Collaborative Body Annual Meeting 2022
Meeting Summary

Meeting Information			
Date:	February 25, 2022	**Location:**	Zoom; Meeting ID: 983 1271 5730
Time:	1:00 – 5:00 PM ET	**Note Taker:**	IPHI
Facilitator:	John Lumpkin	**Attendees:**	See attached

Meeting Objectives

- Review and finalize prioritization of recommendations from the data modernization reports
- Discuss re-envisioning and sustainability of the Digital Bridge for long and short-term

Materials

1. Meeting Materials
    a. DMI Prioritization Survey Results and Top Recommendations
    b. eCR update
    c. ExeCC Workgroups Updates: Cancer Registries and Concept Paper
2. Background Materials
    a. External Reports Re: Data Modernization
        i. Office of the National Coordinator for Health Information Technology "Public Health Data Systems Task Force 2021 Report to the Health Information Technology Advisory Committee"
        ii. National Academy of Medicine "Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs"
        iii. Bipartisan Policy Center "Positioning America's Public Health System for the Next Pandemic"
        iv. Public Health Informatics Institute "Build Back Better"
        v. Robert Wood Johnson Foundation "National Commission on Future of Public Health Data Systems"
    b. Digital Bridge Sustainability Plan
    c. CDC Foundation Summit Series
    d. Digital Bridge Charter and Bylaws
3. Post-Meeting Materials
    a. Annual Meeting Slide Deck

Agenda Item	Time (ET)
1. Welcome, Logistics, and Meeting Overview and Goals – *John Lumpkin, BCBSNC, DB Chair*	1:00 pm
2. External Report Recommendations on Data Modernization – *John Lumpkin and the Collaborative Body* **a. Review Survey Results and Synthesis from Executive Committee** **3. Instructions for Breakout Groups**	1:15 pm

4. World Café Breakout Groups – *Collaborative Body*	1:30 pm
5. Report Out – *Facilitator from Breakout Groups*	3:10 pm
6. Break	3:45 pm
7. Re-envisioning Digital Bridge **a. Digital Bridge: Where We Are, Where We Are Going** – *John Lumpkin* **b. Discussion of Re-Scoping Digital Bridge** – *Walter Suarez, Kaiser Permanente, Executive Committee* **c. Re-envisioning and Sustainability Workgroup** – *Walter Suarez and Bob Harmon, Cerner, Executive Committee* **8. Call for Volunteers for Sustainability Workgroup**	4:00 pm
9. Announcements and Next Steps – *John Lumpkin* **a. 2022 Collaborative Body and Executive Committee Meeting Schedule** **b. Executive Committee Elections** (June 2022) **10. Member Announcements**	4:50 pm
11. Adjourn – *John Lumpkin*	5:00 pm

Decisions and Next Steps

- Build off of the discussion from the Collaborative Body in the world café breakout groups to inform a report on the recommendations for data modernization.
- Convene a re-envisioning and sustainability workgroup, led by Walter Suarez *(Kaiser Permanente)* and Bob Harmon *(Cerner)*.
- Hold nominations and election process for Chair position, At-Large and Public Health on Executive Committee in May/June.

Meeting Summary

1. **Call to Order and Roll Call** – Quorum was met.
2. **Agenda Review and Approval and COI Declarations**
    A. John Lumpkin, MD, MPH welcomed the Digital Bridge Collaborative Body to its February 2022 meeting. Dr. Lumpkin welcomed the new organization representatives since the last Collaborative Body meeting (see below).
        - Courtney Fitzgerald (Lead Federal Program Executive) and Steve Hill (Lead Product Manager) from Cerner
        - Jessica Little (Director, Grants and Programs) from Civitas Networks for Health (formerly Strategic Health Information Exchange Collaborative)
        - Jessie Bird (Manager of Strategic Relations) from HIMSS is the new primary representative. Amit Trivedi (Senior Director, Informatics and Health IT Standards) and Christina Caraballo (Senior Director, Informatics) are the new alternates.
        - Lilly Kan has left NACCHO. Sara Black (Senior Advisor for Public Health Programs) will serve as the new primary representative. Sarah Chughtai (chug-tie) (Senior Program Analyst for Informatics) will serve as a new alternate.
        - Dan Chaput has retired from federal service. Rachel Abbey (Program Officer) will serve as the primary representative for HHS ONC.
        - Veronica Alas has left BCBSNC.

