digital bridge

# digital bridge

# Collaborative Body Meeting

Thursday, July 8, 2021

12:00 PM – 1:30 PM ET

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

# New Members

- NAACCR
  - Sector: Public Health
  - Representatives: Betsy Kohler – Executive Director (Primary), Randi Rycroft - President of NAACCR (Alternate), and Stephanie Hill – Associate Director (Alternate)
- OCHIN
  - Sector: Healthcare
  - Representatives: Jennifer Stoll - EVP Government Relations & Public Affairs (Primary), Paul Matthews – CTO and CISO (Alternate), and Sylvia Trujillo - Director, Advocacy and Policy (Alternate)
- SHIEC
  - Sector: Healthcare
  - Representatives: Lisa Bari – CEO (Primary) and Melissa Kotrys - SHIEC's Board Chair and the CEO of Health Current (Alternate)

- The Sequoia Project
  - Sector: Public Health
  - Representatives: Didi Davis – VP, Informatics (Primary), Debbie Condrey – CIO (Alternate), and Mariann Yaager – CEO (Alternate)
- ACS
  - Sector: Public Health
  - Representatives: Hyuna Sung - Principal Scientist, Cancer Surveillance Research (Primary)

- Annie Fine – CSTE replacing Jeff Engel
- Lilly Kan – NACCHO replacing Dr. Oscar Alleyne
- eClinicalWorks – non-voting member

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# Meeting Agenda

**Purpose:**

The purpose of this meeting is to discuss, obtain feedback on, and vote on as needed Digital Bridge activities since the Collaborative Body convened this past April.

| 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 Workgroup Update and Discussion |
| 12:35 PM | Expanding Collaborative Body<br>• Adding new members – SAS and NCHC |
| 12:45 PM | eCR & eCR Now Update |
| 1:00 PM | Public Health API White Paper Update |
| 1:15 PM | IZ Workgroup Update |
| 1:20 PM | Update Policy and Procedures |
| 1:25 PM | Announcements and Next Steps |
| 1:30 PM | Adjournment |

## Conflict of Interest Declarations?

## Items for Discussion Today

- ExeCC Workgroup Direction
- Vote to add new members to the Collaborative Body – SAS and NCHC

**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.

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# ExeCC Use Case & Workgroup

# Update on the Workgroup

- Splitting into two streams of work
  - Cancer registries, led by Joe Rogers (CDC)
  - White paper to explore the idea of enhancing current eCR architecture to support other conditions of interest and across different types of recipients, led by Richard Hornaday (Allscripts)
- This would be an amendment/extension of the current workgroup charge.

Current ExeCC Workgroup

Cancer Registries

Development of White Paper
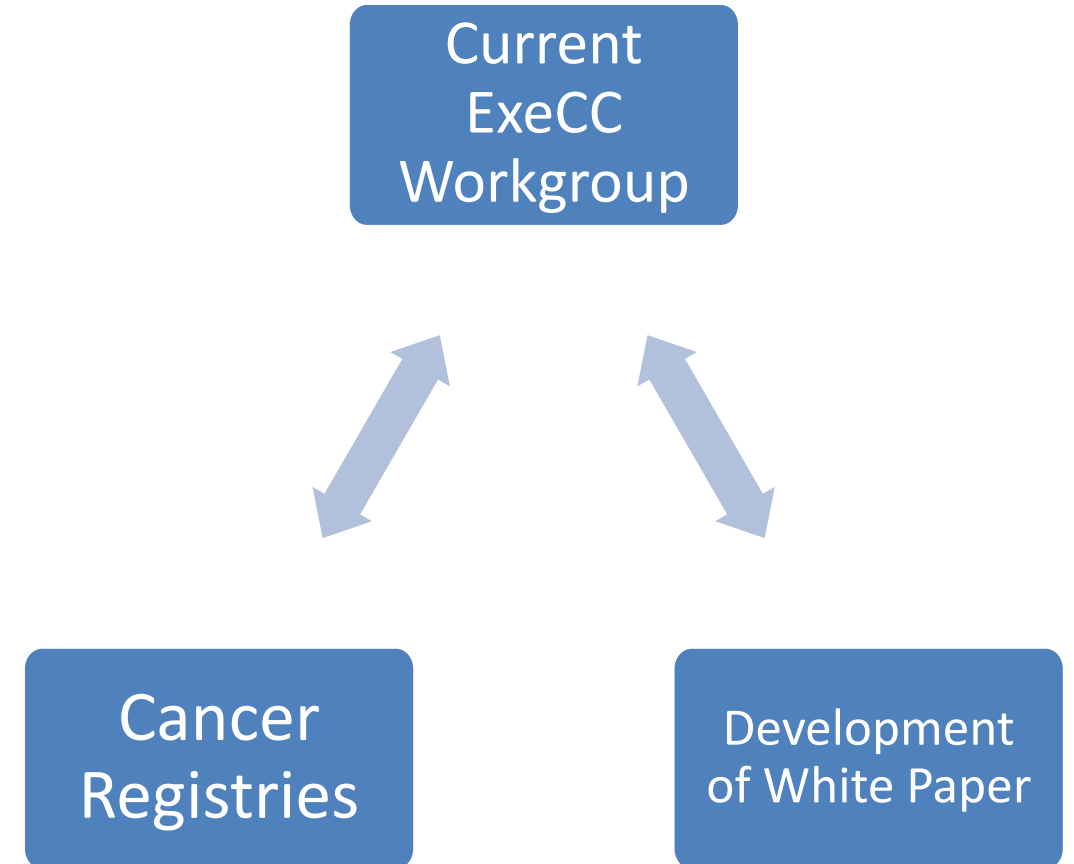
# Expanding Collaborative Body

