Digital Bridge Newsletter

October 2020

The purpose of this October 2020 newsletter is to provide an overview of Digital Bridge and its governance, milestones to date, use case workgroup updates, an Electronic Case Reporting (eCR) update, and background information on the Illinois Public Health Institute (IPHI). Thank you to everyone who contributed to the creation of this first newsletter. If you have further questions or concerns, please contact IPHI at Samantha.lasky@iphionline.org.

WHAT IS DIGITAL BRIDGE?

Launched in 2016, Digital Bridge is founded on public-private partnerships and **creates a forum for health care experts, public health professionals, and industry partners** to collaborate on ideas and solutions for a nationally consistent and sustainable approach to using electronic health data to **promote bidirectional information exchange between health care and public health**. The result is a relationship that is integral to efficient public health surveillance.

MISSION

Promote human health by facilitating sustainable clinical public health collaboration via modern information technologies achieved through partnerships among clinical care organizations, public health agencies, health information technology industry partners, and other critical organizations.

VISION

Public health and healthcare empowered and coordinated with the information needed to improve and protect the health and health security of patients and communities nationwide using interoperable systems that promote effective, efficient, and economical services.

TIMELINE

PHASE 1 – Late 2016
Convened representative leaders from public health, healthcare, and industry partners to identify high-level objectives and a collaborative approach to eCR

PHASE 2 – 2017
Facilitated collaborative design of an eCR approach suitable for nationwide adoption, leveraging existing standards

PHASE 3 – 2018 - Mid 2019
- Oversaw, coordinated, and provided legal and policy guidance and evaluated implementations of the eCR approach
- Coordinated hand-off of eCR to the CDC and partners for nationwide scale-up

PHASE 4 – 2019-2020
Developing additional use cases beyond eCR to further the mission and vision of Digital Bridge

2020

JANUARY

Digital Bridge governance identified four potential use cases and a white paper topic:

1. Newly Reportable Conditions using eCR Infrastructure
2. Immunization Registries
3. Cancer Registries mCODE / Registry Architecture and Strategy
4. National Health Care Safety Network Reporting of Healthcare Acquired Infections Reporting by Skilled Nursing Facilities
5. Public Health Application Programming Interfaces white paper

FEBRUARY – APRIL
- Collaborative Body formed and adopted Charter and Bylaws
- Use Case Project Statement Form developed
- Digital Bridge Chair elected

MAY – JULY
- Executive Committee, including Vice Chair position, elected
- IPHI assumed role of Secretariat of Digital Bridge program
- Use Case Workgroup Chairs and membership appointed
- Executive Committee finalized Use Case Assessment and Feedback tool

AUGUST – SEPTEMBER

The Collaborative Body reviewed the Newly Reportable Conditions using eCR Infrastructure and Immunization Registries use cases, setting up a decision to select one after review of remaining use cases at its November 2020 meeting

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WORKGROUP UPDATES

Immunization Registries Workgroup

Chair: Malini DeSilva (HealthPartners)

PURPOSE OF WORKGROUP

The purpose of this workgroup is to advance interstate immunization information system (IIS) data sharing. Variations in state laws and policies, competing priorities with a lack of prioritization on these endeavors, lack of direct federal funding or financial systems, the heterogeneity of state run IIS, and complexities with data transfers to medical providers have all been identified as barriers to making the goal of interstate IIS data transfer a reality. Recently the CDC, in collaboration with the Department of Health & Human Services Office of the Chief Technology Officer, sponsored and executed the Immunization (IZ) Gateway project which has been a focus of national efforts towards IIS data sharing. Supporting efforts to implement the IZ Gateway will further the charge of the Digital Bridge immunization registries workgroup at the September 10th meeting.

CURRENT STATE OF WORK

This workgroup decided that due to current initiatives of the IZ Gateway and work related to COVID-19, they do not have the capacity to begin work on a possible use case at this time. The workgroup will re-visit this potential project, pending discussions about capacity and commitment from members. Workgroup members will continue meeting to stay updated on related projects currently underway.

NHSN Reporting of Healthcare Acquired Infections Reporting by Skilled Nursing Facilities Workgroup

Chairs: Jeneita Bell (CDC) and Grace Mandel (CDC)

PURPOSE OF WORKGROUP

This workgroup is proposing a collaboration between Digital Bridge and CDC's National Healthcare Safety Network (NHSN) to pursue an innovative solution to advance skilled nursing facility (SNF) surveillance and quality measurement. SNF residents represent a disproportionately affected population that is susceptible to healthcare-associated infections (HAIs) that commonly result in hospitals admissions and re-admissions. Data to quantify the magnitude and distribution of this problem are lacking, and the data gap limits efforts to prevent HAIs in SNFs and improve care quality. This Digital Bridge workgroup will develop a use case leveraging structured data entered into electronic health records (EHRs) in the Emergency Department, observation unit, and early in the course of inpatient care to serve as eCR triggers for SNF HAI case reporting. Case reports originating in hospital EHRs in which eCR is implemented will be sent to NHSN, where the case data can be made available for use by SNF staff and public health stakeholders.

