digital bridge

Collaborative Body Virtual Meeting

Friday, February 25, 2022

1pm-5pm ET

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

Welcome and Introductions

Laurie Call, Illinois Public Health Institute (IPHI)

IPHI Team

Laurie Call
Center Director

Samantha Lasky
Program Associate

Elise Ramos
Program Associate

Rebekah Williams
Program Manager

Welcome and Introductions

Utilizing Zoom chat, please include your:

Name

Organization and sector

What are you most excited (or hopeful about) related to data modernization?

Meeting Logistics

- Today's meeting will be recorded for note-taking purposes.

- All unidentified names or phone numbers must identify themselves by name or may be disconnected for security reasons.

- We will keep lines muted. You may mute and unmute yourself. Please mute yourself, if not speaking to limit background noise.

- Please use your video camera, if available/able.

- Please feel free to type comments or questions into the "chat" box on your screen at any time.

Meeting Objectives and Agenda

John Lumpkin, Digital Bridge Chair, Blue Cross and Blue Shield of North Carolina (BCBSNC)

Digital Bridge Chair and Vice Chair

John Lumpkin, MD, MPH
Blue Cross Blue Shield of
North Carolina

Vivian Singletary, JM, MBA
Public Health Informatics
Institute, The Task Force
for Global Health

Digital Bridge Vision and Mission

Vision

"Public health and health care 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."

Mission

"Promote human health by facilitating sustainable clinical-public health collaboration on modern information technologies and achieved through partnerships among clinical care organizations, public health agencies, health information technology industry partners, and other critical organizations."

Meeting Objectives

1. Review and finalize prioritization of recommendations from the data modernization reports

2. Discuss re-envisioning and sustainability of the Digital Bridge for long and short-term

January Annual Meeting Agenda

Time (ET)	Agenda	Presenter/Lead Facilitator
1:00pm – 1:15pm (15 minutes)	Welcome, Logistics, and Meeting Overview and Goals	John Lumpkin Laurie Call
1:15-1:30 pm (30 mins)	External Report Recommendations on Data Modernization	John Lumpkin
1:30-3:10 pm (1 hour 40 mins)	World Café Breakout Groups	John Lumpkin
3:10-3:45pm (35 mins)	Report Out	Facilitators from Breakout Groups
3:45-4:00 pm	Break (15 mins)	
4:00-4:50 pm (50 mins)	Re-envisioning of Digital Bridge	John Lumpkin, Walter Suarez, and Bob Harmon
4:50-5:00 pm (15 mins)	Announcements and Next Steps	John Lumpkin
5:00 pm	Adjourn	John Lumpkin

# External Report Recommendations on Data Modernization

John Lumpkin, Blue Cross Blue Shield of North Carolina, DB Chair
1:15pm – 1:30pm

Review Prioritization Survey Results

List of Reports with Links

1. Health Information Technology Advisory Committee (HITAC) Report: https://www.healthit.gov/sites/default/files/facas/2021-07-14_PHDS_TF_2021_Recommendations_Report_0.pdf

2. National Academy of Medicine - Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs https://nam.edu/public-health-covid-19-impact-assessment-lessons-learned-and-compelling-needs/

3. Bipartisan Policy Center (BPC) (report expected in September): https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/06/Public-Health-Report_RV2.pdf. There is another report coming out that will include content on data systems.

4. RWJF National Commission on Future of Public Health Data Systems: https://www.rwjf.org/en/library/research/2021/09/transforming-public-health-data-systems.html