    B. There were no abstentions or changes to the agenda. There were no conflicts of interest declared.

3. **External Report Recommendations on Data Modernization** *(John Lumpkin, BCBSNC)*
    A. **Review Survey Results and Synthesis from Executive Committee**
        - Data modernization is one of the most significant developments in public health informatics and information systems in decades. It has attracted significant attention from organizations across the country resulting in multiple reports. In order to reconcile and prioritize the hundreds of recommendations made from these reports, an ad hoc workgroup of the Executive Committee has worked together to review the following reports and compile recommendations from each of the reports. They divided out recommendations that fell into different themes and combined similar recommendations that came from disparate sources. Some of the reports have similar recommendations.
            - Health Information Technology Advisory Committee (HITAC) Report
            - National Academy of Medicine - Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs
            - Bipartisan Policy Center (BPC)
            - RWJF National Commission on Future of Public Health Data Systems
            - PHII: Build Back Better

- The Executive Committee and IPHI developed a survey, disseminated to the Collaborative Body, to identify the recommendations that should be a high priority in the next three years. Using the input from the survey, Digital Bridge will issue a report on priority recommendations for public health data modernization from the unique perspective of a collaborative of public health, health care, health information industry partners, and public health funders. The report will be based on the results of the survey and the deliberations from today's meeting. The purpose of this work is to inform the field of how the Collaborative Body views and prioritizes the myriad recommendations on data modernization initiatives. The target audience for the report will be public health agencies, health care providers and systems, health IT community, and public health funders. The survey asked respondents to identify the recommendations you feel should be a high priority within the next three years. Each section had an "*other*" selection for comments or substitute summary recommendation that they would like to propose.
- There were a couple of hundred recommendations that came from several groups/reports. Some of the recommendations were similar and others were unique contributions to the concept of how we can reengineer our public health data system to appropriately respond to challenges that they are charged to do.
- Our survey came back and we had recommendations that came through the top 3-4 recommendations. We bunched them into 4 areas that the recommendations fit into. We organized the breakout groups around the 4 areas.
    - Group A – Overarching Themes and Policy
    - Group B – Technical
    - Group C – Governance and Administration
    - Group D – Use Cases
- See slide deck for corresponding presentation.

4. **World Café Breakout Groups Report Out** *(Collaborative Body and Breakout Group Facilitator)*
    A. Breakout Group facilitators provided a report out of the high-level items discussed in the round robin breakout groups.
    B. Group A – Mylynn Tufte
        - Community Engagement
            - The theme needs to be reviewed. When we talk about community engagement, community is a broad term. It caused confusion when they attempted to define community.
            - The top of the list was expanding interoperability and availability of that data to the stakeholders. The stakeholders being both health systems and community members – need to make sure that message was clear.
                - Ensuring both the strategy and funding mechanism to have that set up and in place.

- 2. There was a lot of discussion about the "why" we wanted to have this messaging and what's in it for the community. Need to be able to active that message.
- 3. Discuss around the reusability of the infrastructure – what that was going to mean to the group and how DB would play a part in it. Wanting to start new but not being able to through away what we already had – keeping up with technology, but attempting to be sustainable.
- 4. Frameworks that are needed for advancing our work in this area for SDOH and outcomes. Bi-directional nature around interoperability and data modernization. Need framework to test that out and share data.

▪ Health Equity

- Understanding that ONC paper was prescriptive around data standards and that was good. However, we want to make sure there is funding to make those changes happen. These health equity standards are really important, aligning those incentives.
- Discussion around the consent models (missing) - have to have funding in place to do the work around data modernization and health equity standards. Wanting to make sure we had the right people around the table and partnership for trust around health equity and data sharing. Not to do it in a vacuum – states are doing it, but no standard process.