CURRENT STATE OF WORK

This workgroup is drafting the Use Case Project Statement form and will submit its proposal to the Digital Bridge Collaborative Body at its November 2020 meeting. During that meeting, the Collaborative Body will recommend that the workgroup move forward, move forward with amendments, or not move forward.

Newly Reportable Conditions using eCR Infrastructure Workgroup

Chairs: Priyanka Surio (ASTHO) and Lesliann Helmus (CDC)

PURPOSE OF WORKGROUP

This workgroup is proposing an extension of the eCR infrastructure to support additional reporting. As the network of potential exchange partners increases, additional centrally maintained decision support functionality is needed to ensure that report content is routed only to the authorized recipient. To utilize the existing eCR infrastructure, test cases must be based on clinical encounters and be easily identified using well-defined clinical code sets. The proposed test cases are:

- Reporting of Parkinson's disease to Parkinson's disease registries
- Reporting of attempted suicides and suicides to State Mental Health Authority and/or suicide hotlines.
- Post marketing surveillance of adverse effects from COVID-19 vaccine

CURRENT STATE OF WORK

The workgroup presented its proposal at the September 2020 Collaborative Body meeting. The Collaborative Body will make its decision to move forward with this use case at its November 2020 meeting.

Cancer Registries mCODE / Registry Architecture and Strategy Workgroup

Chairs: Kirsten Hagemann (Cerner) and Brandon Talley (CDCF)

PURPOSE OF WORKGROUP

The purpose of this workgroup is to reach near real-time cancer case data exchange by leveraging Digital Bridge's capability and capacity to engage stakeholders, and to establish trigger-based electronic cancer case reporting from EHRs to state- and territory-based central cancer registry health information technology infrastructure. Currently, it takes at least 24 months to make cancer surveillance data available to the public, thereby limiting the utility of these data for public health intervention analysis, allocation of resources, and research efforts.

CURRENT STATE OF WORK

This workgroup is in the process of drafting its Use Case Project Statement Form and will present its proposal to the Collaborative Body at its November 2020 meeting.

Public Health API Workgroup

Chair: Walter Suarez (Kaiser Permanente)

PURPOSE OF WORKGROUP

The purpose of this workgroup is to develop a Public Health Application Programming Interface (API) white paper to serve as a reference and provide information to public health professionals as they look into developing and implementing a Public Health API strategy for their organizations. The white paper will include an overview of APIs in general and as they apply to Public Health, a summary of recent health policy developments related to API, basics technical and net flow API concepts and building blocks, Public Health use cases, policy and privacy issues, strategies and steps needed to implement a Public Health API strategy, and a list of tools and resources available to support implementation of an API strategy. The white paper is set to be published by the end of 2020.

eCR Update

With widespread community transmission of SARS-CoV-2, the virus that causes COVID-19, reporting individual cases to public health agencies can be challenging. Electronic case reporting (eCR) is a critical tool for COVID-19, which is now a reportable condition in all jurisdictions. To accelerate eCR nationwide, CDC and Association of Public Health Laboratories (APHL) developed eCR Now for immediate and rapid deployment. It includes the following elements:

- Rapid eCR implementation through small cohort groups for provider sites that use an electronic health record (EHR) with eCR capabilities.
- eCR Now FHIR app that non-eCR enabled EHRs can use to rapidly implement eCR for COVID-19.
- Nationwide eCR policy framework for eHealth Exchange, Carequality, CommonWell members, and those who connect to them.

The eCR team continues to make progress in implementing eCR for COVID-19. As of July 2020, all 50 states, Washington D.C., and several large local jurisdictions authored and connected to the APHL Informatics Messaging Services (AIMS) platform. Implementing eCR substantially relieves the burden of manually reporting cases for healthcare providers and provides more complete and timely reports to public health departments. As of September 21, 2020, over 4,800 healthcare facilities are using eCR and have sent more than 1.9 million electronic initial case reports for COVID-19 to 59 state and local public health agencies.

To learn more, visit: www.cdc.gov/ecr and https://ecr.aimsplatform.org or e-mail: ecr@cdc.gov.

