Meeting Minutes

Digital Bridge Collaborative Body

Meeting Information

Date:	November 5, 2020	**Location:**	Zoom; Meeting ID: 939 0518 7522
Time:	12:00 – 1:30 PM ET	**Meeting Type:**	Virtual
Facilitator:	John Lumpkin	**Note Taker:**	Neha Agrawal
Attendees:	See attached		

Agenda Items	Presenter	Time Allotted
1. Call to Order and Roll Call	John Lumpkin	12:00 PM
2. Agenda Review, Approval, and Conflict of Interest Declarations	John Lumpkin	12:05 PM
3. Consent Agenda: New Collaborative Body Members	John Lumpkin	12:08 PM
4. Cancer Registries Reporting Workgroup Use Case Project Statement Form presentation • Discussion and Q&A	Brandon Talley, Kirsten Hagemann, David Jones, and Greg Shemancik	12:10 PM
5. Review of Newly Reportable Conditions using eCR Infrastructure Workgroup Use Case Project Statement Form	Priyanka Surio & Lesliann Helmus	12:40 PM
6. Vote to move forward with one or both use cases	Collaborative Body facilitated by John Lumpkin and IPHI staff	12:50 PM
7. Discuss implications of select use case(s)	Collaborative Body facilitated by John Lumpkin	12:55 PM
8. Skilled Nursing Facilities Use Case presentation on work to date • Discussion and determination of interest to form a workgroup to develop white paper	Grace Mandel & Jeneita Bell	1:05 PM
9. Public Health Application Programming Interface White Paper • Discussion and approval to go out for public comment (final approval in January)	Walter Suarez	1:15 PM
10. Announcements and next steps • Doodle poll to select dates for the January virtual meeting. • Election for At-Large EC position	John Lumpkin	1:25 PM
11. Adjourn	John Lumpkin	1:30 PM

Decisions

1. The Collaborative Body approved the consent agenda, which contains new Collaborative Body members.
2. The Collaborative Body voted to move forward with both NRC and C&R use cases and merge the two where possible.
3. IPHI to send follow-up questionnaire to Collaborative Body members on their interest, capacity, and willingness to work on the Skilled Nursing Facilities proposal.
4. The Collaborative Body approved the Public Health API white paper as a working document that will be sent out for public comment and approved as final at the January virtual meeting.

Other Notes & Information

1. **Call to Order** – Quorum was met.
2. **Agenda Review and Approval and COI Declarations** *(John Lumpkin)*
    A. John Lumpkin welcomed the Digital Bridge Collaborative Body to its November 2020 meeting.
    B. There were no abstentions or changes to the agenda. There were no conflicts of interest declared.
3. **Consent: New Collaborative Body Members** *(John Lumpkin)*
    A. There are several new Collaborative Body members serving on behalf of their organization. J.T. Lane is the primary representative for ASTHO and he serves as the Chief Population Health & Innovation Officer at ASTHO. John Loonsk is the primary representative for APHL and is with ONC and a consultant to APHL. Veronica Alas is an alternate representative for BCBSNC and serves as a Leader, Data & Analytics Consulting Solutions at BCBSNC. And Bidisha Sinha is an alternate representative for the CDC Foundation and is a Senior Program Officer at CDCF.

The Collaborative Body approved the consent agenda, which contains new Collaborative Body members. Motion made by Oscar Alleyne; seconded by Walter Suarez; verbal vote taken, all "ayes," no "nays" or abstentions.

4. **Cancer Registries Reporting Workgroup Use Case Project Statement Form presentation** *(Brandon Talley, Kirsten Hagemann, David Jones, and Greg Shemancik)*
    A. Background of use case: Currently it takes approximately 24 months for cancer surveillance data to become available to the public; goal of use case is to reduce this to near real-time cancer data exchange to obtain insight on incidents, treatment intervention, potentially survivorship, and other important information.
        i. The reason it takes 24 months is that cancer surveillance community is not leveraging something like eCR for reporting. Hospital cancer registries are often key players in the data transmission process; they take data from EHR and associated labs and aggregate data until a complete case is put together. This then goes to the jurisdiction at which point additional data are put in and more aggregation and consolidation takes place. Once the case is completely closed within the central cancer registry, it is reported to CDC, and then it becomes available to the public.
    B. Relationship to Digital Bridge: Leverages Digital Bridge as a facilitator and coordinator of partners and expands on the previous work of the program by bringing FHIR to cancer surveillance.
    C. Technical details: Trigger events such as initial cancer diagnosis, first course of treatment, and anatomical pathology result set off outgoing FHIR resource to central cloud-based platform. This information gets passed to central cancer registries within state, territory, or jurisdiction via two routes. One route is direct connection to central cancer registry and second route is a platform that CDC is currently developing called Cancer Surveillance Cloud-Based Computing Platform.

D. Within cancer surveillance community there are a couple existing projects underway that this use case would leverage and try to harmonize with: MedMorph (Making EHR Data More Available for Research and Public Health) at CDC and mCODE (Minimal Common Oncology Data Elements).

Discussion:
Art Davidson: How many different EHR vendors are involved in current projects and is FHIR used at those sites?
John Lumpkin: eCR utilizes Cerner and Epic; Cerner utilizes FHIR.
Hilary Heishman: Could this use case happen without Digital Bridge? Say a bit more about the extent to which you expect the pieces to fall into place to resolve the issues once a pilot would start, versus if you expect any of the issues to truly limit the success of this use case?
Kirsten Hagemann: Project could happen without Digital Bridge, but it would take longer. There are many partners so Digital Bridge's role as a convener, facilitator, and collaborator is essential. In addition, the Digital Bridge program could help with policy hurdles regarding transmission of data.
Richard Hornaday: How critical is the free-text triggering? Triggered data could be handled via the NRC use case.
Kirsten Hagemann: There would be several triggers (as it relates to cancer diagnosis and subsequent treatments) and intent is not to trigger off unstructured data.

