
digital bridge

digital bridge

Collaborative Body Meeting

Thursday, April 1, 2021

12:00 PM – 1:30 PM ET

This meeting will be recorded for note-taking purposes only.

Meeting Agenda

Purpose:

The purpose of this meeting is to provide an update on Digital Bridge activities since the Collaborative Body convened this past January.

Time	Agenda Item
12:00 PM	Call to Order and Roll Call
12:05 PM	Agenda Review, Approval, and COI Declarations
12:10 PM	ExeCC Use Case & Workgroup • Use case name • Co-Chairs • Overview of use case • Scope, assumptions, technical workflow, LPR considerations • Current membership
12:55 PM	Expanding Collaborative Body • Outreach to new organizations • Vote to approve new members
1:05 PM	eCR & eCR Now Update
1:20 PM	Communications
1:25 PM	Announcements and Next Steps
1:30 PM	Adjournment

Conflict of Interest Declarations?

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.

ExeCC Use Case & Workgroup

ExeCC Use Case Name and Overview

- Focused on generic enhancements to the existing eCR infrastructure that would enable additional use cases.
- The extension of the eCR infrastructure would support additional reporting beyond nationally notifiable conditions.
- 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 workgroup is focused on cancer registries initially.
  - Implementing cancer registries in the enhanced architecture described above would allow cancer registries to reach real-time cancer case data exchange by establishing trigger-based electronic cancer case reporting, from EHRs to state- and territory-based central cancer registries.

ExeCC Use Case Workgroup Co-Chairs

Richard Hornaday has been a Director of Healthcare Solutions Management at Allscripts for the past seven years, and was part of the Newly Reportable Conditions workgroup.

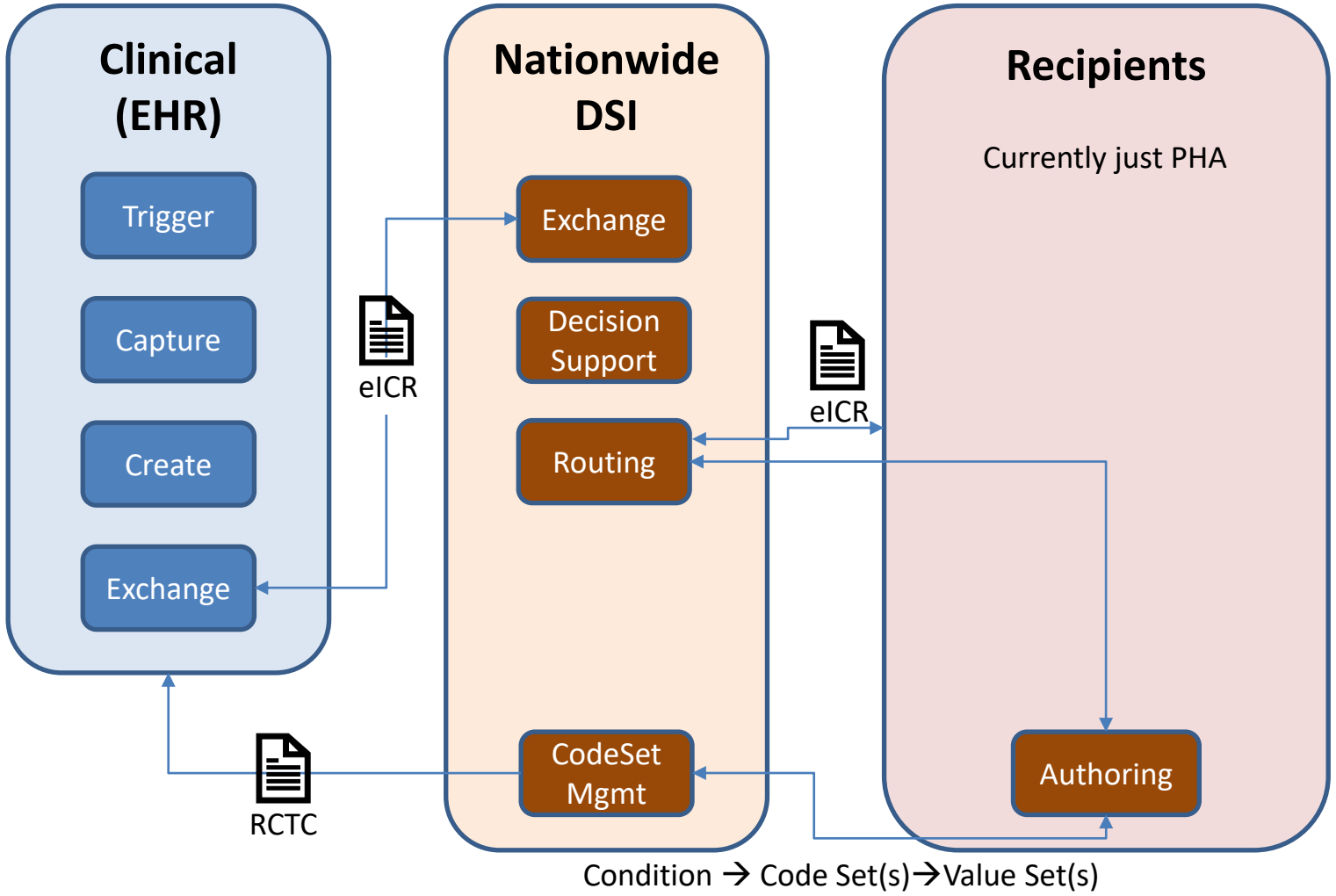
Joseph Rogers has been a Team Lead of Informatics, Application Development, and Analytics at the Centers for Disease Control and Prevention for the last 24 years. Joe presented the Cancer Registries use case concept to the Collaborative Body at its January 2020 in-person meeting.