C. Group B – Walter Suarez

- Several of the things we are grouping (different public health interoperability and health care interoperability) can all fall under data standards. Further refining of groups is needed. Simplification could also be needed, as many of the items were describing standards that were recommended to be adopted.
- Consolidation is also needed on some items.
- In most cases, we found with priorities and timeline, several of the recommendations were journey recommendations that would result in something that would happen in an ongoing basis. Most of the recommendations were going to be in the next 3 years.

▪ Data Standards

- Saw possibility of consolidating recommendations of three phases of the data (collection, use, output).
- Top 4 recommendations are about improving data collection, particularly for demographics, and even more specifically for race and ethnicity. They also wanted to highlight the importance of other demographic data like Sexual Orientation and Gender Identity (SOGI), disability, or language preference data.
- Believed United States Core Data for Interoperability (USCDI) data standards to be important. They further highlighted USCDI+ - focuses on system capacity and data.

▪ Governance Standards

- Were more about data standards rather than governance standards.
- They noted the concept of input process and output. Important that the output is going to be critical to be done early in the process to define the input.

- Healthcare Interoperability
  - We noted several items are already in place. Some need a specific call out to be adopted to achieve the whole of the recommendation. All were in the next three years of timeframe.
  - #3 – how can we find approaches to invest in improving interoperability of healthcare partners that were not part of meaningful use and promoting interoperability. Seeing investment already.
  - #4 – we shouldn't be funding this just because of public health emergencies, but because they provide information in normal situations to public health.
- Public Health Interoperability
  - #1 – this is pointing to once working with healthcare providers and other groups to utilize and expand existing public health gateways. Should identify and develop a future more innovative gateway.
  - Will be achieving significant advancements for #3, but there is a lot of good work to note.
- Privacy and Security
  - Working with OCR to improve communications and make the language more plain when it comes to privacy and security. Needs to have clear informed consent and informed consent for disclosure and access to health information.
  - Transparency-related and critical to happen.

D. Group C – Vivian Singletary

- Workforce
  - All agreed we should invest in workforce and do it now. Recognize it takes a long time to build the next generation of informatics workforce
  - #2 – impact for that may be sooner.
  - Need to build ancillary workforce. Those that would be the bridge builders within the community – build trust.
  - Need for public health lawyers to deal with data sharing and privacy and building out a sustainable governance model for public health.
  - Missing: public/private partnerships - joint investment is good for both parties.
  - Exodus of public health informaticians due to pay scales – need to do job analysis to promote recruitment and retention.
  - Comments about need for training and apprenticeships to attract diverse workforce. Miss big opportunity to recruit this diverse workforce.
  - Need for promotional pathways for current staff.
  - Model of centralized expertise for technical assistance.
- Funding

- No disagreements with top recommendations.
- Missing:
    - Public/private partnerships – private industry can invest much quicker than governments
    - Should focus on coordinating funding and move trying to move towards more sustainable approach of aligning incentives across healthcare and public health
    - Overall, with recommendations, still focused on grant-based model and not be more inclusive of other opportunities for funding, including philanthropic organizations

- Governance (tied with funding)
    - Recognize need for nationwide connectedness of information systems. Focused cross-jurisdictional standards
    - No common architecture and data modernization initiative can be vastly different in terms of what comes out of it across jurisdictions

E. Group D – Brandon Talley

- Immunizations
    - Trust around immunizations was frequently noted by participants, exasperated by COVID. It creates an opportunity for changing the environment. There is an inherent value in immunizations, as demonstrated by IZ Gateway. There was consistent discussion around recognizing the work (including interoperability standards) that is already there, but how do "we" build on current systems in ways that evolve to new standards and improvement.
    - Participants identified the need to address the non-technical solutions/challenges, such as non-categorical funding, programmatic funding (ongoing barrier that prevents improvements at the right level of action).
    - The under-buying of public health authority came up, with data being taken out of the hands of public health agencies. That was a new issue, particular at the scale it has been done. There were questions of how public health deals with that while trying to respond to an outbreak in progress.
    - Came up as missing was policy overlay which connects issue of harmonizes reporting across jurisdictions.
    - Prioritizing interoperability with other systems like cancer registries came up as well.
- Preparedness
    - One of the recommendations listed creating incentives for "states to participate in a coordinated response to national public health threats" (BPC). It wasn't clear on what the incentives were to move some of these things forward.
    - There was a call to having a representative having authority to bring the right partners together at a time of emergency to move the things around data

forward. Lack of ability for the agencies to do it as it relates to other organizations during time of emergency.

