical Association (AMA)	EV	EV	EV			EV	
Association of Public Health Laboratories (APHL)	EV	EV	EV	EV			
Association of State and Territorial Health Officials (ASTHO)	EV	EV	EV	EV			
Blue Cross Blue Shield North Carolina	EV	EV	EV			?	
CDC Foundation	EV	EV	EV				EV
Cerner	EV	EV	EV		EV		
Council of State and Territorial Epidemiologists (CSTE)	EV	EV	EV	EV			
de Beaumont Foundation	EV	EV	EV				EV
Deloitte	EV	EV	EV			?	
eClinicalWorks	EV	EV	EV		EV		
Epic	EV	EV	EV		EV		
HealthPartners	EV	EV	EV			EV	
Intermountain Healthcare	EV	EV	EV			EV	
Kaiser Permanente	EV	EV	EV			EV	
Meditech	EV	EV	EV		EV		
National Association of County and City Health Officials (NACCHO)	EV	EV	EV	EV			
Office of the Chief Technology Officer for Health and Human Services (CTO)	EV	EV	EV			?	
Office of the National Coordinator for Health Information Technology (ONC)	EV	EV	EV			?	
Robert Wood Johnson Foundation	EV	EV	EV				EV
Task Force for Global Health	EV	EV	EV	EV			
Center for Surveillance, Epidemiology, and Laboratory Services (CELS), CDC	Nonvoting Member						
Deputy Director for Public Health Science and Surveillance (DDPHSS), CDC	Nonvoting Member						

*"EV" = Representatives are eligible for the given post and the primary representative may vote on who will fill the position.

Voting

- All voting members can **vote** for...
 - Chair (not on May 2020 ballot), Vice Chair and At-large EC representative
 - Their sector’s EC representative seat
- Non-voting members **are not** eligible for officer or EC representative positions and have asked that their representatives **not vote**.
- The voting record will be anonymized. For administration and ensure integrity, however, ballots must be linked to individuals by email.
- Voting will be conducted using an on-line service; e.g., SurveyMonkey
- Voting method will be Ranked-Choice Voting (a.k.a., Instant Run-off)
 - Example illustration provided on this slide



	Round 1						Round 2					
Candidate	a	b	c	d	e	Votes	a	b	c	d	e	Votes
Bob	1	2	3	1	2	2	1	2	2	1	2	2
Sue	3	1	2	3	1	2	2	1	1	2	1	3
Bill	2	3	1	2	3	1						

“A simple example is provided in the accompanying table (above). Three candidates are running for election, Bob, Bill and Sue. There are five voters, "a" through "e". The voters each have one vote. They rank the candidates first, second and third in the order they prefer them. To win, a candidate must have a majority of vote; that is, three or more.

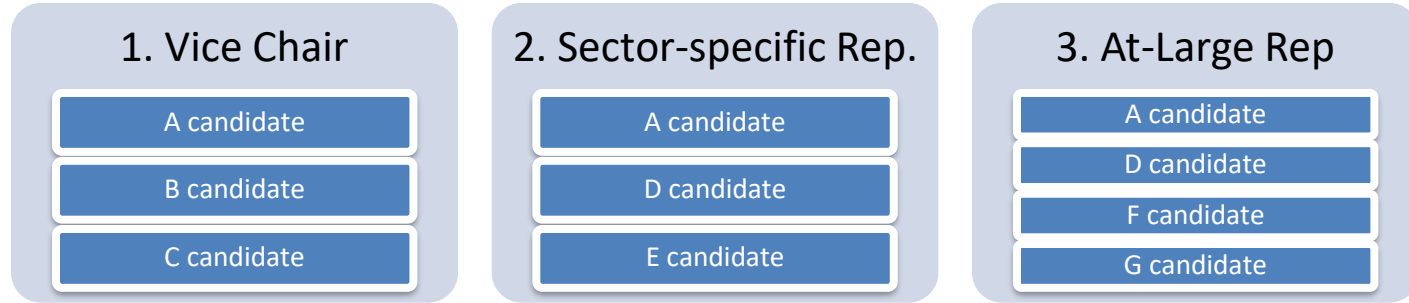
In Round 1, the first-choice rankings are tallied, with the results that Bob and Sue both have two votes and Bill has one. No candidate has a majority, so a second "instant runoff" round is required. Since Bill is in bottom place, he is eliminated. The ballot from any voter who ranked Bill first (in this example solely voter "c") gets modified as follows: the original 2nd choice candidate for that voter becomes their new 1st choice, and their original 3rd choice becomes their new 2nd choice. This results in the Round 2 votes as seen below. This gives Sue 3 votes, which is a majority.”