ExeCC (formerly NRC & CR) Use Case Status

- Current eICR process
- Overview of Use Case & Scope: Assumptions & Limitations
- Decision Support Intermediary (DSI)
- Legal, policy, and regulatory considerations
- Characterizing the cancer surveillance landscape in context of EHR reporting
  - Legislation
  - Potential pilot sites
- Tentative project timeline

eCR – Current Workflow

- RCTC defines common nationwide set of trigger codes
- eICR begun upon trigger on an RCTC code
  - eICR may aggregate multiple triggers over an encounter
- DSI routes complete eICR to PHA(s) as per Routing Rules authored by PHA

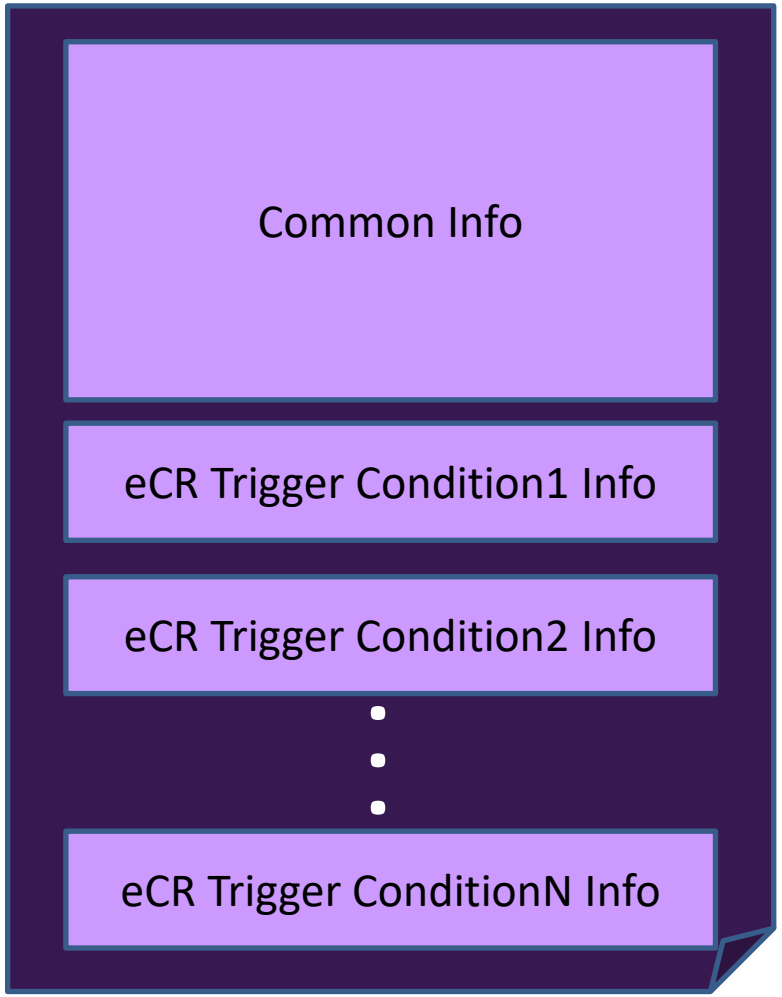


DSI: Decision Support Intermediary
- Currently AIMS/RCKMS

RCTC: Reportable Conditions Trigger Codes

eICR – current content

- Common Info
  - Rich set of data regarding the patient, provider, and the overall encounter
- Trigger Condition Info
  - Captures information related to a single RCTC trigger item
    - Can trigger on diagnosis code, test order, and/or test results
  - More than one triggered condition can be communicated in a single eICR



ExeCC Phases – Phase 1

- **Activities:**
  - Requirements Capture for Generic Infrastructure
    - Requirements will also need to be mapped to Phases
  - Initial assessments of legal/policy repercussions
  - “Proof-of-Concept” pilot activity: minimally Cancer Registries
  - Identification and (ideally) securing additional funding
- **Implementation Assumptions:**
  - No changes to eICR
  - No changes to existing legal/policy infrastructure (BAA via partner exchanges)
  - Initial expansion to other Recipients
    - Security Infrastructure Phase 1
    - Authoring Phase 1
  - Filtering

ExeCC Phases – Phase 2+

- **Activities:**
  - Promote the working of new eICR/RR requirements in HL7
  - Continued assessments of legal/policy repercussions
  - “Proof-of-Concept” pilot activity: to be determined after Phase 1

- **Implementation Assumptions:**
  - Changes to existing legal/policy infrastructure beyond BAA via partner exchanges
  - Continued expansion to other Recipients
    - Security Infrastructure Phase 2
    - Authoring Phase 2

What organizations make up the cancer surveillance community? (1 of 2)

The following organizations are **involved** in the **development of standard codes for describing cancer**:

- The **World Health Organization (WHO)** developed the International Classification of Diseases for Oncology (ICD-0 manual) and the International Statistical Classification of Diseases and Related Health Problems (ICD-10, 11)
- The **American Joint Committee on Cancer (AJCC)** developed standard codes for topography (bodies of cancer), morphology (cell type of cancer, e.g., melanoma, leukemia), and extent of tumor spread

The following organizations **shape standards for facility and population-based registries**:

