

## Update on ExeCC Workgroup

Over the first few months of 2021, the Digital Bridge Executive Committee team and Expanding eCR's Capacity and Capability (ExeCC) workgroup co-Chairs explored integrating the cancer registries use case with the expanding eCR architecture use case; through this exploration Digital Bridge concluded that moving cancer registries forward is not dependent on generic enhancements to the eCR architecture. At its July 2021 meeting, the Collaborative Body decided to bifurcate the ExeCC project into two streams of work: a concept paper and cancer registries. The concept paper will explore the idea of a generic enhancement to the current eCR architecture to support other conditions of interest and across different types of recipients. The workgroup meets tri-weekly and plans to publish a concept paper by the Summer of 2022. The goal of cancer registries is to reach near real-time cancer case data exchange between EHRs and state- and territory-based central cancer registries by establishing trigger-based electronic cancer case reporting. By way of background, it currently takes approximately six months to populate a longitudinal record, within central cancer registries, for a cancer patient. Cancer Registrars collect information on history, diagnosis, treatment, and health status for every cancer patient in the United States. Each central cancer registry (CCR) in

the U.S. is population-based and therefore each CCR must identify all possible cancer cases in their catchment area. The process of identifying new cancers, called case finding, can be very costly and resource-intensive. Because radiology and pathology are typically the first reports of a cancer case, they are used as the basis for case finding. It is important to have complete data so public health can appropriately gauge patterns of cancer diagnoses, types of treatment, and progression of treatment. This pilot project intends to pull data directly from EHRs, which would help public health publish more complete and timely information on reportable cancer cases for a given year and area (currently, CDC cannot publish data on a specific area that has less than 95 percent of all cases for that area) and helps the clinical side, for example using reports to find cases for clinical trials and understanding the efficacy of treatments at an aggregate level.

On June 9, 2021, the Council of State and Territorial Epidemiologists (CSTE) announced the sixth release of Reportable Conditions Knowledge Management System (RCKMS) content for electronic case reporting (eCR); this included the addition of cancer as a condition for authoring by jurisdictions. Cancer registries' initial pilot sites include California and Kentucky central cancer registries.

### 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.

## Inside

Digital Bridge Publishes the Public Health API Concept Paper	2
Update on Collaborative Body Membership	3
CDC Announces New Forecasting Center	4
External Presentations on Digital Bridge	4
IPPS Final Rule eCR Update	5

# Digital Bridge Publishes the Public Health API Concept Paper

This past September, Digital Bridge published the [Public Health API Concept Paper - Version 1](#). Over the past five years, there has been a major transformation in the way health care organizations exchange health information with each other and with their customers. In addition to the rapid adoption of electronic health records and health IT standards, this transformation has been accelerated by the widespread adoption and use of Application Programming Interfaces, commonly known as APIs, third-party apps, mobile devices, and new technical standards, such as HL7 Fast Healthcare Interoperability Resource (FHIR).

One area where APIs are beginning to have an impact and show promising opportunities is public health. Many interactions between health care providers, health plans, and community-based organizations with public health are still extensively performed today through manual processes, paper forms, and asynchronous electronic information exchanges using a variety of technical standards and proprietary or heavily customized solutions. Electronic case reporting, lab reporting, contact tracing, and immunization registries, in the time of COVID-19, are perfect examples of different approaches currently in use for data reporting. As we move to more interactive, real-time, public health reporting, API technologies become more useful.

To address COVID-19 related case reporting, CDC developed “eCR Now,” that includes a FHIR-based reporting app that takes advantage of these new and innovative technologies to obtain faster, more reliable COVID-19 case reports that include more detailed clinical data. One key intent of the development of a common generic API Infrastructure for public health is to enable public health agencies to have direct, secure, and interactive access to up-to-date clinical information about specific patient-cases, as well as population data and metrics.

This Digital Bridge public health API concept paper is intended to serve as a reference and provide valuable

information and tools for public health professionals as they look to develop and implement their agency’s or organization’s public health API strategy. The paper includes an introductory overview of APIs in general and as they apply to public health, a summary of recent health policy developments related to API, basic technical API concepts and building blocks, public health use cases, policy and privacy issues, steps needed to implement a public health



API strategy, and a listing of tools and resources available to support implementation of an API strategy. The paper is intended primarily for public health professionals in local, state, and federal agencies, industry groups, and professional associations. The paper also targets groups implementing or developing a set of common, generic API Infrastructure capabilities so they can understand and support any capabilities or variations on capabilities needed to support public health. It is not intended to serve as a roadmap for implementation of an API platform or program. Rather, to be a resource to better understand the basic API concepts and opportunities for public health.

# Update on Collaborative Body Membership

The following organizations have been added to the Collaborative Body, to support Digital Bridge's goal of bidirectional data exchange between healthcare and public health:

## 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.

## NCHC

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.

*John Lumpkin, MD, MPH welcomed these organizations to Digital Bridge at its October 2021 meeting. SAS represents the industry sector and NCHC represents the healthcare sector.*

# CDC Announces New Forecasting Center

[On August 18, 2021, the Centers for Disease Control and Prevention \(CDC\) announced a new center underway to advance the use of forecasting and outbreak analytics in public health decision making.](#) According to the press release, the Center for Forecasting and Outbreak Analytics

(Center) will bring together next-generation public health data, expert disease modelers, public health emergency responders, and high-quality communications, to meet the needs of decision makers. The Center will focus on three key functions:

## Predict

Undertake modeling and forecasting; enhance the ability to determine the foundational data sources needed; support research and innovation in outbreak analytics and science for real-time action; and establish appropriate forecasting horizons.