- Excerpt from Wikipedia, “Instant-runoff voting”; https://en.wikipedia.org/wiki/Instant-runoff_voting; accessed: Tuesday, May 5, 2020

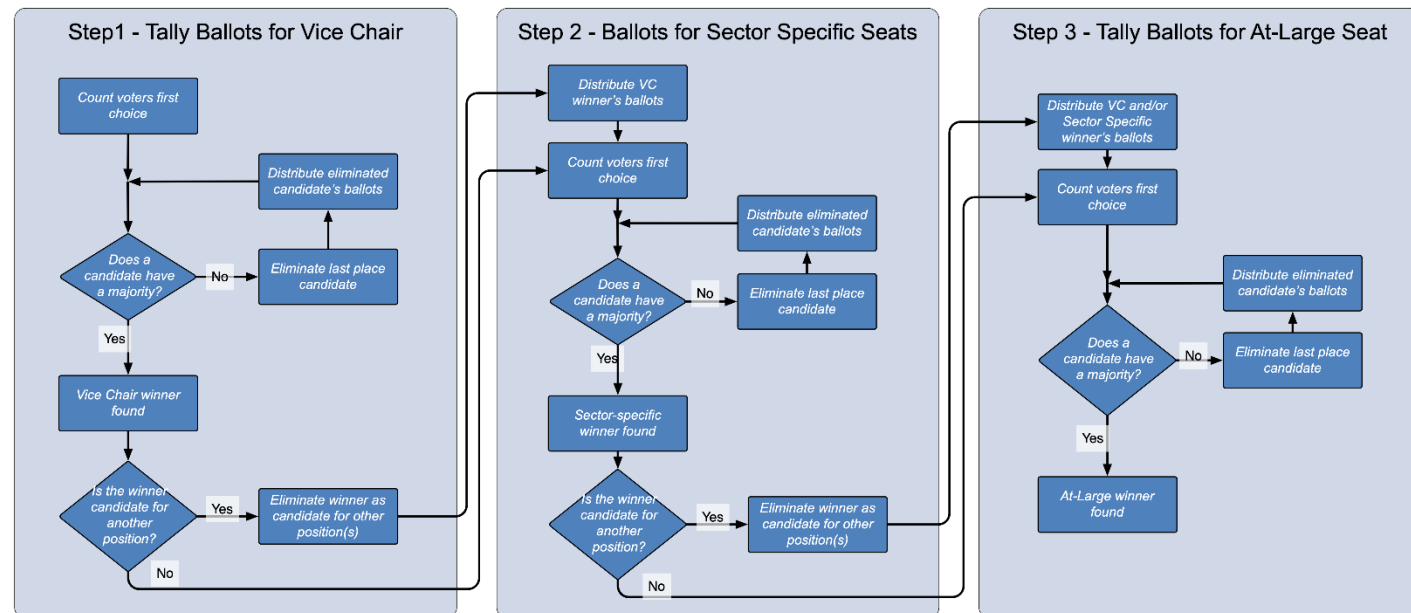
Example ballot (conceptual) – Voters rank order candidates by preference