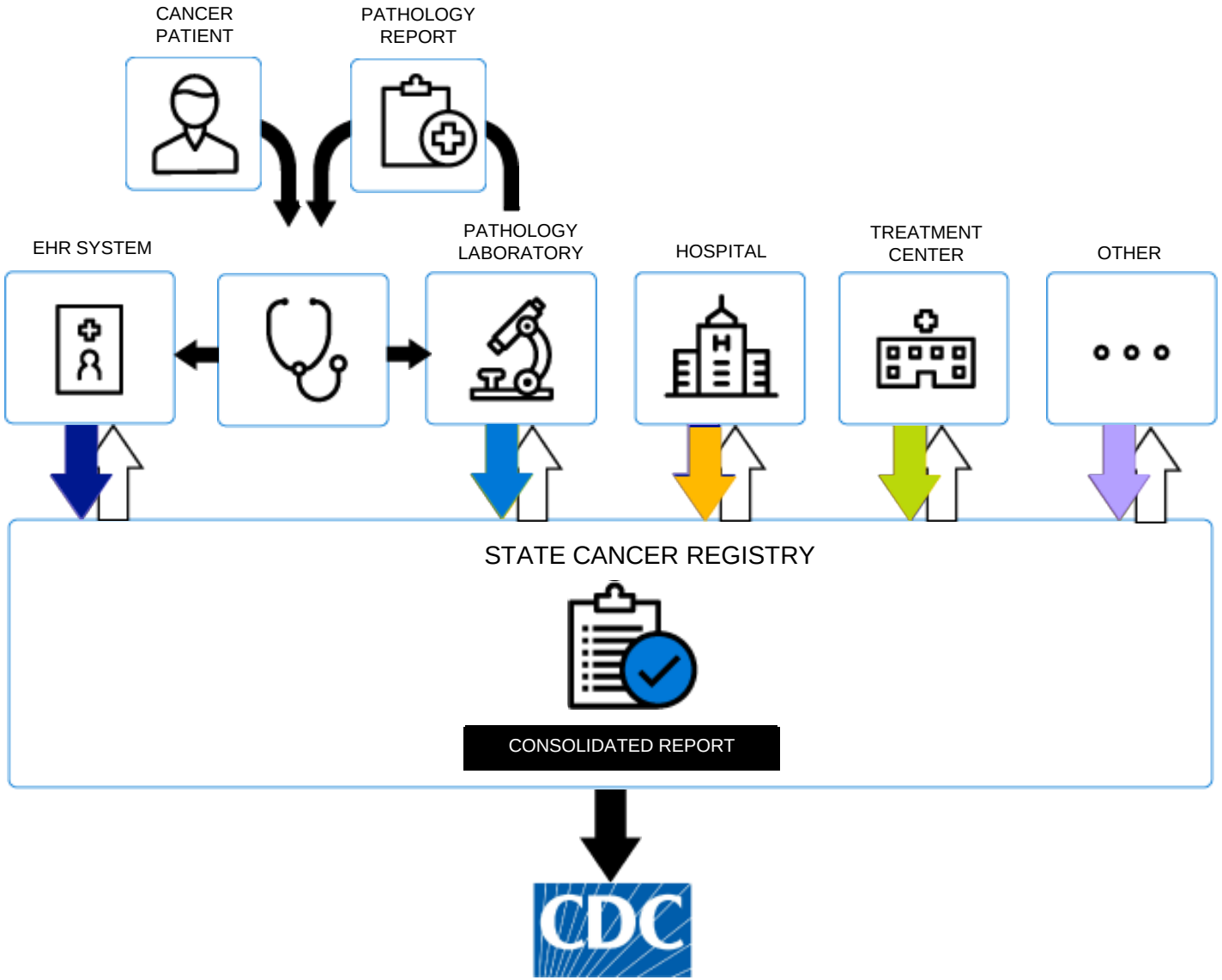
- The **National Program of Cancer Registries (NPCR)**, administered by the **Centers for Disease Control and Prevention**, develops standards/best practices on cancer registry operations and data accuracy (data completeness, timeliness, and quality)
- The **Commission on Cancer of the American College of Surgeons (CoC)**, defines the role of the facility (e.g., hospital) registry in cancer management
- The **National Cancer Institute's Surveillance Epidemiology and End Results Program (SEER)** develops procedures for central registry monitoring of data quality

What organizations make up the cancer surveillance community? (2 of 2)

- Although all standard-setting agencies (CDC, NCI, and CoC) run training programs, **the National Cancer Registrars Association (NCRA)** develops training programs specifically for certified tumor registrars, who are specially training to abstract and code cancer cases.

- The **North American Association of Central Cancer Registries (NAACCR)** promotes the development of common standards shared by central and facility registries.

Current Reporting Process



What triggers should be used to send a report from the Electronic Health Record (EHR)?

Microsoft PowerPoint - Abstracting.pptx (miami.edu) Slides 12-14

- The pathology or imaging report will most likely be the first report to indicate a cancer diagnosis that can be sent to the EHR. These reports are often not in discrete electronic format in a way that the EHR can easily consume. They may be attached as a PDF or other format, and in which case, it will not be used as a trigger.