5. PHII: Build Back Better: https://phii.org/wp-content/uploads/2021/07/PHII-Report-to-RWJF-_Final_-5.25.21-1.pdf
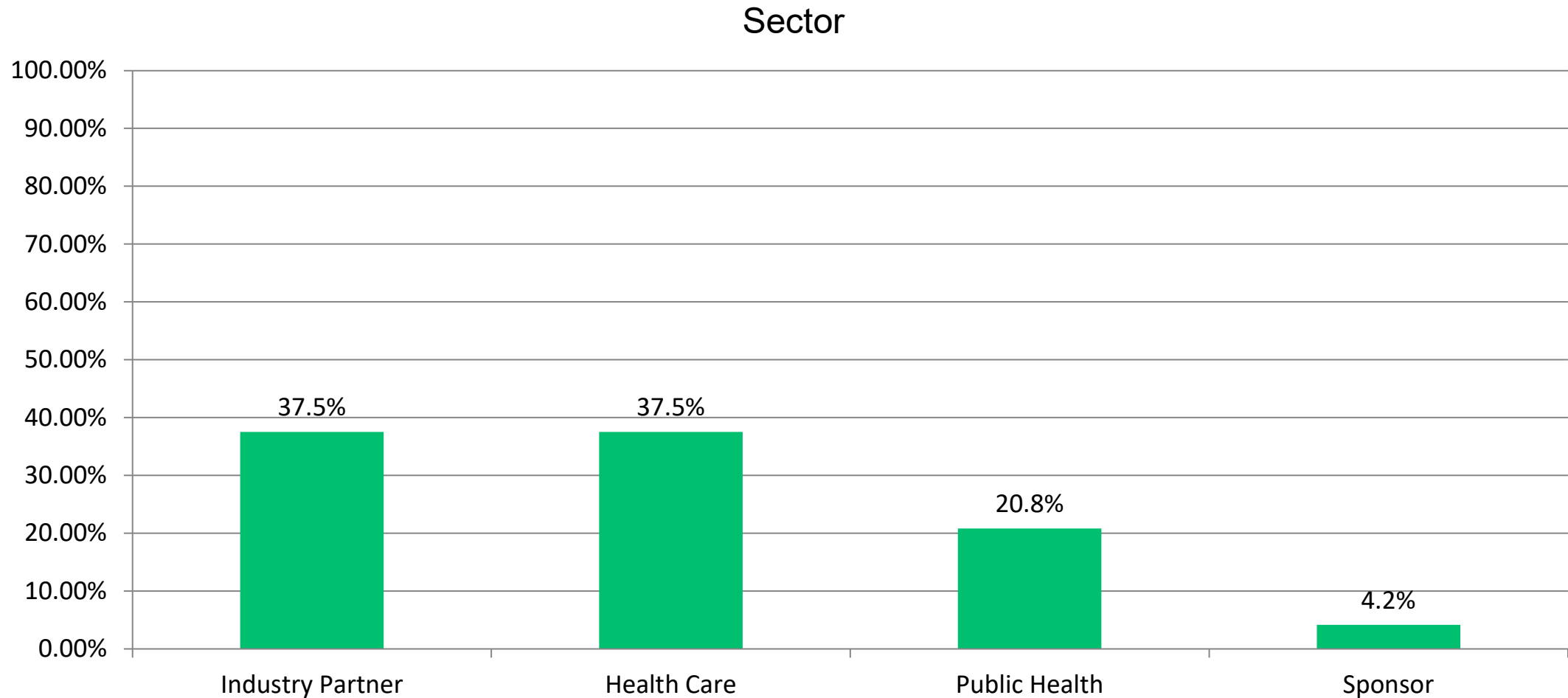
# Group A – Overarching Themes and Policy

Community Engagement

■ Explore data-sharing collaborations across government and civil society (e.g., nonprofits, businesses) that can more consistently generate public health data to support equity considerations and advance innovative public-private collaborations on data and analysis. (RWJF)

70.8%

■ Collect data that are more accurate and relevant at the community level to enable small area estimates that enable communities and local health departments to prioritize and address local health challenges and measure progress towards healthier communities. (RWJF)

50.0%

■ Partner with local health departments and departments that provide public health data (e.g., social services data) to consider new models of collaboration to improve efficiency and timeliness of decision-making and action at both state and local levels. (RWJF)

45.8%

■ Work locally to develop data-sharing strategies with government, and, where appropriate and where there is health benefit, reciprocity, and equitable access. (RWJF)