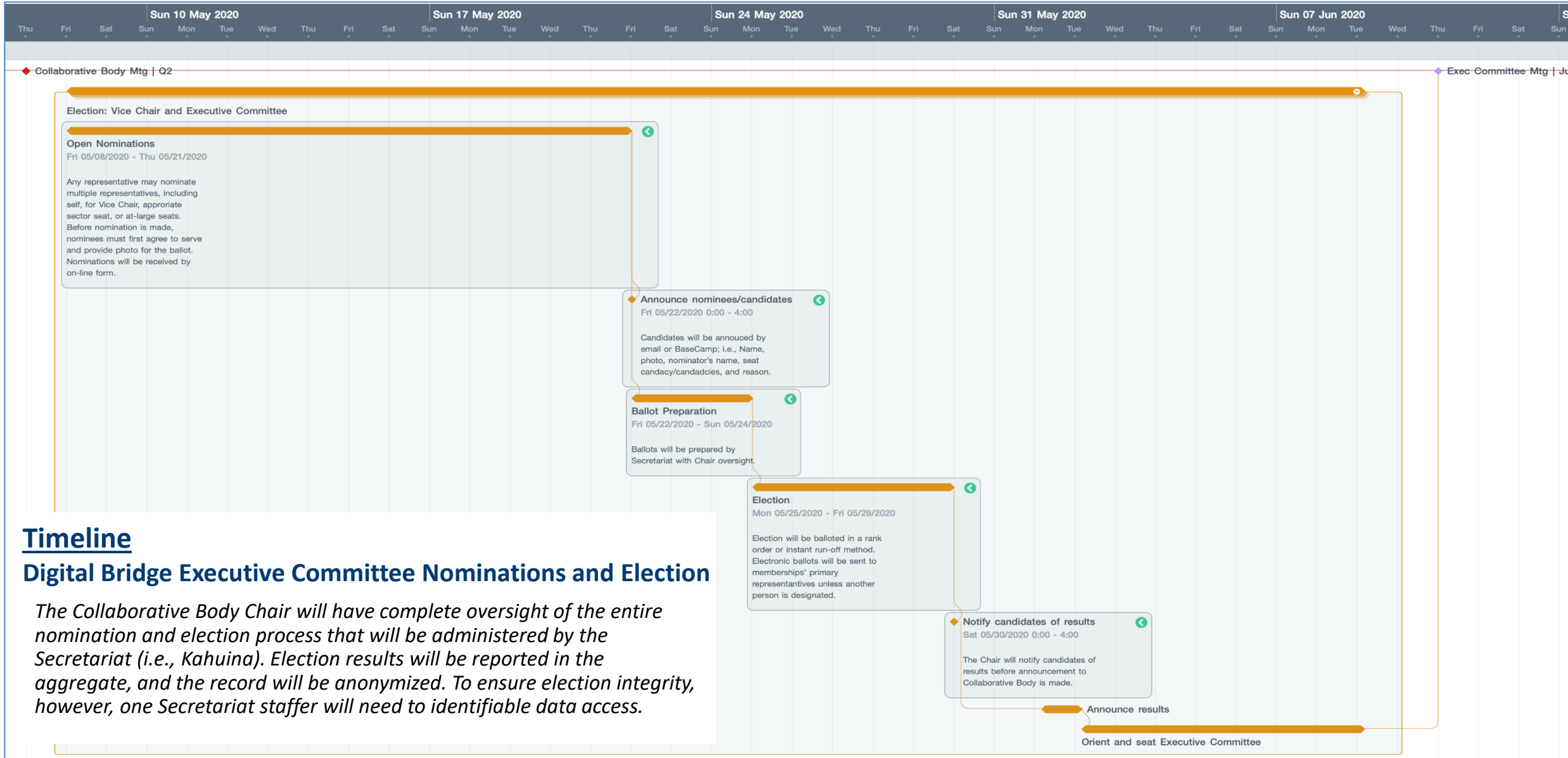
Ballot Mechanics

- Links to ballots will be sent to primary representatives of voting members by email
- Ballots will be tailored to permit voting on the representative’s sector-specific EC seat, and not the other sector-specific seats
- Ballots will force voting in the sequence: (1) Vice Chair; (2) Sector-specific seat; (3) At-large.
- For each position, ballots will require voters to rank all candidates by preference in an ascending order; i.e., 1=first preference, 2=second preference, etc.
- Votes will be tallied in rounds until a single candidate has a majority (>50% of all votes) of 1st preference votes.
- Tallying will progress sequentially starting with Vice Chair, then Sector-Specific seats, and then At-Large seat.
- If people are nominated for multiple positions (Vice Chair, Sector-specific, and At-Large), then...
 - a Vice Chair win would eliminate their name from the sector-specific seat and/or At-Large, or
 - a Sector-specific seat win would eliminate name from At-Large seat.
- In the unlikely event that candidates still have equal number of votes, then a runoff election will be held



Vote counting procedure is instant run-off





Timeline

Digital Bridge Executive Committee Nominations and Election

The Collaborative Body Chair will have complete oversight of the entire nomination and election process that will be administered by the Secretariat (i.e., Kahuina). Election results will be reported in the aggregate, and the record will be anonymized. To ensure election integrity, however, one Secretariat staffer will need to identifiable data access.

Action

Charge National Public Health API Workgroup

Charge | National Public Health API Workgroup

Purpose

The PH API Workgroup is to develop a white paper/opinion that explores the need and opportunity of a public health API for health care providers, payers, and public health agencies to leverage FHIR standards to allow appropriate access to and exchange of health data for public health purposes.