- **Reportability Trigger:** Any report that indicates a diagnosis of cancer-based on standard reportable diagnosis codes should be sent to the cancer registry. These reports can be used for case finding (a census of all cancer in a given catchment for a specific year of diagnosis). ICD-10-CM can be used for case finding: V9.4 SAS System Output (cancer.gov)
- **Treatment Trigger:** Cancer-directed procedures and systemic treatments (e.g., chemotherapy) could also be used to identify cancer cases that need to be reported.
- **Timing Trigger:** Since most cancer registries allow for six months to complete a longitudinal tumor record, other timing events can and should be used to trigger a report.

Triggers and Defining What is Reportable (1 of 2)

Triggers:

- Diagnosis and treatment value sets, in combination with record date stamps, can be used to trigger a report

Standard Setters Reportability Requirements:

- Each organization has a different set of reportable cancers; however, all cancer surveillance organizations have agreed on how each of these data elements are coded and edited.
- NAACCR Reportability Standards (See Table II in this link)
- State Example: Microsoft Word - 04 Section I Guidelines for Cancer Data Reporting.doc (miami.edu)

Triggers and Defining What is Reportable (2 of 2)

EHR and Electronic Pathology Reporting (ePath) Value Sets -- what should the RCKMS include for cancer? We are working with the RCKMS team and have provided most of these value sets.

- Two Core lists for EHR Reporting, which includes inpatient, outpatient, clinician offices, etc.:
  - ICD-10-CM List (updated 2021)
  - SNOMEDCT List (updated 2021)
- One ePath Core Reportability List of ICD-10-CM codes was compiled based on the CDC NPCR and NCI SEER program reportability requirements. All state cancer registries will receive cancer laboratory data based on the Core reportable list.
- One ePath Expanded Reportability List list of ICD-10-CM codes compiled based on the CDC NPCR and NCI SEER program supplemental requirements. A subset of state cancer registries has OPTED-IN to receive additional cancer laboratory data based on the Expanded reportable list.

Payload

- Preliminary mapping of cancer reporting with Electronic Initial Case Report (eICR) has been completed
- Significant overlap for the patient, provider, laboratory results, medication, and procedure information
- Significant gaps:
  - eICR does not include cancer-specific data elements, such as tumor site, histology, behavior, laterality, grade, and stage.
  - eICR includes data elements not collected by cancer registries, such as immunization status, travel information, guardian, and pregnancy status.

Legislation on Cancer Surveillance

- NAACCR has developed a searchable database on state laws and regulations by each state registry: CaRI Database Search (naaccr-cina.org)
- After reviewing twelve state legislative websites on cancer surveillance, it became clear that the focus was on what is reportable to the PHA and not what is not reportable.
- Some states explicitly list what data elements are required to be reported.
- Notifiable Disease Condition Reporting for the state of Georgia: ndcondition_5.13.pdf
- Cancer reporting for the state of Georgia: Reporting Cancer | Georgia Department of Public Health

Potential Pilot Sites

- California: How to Report - California Cancer Registry (ccrcal.org)
- South Carolina, North Carolina, Michigan
- Current cancer registries that are actively participating in Meaningful Use and/or Making EHR Data More Available for Research and Public Health (MedMorph) project

Timelines

Phase 1

- Requirements:
  - ~3 months if focused active collaboration
  - “active” collaboration likely be impacted by funding
- Development
  - No current complete understanding of baseline
  - Any Development projections would likely be impacted by funding (amount & timing)
- Pilot Prep
  - <<Need input from Joe regarding how soon we might be able to identify at least one State and one University-based cancer registry – in a state where they are already processing eICRs>>

ExeCC Use Case Members (1/3)

Organization	Sector Representation	Representative Sign-Up
Allscripts	Industry	-Richard Hornaday (co-Chair)
American Medical Association (AMA)	Healthcare	-Andrea Garcia
Association of State and Territorial Health Officials (ASTHO)	Public Health	-Mylynn Tufte -Priyanka Surio
Association of Public Health Laboratories (APHL)	Public Health	-John Loonsk
Centers for Disease Control and Prevention (CDC)		**-Joe Rogers (co-Chair)** -David Jones -Grace Mandel -Wendy Blumenthal
Cerner	Industry	-Bob Harmon -Kirsten Hagemann -Hans Buitendijk