# SAS

[SAS](#) is the leader in analytics. Through our software and services, we inspire customers around the world to transform data into intelligence. Our curiosity fuels innovation, pushing boundaries, challenging the status quo and changing the way we live. SAS is committed to providing epidemiologic subject matter expertise on nationally-notifiable conditions, as well as technologic knowledge on developing exchanges with EHR systems for integration into public health registries. SAS has prioritized Public Health Modernization as a key initiative among its US government divisions. SAS technology has expanded to support enterprise data solutions, investigative case management, and of course, analytics. SAS' mission is to empower and inspire with the most trusted analytics.

# National Coalition on Health Care

The National Coalition on Health Care (NCHC) was formed more than two decades ago to help achieve comprehensive health system change and was led by John Rother until his recent retirement. While a CEO search is being developed, it is currently led by Interim CEO Shawn Martin, CEO of the American Academy of Family Physicians, and Board Chair Jack Lewin MD, CEO of Lewin and Associates LLC. The NCHC aims to be a leader in promoting a healthy population and a more effective, efficient and responsive health system that provides quality care for all. NCHC is a nonpartisan, nonprofit organization of organizations. Our growing Coalition represents more than 80 participating organizations, including medical societies, businesses, unions, health care providers, faith-based associations, pension and health funds, insurers, and groups representing consumers, patients, women, minorities and persons with disabilities. Collectively, our organizations represent, as employees, members or congregants, more than 150 million Americans.

# 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*

# Electronic Case Reporting Update for Digital Bridge Collaborative Body

## John W. Loonsk MD FACMI

Consulting CMIO, eCR Lead APHL

Adjunct Associate Professor

Johns Hopkins Schools of Public Health and Medicine

July, 2021

# Electronic Case Reporting (eCR) - July, 2021

- Continue to add reporting facilities - now at 8,880
-  EHR companies are really starting to engage
  - All of the Digital Bridge EHRs are now working on implementation
  - Will allow them to speak to it, but Cerner has announced the "general availability" of the eCR Now FHIR app for their Millennium hosted clients
- Comment period closed on the CMS NPRM that suggests requiring eCR for hospitals
- Pivoting from COVID-19 only eCR to "full eCR" (now 108 conditions available) and working with many public health agencies to recruit providers

# Electronic Case Reporting (eCR) - July, 2021

- Digital Bridge participants should be proud of their important role
- Public health has achieved great things with previous surveillance methodologies, but they were necessarily opportunistic
  - Electronic laboratory reporting took advantage of the early electronic implementation of Lab Information Systems (LIS)
  - Syndromic surveillance took advantage of the early electronic implementation of Admission Discharge and Transfer Systems
- eCR provides legal access to a wide breadth of EHR data that can meet a variety of public health needs
- It is truly a great thing coming out of a horrible pandemic

# Electronic Case Reporting (eCR) - July, 2021

There is much more to do

- Work on data consistency and quality by testing EHR eCR offerings before they go into production and on healthcare implementations as they go in

- Updates to the eCR standards for HL7 CDA and FHIR to represent lessons learned from COVID-19 and elsewhere

- Establish an eCR Now FHIR App opensource community to make eCR implementation as easy as possible and make reporting capabilities available to other use cases

- Deliver HL7 FHIR content in addition to HL7 CDA content

# API White Paper Update

*Walter Suarez – Kaiser Permanente*

# IZ Workgroup Update

*Malini DeSilva – Health Partners*

# Updated Policy and Procedure

# Letters of Support

- Request received for letter of support for a grant application.

- The Executive Committee discussed and came to a consensus on Digital Bridge remaining a neutral group.

- Can provide documentation that the member organization is in good standing/active member of Digital Bridge.

# Next Steps

- Next Collaborative Body Meeting: Thursday, October 7, 2021 12pm to 1:30pm ET