Objectives

By the September 1st, 2020, the PH API Workgroup shall deliver to the governance body:

1. A final draft white paper describing the potential of a public health API for consideration and endorsement by the Digital Bridge;
2. A proposed dissemination plan including preferred publications;
3. A drafted press release with attributable quotes from DB representation (i.e. public health, health care, industry partners)

Membership

Name	Member Organization
Walter Suarez	Kaiser-Permanente
Rachel Abbey	ONC
Dan Chaput	ONC
Kirsten Hagemann	Cerner
George Hobor	RWJF
Priyanka Surio	ASTHO
Jim Jellison	PHII
Brandon Talley	CDCF
<i>Indu Ramachandran</i>	Kaiser-Permanete
<i>Richard Hornaday</i>	Allscripts
<i>Patina Zarcone</i>	APHL
<i>Christopher Alban</i>	Epic

PHAPI Workgroup Schedule

Date	Event	Description
May, 2020	Charge Approval	Review and approve of workgroup charge by governance body
May, 2020	Form workgroup	Finalize workgroup membership and assign roles: primary outline drafter, content authors, researchers
June, 2020	Workgroup Mtg	Define and Review white paper outline and validate, assign section authors
June, 2020	White Paper Drafting	Workgroup members draft sections of the white paper
July, 2020	Workgroup Mtg	Review Draft White Paper, assign role to draft press release, identify preferred publications
July, 2020	Collaborative Body	Deliver initial draft of white paper to Collaborative Body, others, for review and input
August, 2020	Draft revised paper, draft press release, develop dissemination plan	Review, incorporate, edit, add, revise sections based on input from Collaborative Body, others
August, 2020	Workgroup Mtg	Meet to review final version of white paper, press release, dissemination plan
September, 2020	Deliverable due	White Paper, press release, dissemination plan
September, 2020	Gov Mtg	Present deliverable to governance body and solicit quotes for press release

Action

Charge Use Case Project Statement Workgroups

Use Case Project Statement Workgroups

Selected Use Case	Purpose	Deliverables	Leadership	Members* (updated 5/6 @noon ET)	Workplan
Newly reportable conditions that fit eCR model	To investigate, deliberate, and recommend collaborative work that advances the use case for the Digital Bridge mission.	Complete Project Statement for given use case	TBD by Chair	Walter Suarez (K-P) Andy Wiesenthal (Deloitte) Mylynn Tufte (ASTHO) Bob Harmon (Cerner) Rachel Abbey (ONC) Dan Chaput (ONC)	Jeffrey Engel (CSTE) George Hobor (RWJF) Priyanka Surio (ASTHO) Shan He (Intermountain) Andrea Garcia (AMA) Becky Lampkins (CSTE)
Cancer Registry and mCODE /Registry Architecture and Strategy			TBD by Chair	Walter Suarez (K-P) Tushar Malhotra (eClinical W.) James Doyle (Epic) Brandon Talley (CDCF)	
Immunizations			TBD by Chair	Malini DeSilva (HealthPartners) Andy Wiesenthal (Deloitte) Tushar Malhotra (eClinical W.) Priyanka Surio (ASTHO) Christopher Alban (Epic)	Shan He (Intermountain) Daniel Chaput (ONC) Rachel Abbey (ONC) Andrea Garcia (AMA) Jim Daniel (CTO)
HAI SNF			TBD by Chair	Christopher Alban (Epic)	

1. Approve Charge (May 2020)
2. Form workgroup and finalize roster with stakeholder outreach (TBD)
3. Kick-off meeting (TBD)
4. Draft statement (July 2020)
5. Final statement (September 2020)