ExeCC Use Case Members (2/3)

Organization	Sector Representation	Representative Sign-Up
Council of State and Territorial Epidemiologists (CSTE)	Public Health	-Jeff Engel -Becky Lampkins
Deloitte	Healthcare	-Andy Wiesenthal
Epic	Industry	-Christopher Alban -Nicky Quick -James Doyle
HealthPartners	Healthcare	-Richard Paskach
Healthcare Information and Management Systems Society, Inc. (HIMSS)	Healthcare	-Valerie Rogers -Eli Fleet -Mari Greenberger
Intermountain Healthcare	Healthcare	-Sid Thornton
Kaiser Permanente	Healthcare	-Indu Ramachandran
Meditech	Industry	-Joe Wall
National Association of County and City Health Officials (NACCHO)	Public Health	-Oscar Alleyne -Art Davidson

ExeCC Use Case Members (3/3)

Organization	Sector Representation	Representative Sign-Up
Office of the National Coordinator for Health Information Technology (ONC CTO)		-Dan Chaput
American College of Surgeons (ACS)	Workgroup SME	-Heidi Nelson
American Society of Clinical Oncology (ASOC)	Workgroup SME	-Robert Miller
National Association of Chronic Disease Directors (NACDD)	Workgroup SME	-John Robitscher
Network for Public Health Law (NPHL)	Workgroup SME	-Denise Chrysler

Expanding Collaborative Body

New Member Organizations

Organization	Orientation Call
NAACCR	Orientation call on 3/25
NCI	TBD
OCHIN	Orientation call on 3/18
SHIEC	Orientation call on 3/22. Interested in moving forward
The Sequoia Project	Orientation call on 4/6
American Cancer Society	TBD

Vote on New Member Organizations

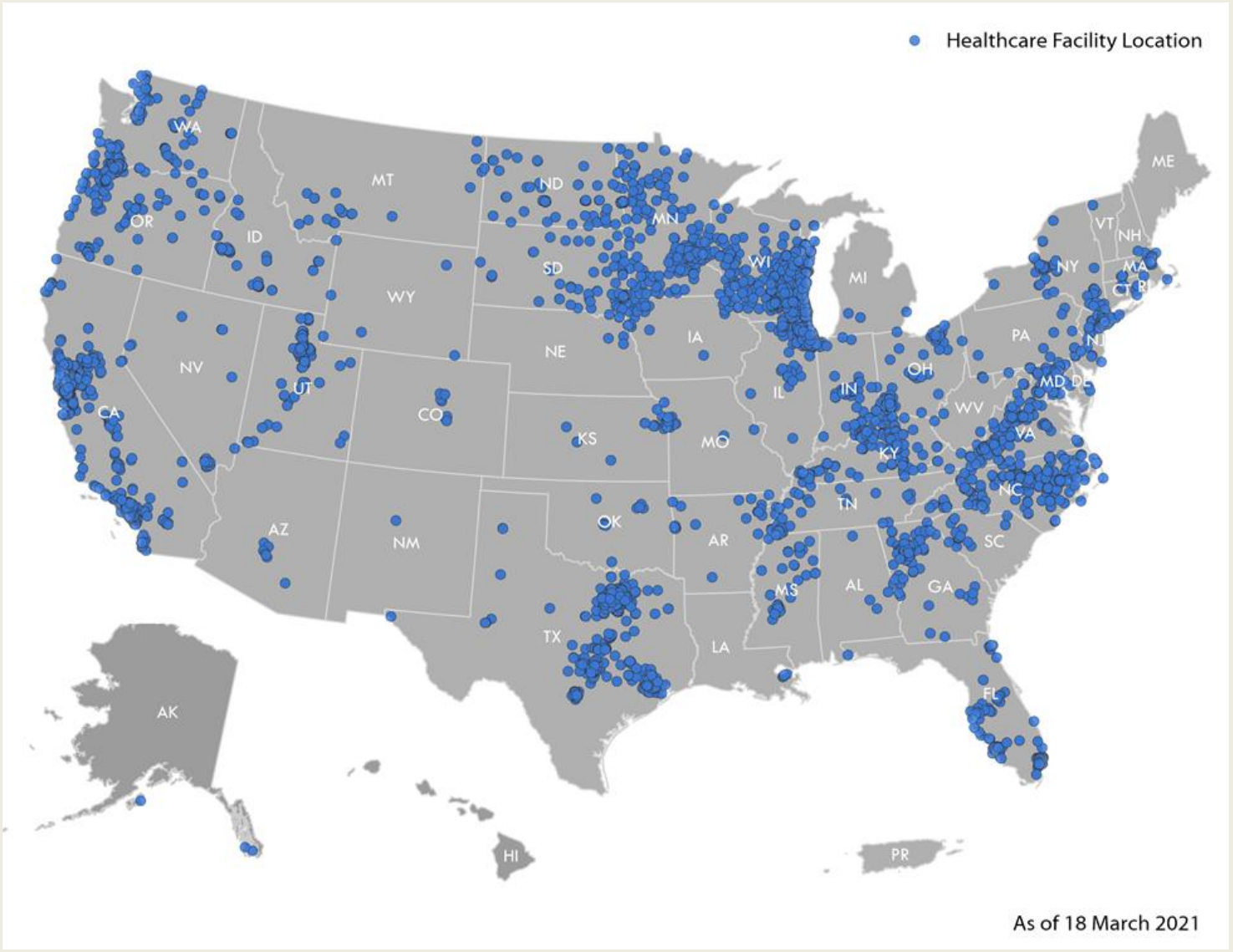
eCR Now Update for Digital Bridge Collaborative Body