- A generic system that handles the unknown came up, rather than building a system retroactively in preparing for the next emergency. Possibly building a better reporting system in non-pandemic times to be ready for the next pandemic.

F. John Lumpkin: We have room to dig into a developing a report that talks about what we think the priorities should be from the perspective of a multi-sector collaborative and what we could add from Digital Bridge (what was missing). Bringing that together in a synthesis for a report on the recommendations.

G. The Executive Committee will be reaching out to members of the Collaborative Body to contribute their expertise.

H. Provide any additional information/comments to IPHI at Samantha.lasky@iphionline.org.

5. **Re-envisioning Digital Bridge** *(John Lumpkin, Walter Suarez - Kaiser Permanente, and Bob Harmon - Cerner)*

A. **Digital Bridge: Where We Are, Where We Are Going** *(John Lumpkin)*

- As we are looking at Digital Bridge, who formed 6.5 years ago, we have certain concepts that brought us together. The approach we've taken as Digital Bridge, we are not waiting for someone to invite us to do it. John Stinn (Deloitte) said in one of the breakout groups: Digital Bridge exists because we all believe that these priorities should have been done 5 years ago. I think that's the approach we've taken. People in Digital Bridge got together to ask if we can imagine a different future and if we can work towards that different future.
- The vision we adopted to have at our first meeting: "We will work together to improve the health of our nation by creating a bi-directional exchange of health information between public health and health care". That led to the formation of Digital Bridge, which is the current collaborative body and the leadership of the Executive Committee. Began to develop the formation of our activities.
- The key tasks we were engaged in, we just developed use cases. Then, we developed the Public Health API Concept Paper. We are actively engaged in the cancer registry use case. We are looking to develop a concept paper for expanding eCR's capacity and capability. We are looking at the policy implications and recommendations from the data modernization reports. Finally, we are also continuing to explore with those who are running IZ Gateway, whether there are ways that Digital Bridge can engage.
- Our funding from CDC Foundation is beginning to run out. We heard a lot of discussion about the activities related to data modernization should be sustained and not funded on grant basis. As we had discussions with the Executive Committee, we realized we needed to revisit – when approaching other funders beyond the CDC Foundation – what Digital Bridge is today and what will it be in the future. When we consider whether to look at a different funding model, we have to be able to say what Digital

Bridge is and what will we be doing. I believe there is a unique thing that happens when health care, public health, and our industry partners get together with that common purpose. If there wasn't Digital Bridge to think about these issues from a cross-sector perspective, in order to be successful with data modernization, we would have to create it.

B. **Re-Scoping Digital Bridge** *(Walter Suarez)*
   - A number of organizations, through the experience of the pandemic, start to talk about re-envisioning the future. How would the organization look in the post-pandemic world with the new realities of digital health transformation, addressing health equity, and incorporation newer technologies. Some entities have gone through this to reposition and made the organization rethink how they do think. What they do and how they do it and what are they expecting to produce.
   - Why is it important to do now? Definition of re-envisioning: *"…to envision (something) again, especially in a different way"*. Definition of re-scoping: *"…to redefine the scope of work or range of operation of an activity*". I think that's what we want to do about Digital Bridge given where we are and the journey we've traveled. We want to assess where we have been and done, where we are and what we are doing now, and where we want to go and do in the coming years. In essence, re-envisioning is a strategic planning exercise. It is meant to be an open-minded process with out of the box thinking. Step back and look at the environment, new challenges and positioning itself as where does Digital Bridge fit into that future environment. Try to step back and think beyond this application and solution and the work we've done so far.
   - As we consider this, Executive Committee started thinking about the core domains we wanted to look at for Digital Bridge. Digital Bridge is about bridging digital spheres between public health and clinical care. In reality, there are a lot of other actors and areas and we should be thinking about those, as well.
   - 4 Core Areas for Consideration: Policy, Operational, Business, and Technical.
     - Policy: what are the policy drivers and barriers associated with the goals and objectives of Digital Bridge?
     - Operational: what are the operational implications for public health, providers, health plan, vendors, and others regarding the work done by Digital Bridge?
     - Business: what is the business case for Digital Bridge's work?
     - Technical: what are the new technological approaches to Digital Bridge?
   - We want to put these into consideration as we look at re-envisioning.
   - This will take some time to achieve a re-envisioned Digital Bridge with a re-scoped purpose.