**Only presenting individuals who confirmed workgroup participation in since April 2020.*

Discussion: Special Meeting Follow-up: eCR scale-up and COVID-19

John Lumpkin, Chair

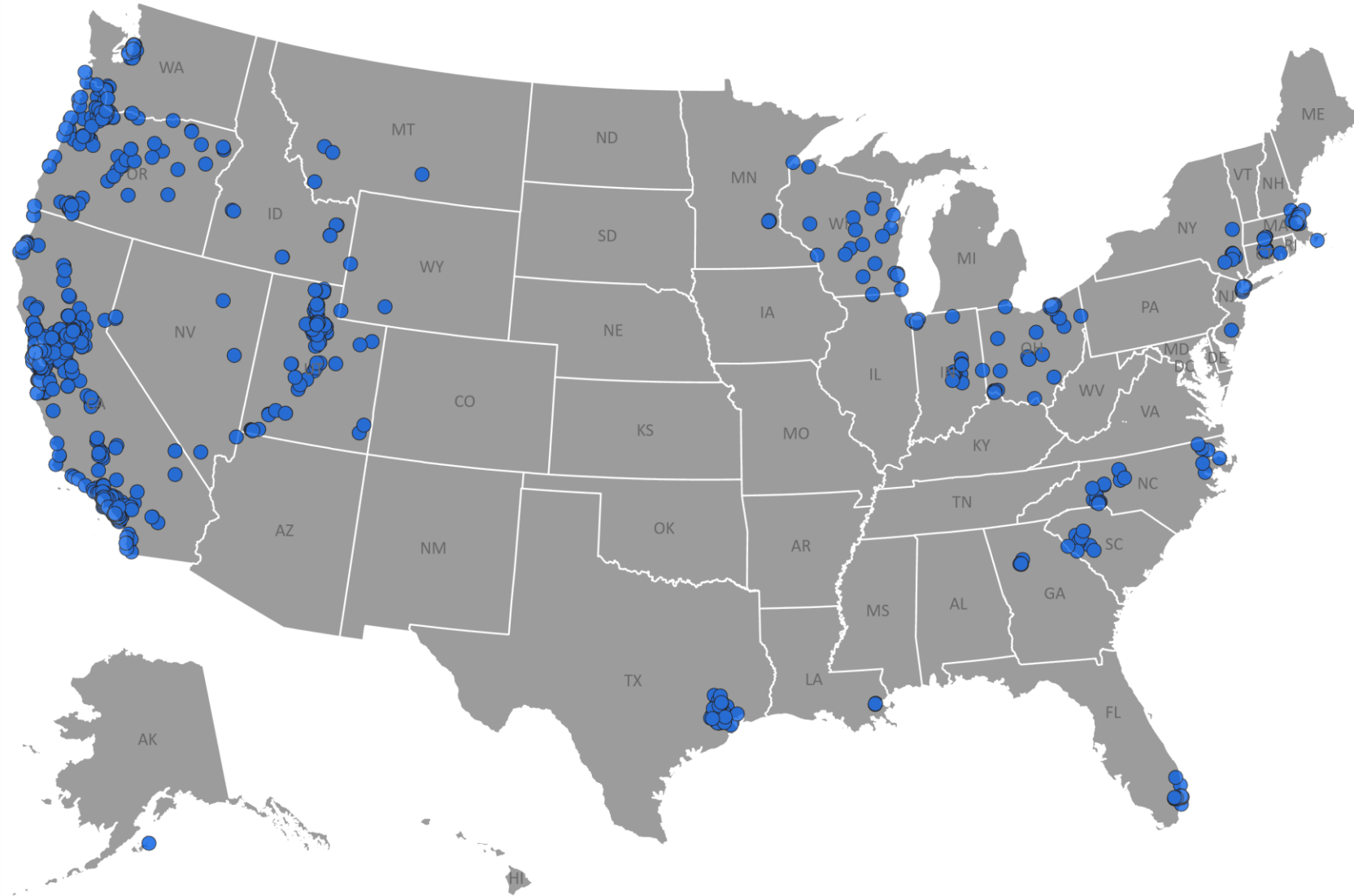
eCR Production Implementers

- Houston Methodist (TX)
- Intermountain Healthcare (UT, ID)
- The Institute for Family Health (NY)
- UC Davis (CA)
- Sutter Health (CA)
- OCHIN (19 states)
- Contra Costa Health Services (CA)
- MemorialCare (CA)
- UCLA (CA)
- UC Health (San Diego/Irvine/Riverside) (CA)
- Memorial Healthcare System (FL)
- University of Utah (UT)



Electronic Case Reporting for COVID-19 Implementation Sites as of 5/6/2020

● Hospital/Health System Locations



May 2020

Currently Implementing eCR

- Community Medical Centers (CA)
- Washington Hospital Healthcare System (CA)
- Group Health Cooperative of South Central Wisconsin
- PeaceHealth (WA)
- ThedaCare (WI) - – using WISHIN (HIE)
- Bellin (WI) – using WISHIN (HIE)

In queue for implementing/seeking approval

- John Muir (CA) – starting May 8
- Northeast Georgia Health System (GA) – starting May 8
- Henry Ford (MI)
- Advocate Aurora Health (WI)
- Novant (SC, NC, GA, VA)
- Northwest Permanente (OR and WA)
- Kaiser California South
- Kaiser California North
- Providence St. Joseph Health (WA)
- Confluence (WA)
- Skagit Regional Health (WA)

Announcements

Announcements

...

NOTICE: Upcoming Meeting

September 3rd, 2020

Action Items

- Nominations for Vice Chair and/or Executive Committee Members
- Primary representatives will receive ballot and be asked to vote on behalf of their organizations