John W. Loonsk MD FACMI

Consulting CMIO Association of Public Health Laboratories

Adjunct Associate Professor Johns Hopkins School of Medicine and Bloomberg School of Public Health

eCR Now - During Covid-19



As of March 29, 2021:

> 7,200 Healthcare Facilities are actively sending electronic case reports for COVID-19 to public health agencies (PHAs)

> 63 Public Health Agencies (all 50 states, Puerto Rico, D.C., and 11 large local jurisdictions) have received electronic initial case reports for COVID-19

> 7.3 M COVID-19 reports sent to the 63 PHAs

eCR Update

More onboarding

- 21 new organizations are in the process of implementing eCR
- Notably Chicago, that tried a different approach early in COVID-19, is now connecting-up to eCR

Driving more EHR participation

- Several “native” eCR EHR implementations in progress
- eCR Now Challenge letters of intent named 17 different EHRs
- CDC letters to major EHRs requesting accelerated eCR capabilities
- Cerner, SafeHealth Telehealth EHR going into production of eCR Now FHIR app soon…

eCR and Health Equity Data

- Preliminary findings show that eCR provides more complete data than manual or electronic lab reporting (ELR), including information about race and ethnicity
- In a one-month sample of eCR data from February 2021, the New York City Department of Health and Mental Hygiene found that 100% of electronic initial case reports included entries for both race and ethnicity
- CDC and the Florida Department of Health are conducting an evaluation study of the timeliness and completeness of eCR compared to manual reports and ELR.

eCR at ONC Annual Meeting This Week

- **Three eCR presentations including one from Paul Matthews from OCHIN:**
  - He called out Digital Bridge and the “elegant” eCR solution
  - OCHIN has a 23-state implementation footprint
  - 868,923 COVID-19 eICRs have been sent (all states have received some)
  - Implementation costs of $6,500 (100 hours) waived EHR costs for COVID-19
  - Estimated 144,820 hours completing COVID-19 case report forms manually (~10 minutes per report)
  - **OCHIN providers could save $4.3 million dollars eventually**

Communications

Next Steps

- Next Collaborative Body Meeting: Thursday, July 8, 2021 12pm to 1:30pm ET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