C. **Re-Scoping Digital Bridge – Discussion** *(Walter Suarez)*
   - Richard Hornaday (*Allscripts):* When companies look to reimagine themselves, the first task is to identify their "core competencies". Not "what do we do now": its more "what are the components of what we do that (A) we do very well and (B) are or could

be differentiators for us versus others in this space". Have we looked what the "core competencies" of DB might be?

- Bob Harmon (*Cerner):* In April 2018, we came out with sustainability report. Helped us move into eCR and create the Collaborative Body. Use lessons learned from that.
- Art Davidson (*NACCHO):* With the mission and vision, it was where we were several years back. We were looking at public health and health care more specifically. Discussion has broadened since then, especially with social justice efforts. Need to think more broadly. I encourage us to do as the group is suggesting.
- Hilary Heishman *(RWJF):* I'm on board with revisiting DB's scope. An additional question: In light of the last discussion, I think it is relevant to ask "what does the field need from a public-private agreement-building, planning and piloting entity like DB?"
    - Walter: This question will be part of what we plan to ask.
- Hillary: With experience, DB has shown a set of strengths and our scope is fairly well matched to those strengths. Have a caution about strengths. If we have a mission and vision beyond our strengths - how else we can expand our strengths or partners or recognize something is beyond our strengths. Thinking there are some things related to how these information systems can be done most equitably. Some of that input needs to be more ground up and makes us think about how we partner beyond traditional partners. Be more attentive towards those factors.
- Rachel Abbey (*ONC):* I think we need to think about how DB is aligning with the new FHIR efforts of Helios and the PH FHIR Implementation Collaborative.

D. **Call for Volunteers: Re-envisioning and Sustainability Workgroup** *(Walter Suarez and Bob Harmon)*

- The ultimate goal would be to develop a re-envisioned/re-scoped Digital Bride for 2022-2025 and a business and operational strategic plan for Digital Bridge. We will include these activities and the sustainability plan.
- Process and timeline: see slide deck for corresponding presentation.
- John Lumpkin: The next step will be to put this consensus to a test to volunteer to participate on this workgroup. To share your thoughts and concerns and help us think out and imagine how we expand.
- *Approval for the workgroup was unanimous, with no nays or abstentions.*

E. See slide deck for corresponding presentation.

6. Announcements and Next Steps *(Samantha Lasky, IPHI)*

A. Election and Nominations:

- We will be holding elections the last week in May (5/30 – 6/3).
- The Public Health (Janet Hamilton, CSTE), At Large (Mylynn Tufte, ASTHO/Optum), and Chair (John Lumpkin, BCBSNC) will be up for election during this period. The nominations workgroup formed prior to the first election noted the need for staggered elections to not have full Executive Committee turnover each time.
- Nominations will take place 5/5/22 through 5/19/22 – 14-day nomination period.

- Please be on the lookout for updates from IPHI regarding the nomination and election process.

B. See slides for more information on election, meeting schedule, and CDC Foundation Summit series.

7. **Announcements and Next Steps** *(John Lumpkin)*
   A. Next Collaborative Body Meeting: Thursday, May 2, 2022

8. **Adjourned.** *(John Lumpkin)*