5. **Review of Newly Reportable Conditions (NRC) using electronic case reporting (eCR) Infrastructure Workgroup Use Case Project Statement Form** *(Lesliann Helmus and Priyanka Surio)*
   A. The proposed scope is to use eCR infrastructure for newly reportable and non-reportable conditions of public health importance.
   B. Define the requirements of a centrally maintained decision support tool to filter reports from EHRs based on event, data type, and authorized recipient. Examples of how we could leverage eCR (not use cases):
      i. Reporting of Parkinson's disease to Parkinson's disease registries
      ii. Reporting of attempted suicides or actual suicides to State Mental Health Authorities
      iii. Post marketing surveillance of adverse effects from COVID-19 vaccine
   C. Also considered expanding to chronic disease reporting, specifically the C&R proposal.
   D. Questions asked at the last meeting included: Should the scope of this workgroup be reportable conditions within the public health purview, additional reporting (non-reportable that are currently collected through registries or other means) within the public health purview, or conditions to be reported to non-public health authorities? Is there bandwidth and funding available?

6. **Vote to Move Use Case(s) Forward & Discuss Implications of Select Use Case(s)** *(Collaborative Body Facilitated by John Lumpkin and IPHI staff)*
   A. The primary representative or acting primary representative of member organizations voted to move either the NRC use case forward, C&R use case forward, both use cases forward, or combine the two use cases.
      i. 35% (6 representatives) voted to move forward both NRC and C&R for implementation. 65% (11 representatives) voted to merge the two use cases and move forward with implementation.

The Collaborative Body voted to move forward with both NRC and C&R use cases and merge the two where possible.

Discussion:
Andy Wiesenthal: Recommends moving through pilot and implementation soon. There are overlapping technical issues between the two workgroups that can be solved together. However, can have different sites for piloting the use cases.
Walter Suarez: Recommends keeping the two projects separate initially and eventually find joint commonalities. Concerned over the complexities with a larger group.

John Lumpkin: Recommends spending the bulk of the January virtual meeting discussing a path forward and how Digital Bridge can facilitate getting the technical, privacy, and legal details worked out. Recommends that both workgroups coordinate their efforts so in January can determine which parts we can move forward with at that time and where Digital Bridge needs to do more research. Both workgroups to work towards the January meeting. NRC presented a timeline of tasks at the last Collaborative Body meetings. Recommends C&R to look at that timeline and see what activities can be matched.

7. **Skilled Nursing Facilities Use Case presentation on work to date** *(Grace Mandel & Jeneita Bell)*
   A. Overview: Nursing home residents are at high risk for healthcare acquire infections (HAIs). Public health and healthcare stakeholders need better information about HAIs that originated in other institutions or were present on admission to a new healthcare facility. Issue has become more prevalent with COVID-19. Identifying data requirements would be the starting point and specifying what information needs to get to NHSN for meaningful action. Purpose of the workgroup is to improve transparency and not intended to be punitive to any entities.

IPHI to send follow-up questionnaire to Collaborative Body members on their interest, capacity, and willingness to work on the Skilled Nursing Facilities proposal.

Discussion:
Grace Mandel: Proposing a collaborative workgroup to help identify standards, similar to the model of other HL7 workgroups.
John Lumpkin: Is there interest amongst Collaborative Body members to carry out this task? Do we need to pull more partners into the work? Need engagement from EHR vendors and other CB members.
Andy Wiesenthal: Have you engaged with large EHR chains? Had to interact with some of them in a different context related to COVID-19. Nursing home chains have become an important stakeholder in engaging EHR vendors that support SNFs.
Jeneita Bell: Have had conversations and would engage with the American Health Care Association (AHCA) regarding nursing home chains.
John Lumpkin: Recommends that IPHI send out a questionnaire to the Collaborative Body to gauge their interest and level of resources to commit to this workgroup.

8. **Public Health Application Programming Interface White Paper** (Walter Suarez)
   A. Background: the purpose of the paper is to serve as a reference and provide information to public health professionals as they investigate developing and implementing a Public Health API strategy for their organizations.
   B. The table of contents include:
      i. Introduction
      ii. Background
      iii. Basic API Concept (Building Blocks)
      iv. Use Cases
      v. Policy, Privacy, and Public Health
      vi. Strategies and Steps Needed to Implement an API Approach
      vii. Tools, Resources, and References Available to Support Implementation of an API Strategy
      viii. Conclusion and Next Steps
   C. Draft of paper will be sent out for an open public comment between now and January virtual meeting.

The Collaborative Body approved the Public Health API white paper as a working document that will be sent out for public comment and approved as final at the January virtual meeting. Motion made by Walter Suarez; seconded by Vivian Singletary; verbal vote taken, all "ayes," no "nays" or abstentions.

9. **Announcements and Next Steps** *(John Lumpkin)*
   A. Collaborative Body will receive a poll for the January virtual meeting dates.

B. Collaborative Body will receive a ballot for the Executive Committee At-Large election. Note that only primary representatives or acting primary representatives of voting member organizations can complete the ballot. Representatives will have five days to complete the ballot.

10. **Adjourned.** *(John Lumpkin)*