Our Vision

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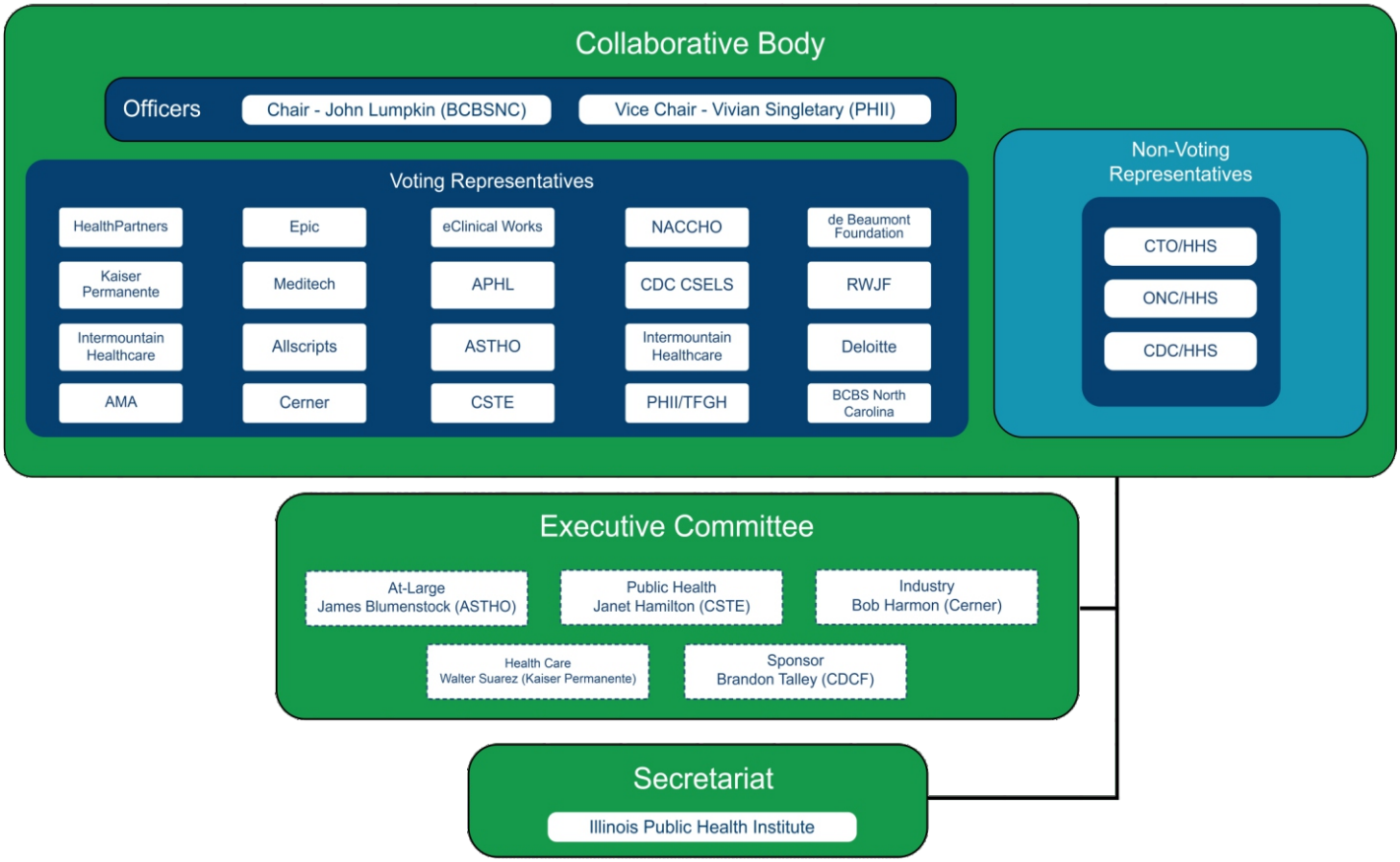
GOVERNANCE

Digital Bridge is led by a Collaborative Body that is made up of representatives from health care, public health, and industry partners. The Collaborative Body has oversight from an Executive Committee, operations are managed by the current Secretariat, IPHI, and use case project statement forms completed by Workgroups. The Collaborative Body was formed in Fall 2016 and meets quarterly to serve as the forum for membership, provide guidance and consensus, determine the organization's strategic policies, and oversee project implementation.



About the Secretariat

Beginning in June 2020, the IPHI transitioned into the role of Digital Bridge Secretariat, with the help of the Public Health Informatics Institute, Kahuina Consulting, and several other Digital Bridge stakeholders. The IPHI is tasked with managing Digital Bridge operations and resources in service of the collaborative's purpose at the direction of the Collaborative Body. The Secretariat manages partnerships, convenes and coordinates membership, facilitates governance, coordinates and assists in communications and stakeholder engagement, and provides project management. The IPHI Secretariat team is supported by Laurie Call (Center Director), Neha Agrawal (Senior Program Manager), and Samantha Lasky (Program Associate).

Contact the IPHI team at:

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Additional Information: Digital Bridge Website: https://digitalbridge.us/

Digital Bridge Charter and Bylaws: https://digitalbridge.us/wp-content/uploads/2020/06/Charter-and-Bylaws-of-the-Digital-Bridge.pdf