## Connect

Expand broad capability for data sharing and integration; maximize interoperability with data standards and utilize open-source software and application programming interface capabilities, with existing and new data streams from the public health ecosystem and beyond.

## Inform

Translate and communicate forecasts; connect with key decision-makers across sectors including government, businesses, and non-profits, along with individuals with strong intergovernmental affairs and communication capacity for action.

The leadership team includes:

**Dr. Marc Lipsitch**

Director for Science

**Dr. Dylan George**

Director for Operations

**Dr. Caitlin Rivers**

Associate Director

**Dr. Rebecca Kahn**

Senior Scientist

For more information on the Center, visit the [press release here](#).

# External Presentations on Digital Bridge

During an August 4, 2021 MITRE event, Vivian Singletary, Director of Public Health Informatics Institute and Digital Bridge Vice Chair, represented the Digital Bridge perspective in a panel discussion around the needs for a modernized digital public health ecosystem, specifically the establishment of a public-private partnership that will provide governance around this ecosystem. MITRE recently developed a draft [National Digital Health Strategy](#). The goal of this document is to bring together

all of government, industry, academia, and non-profits to move the country forward toward an equitable and comprehensive digital health ecosystem that empowers patients and promotes the health and well-being of the U.S. population. Goal five of this strategy focuses on striving toward a modernized public health digital ecosystem and the strategy calls out Digital Bridge as a possible exemplar in, or entity to supplement, this evolution for public health.

## IPPS Final Rule

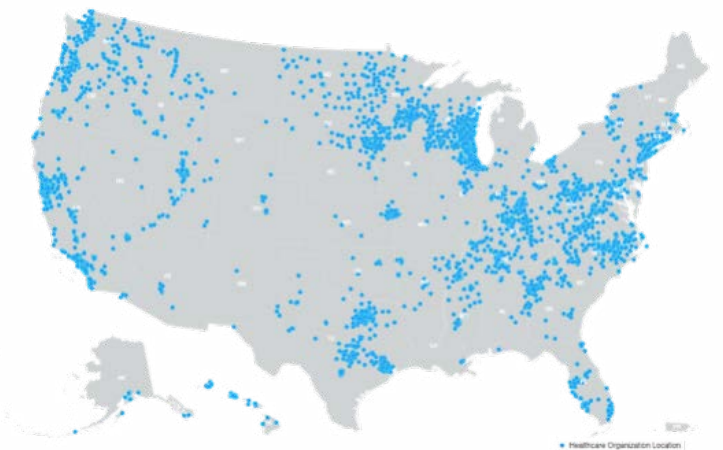
On August 2, 2021, the Centers for Medicare & Medicaid Services (CMS) issued the final rule for fiscal year (FY) 2022 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). As part of this final rule, CMS finalized its proposal to require reporting “yes” on four of the existing Public Health and Clinical Data Exchange Objective measures, within the Promoting Interoperability (PI) program. This begins with the EHR reporting period in calendar year 2022 and the four measure are: Syndromic Surveillance Reporting; Immunization Registry Reporting; Electronic Case Reporting; and Electronic Reportable Laboratory Result Reporting. Previously, PI program

participants were required to report on any two measures of their choice from the following six measures: Syndromic Surveillance Reporting; Immunization Registry Reporting; Clinical Data Registry Reporting; Electronic Case Reporting; Public Health Registry Reporting; and Electronic Reportable Laboratory Result Reporting. Under the new policy, if a PI program participant fails to report on any one of the four measures required for this objective or reports a “no” response for one or more of these measures, the participant would receive a score of zero for the Public Health and Clinical Data Exchange objective, and a total score of zero for the Medicare Promoting Interoperability Program.

## eCR Update

Electronic case reporting (eCR) is a critical tool for COVID-19, providing the clinical patient data that state and local public health agencies need for action. The eCR team continues to make progress in implementing eCR for COVID-19. As of November 15, 2021, 49 states; Washington D.C.; Puerto Rico; and several large local jurisdictions have authored and connected to the APHL Informatics Messaging Services (AIMS) platform. More than 9,600 healthcare facilities are using eCR and have sent more than 12.5 million electronic initial case reports for COVID-19 to 64 public health agencies.

Unlike traditional case reporting, eCR can eliminate the need for manual data entry and reduces the reporting workload for healthcare staff. As a result, healthcare organizations and providers across the country can fulfill legal reporting requirements while keeping their focus on patient care. In addition to sending direct feedback to



healthcare providers, public health agencies use eCR for disease tracking, case management, and contact tracing for COVID-19 and all other reportable conditions.

To learn more, visit [www.cdc.gov/ecr](http://www.cdc.gov/ecr) and [ecr.aimsplatform.org](http://ecr.aimsplatform.org), or e-mail [ecr@cdc.gov](mailto:ecr@cdc.gov).



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### DIGITAL BRIDGE RESOURCES

[Digital Bridge Charter and Bylaws](#)

[Digital Bridge website](#)