45.8%

0.0%   10.0%   20.0%   30.0%   40.0%   50.0%   60.0%   70.0%   80.0%   90.0%   100.0%
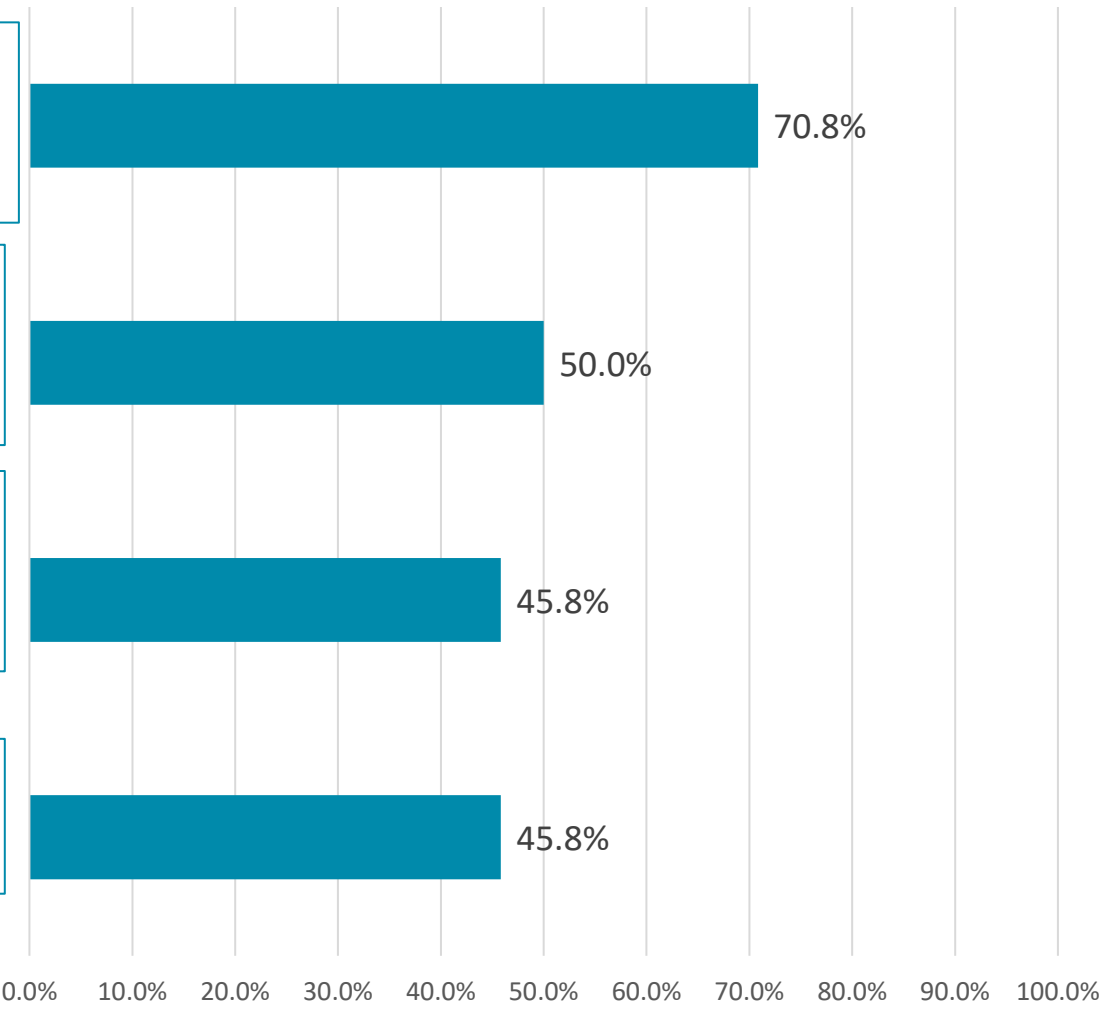
Health Equity

ONC should collaborate with CDC, CSTE and STLTs to ensure consistent collection of agreed upon standards for the following health equity data elements: race, ethnicity, disability condition and resulting impacts, sexual orientation, preferred language, SOGI, and data for SDOH. Standards should be implemented through USCDI or other mechanisms to meet community identification needs, as well as to support updating/use of these data for prioritizing provision of services to advance health equity. (PHDS-TF-2021_Recommendation 45 – ONC)

ONC should encourage CDC to work with STLTs to align requirements and leverage USCDI standards, to reduce variation across states for collection of race, ethnicity, and disability data. ONC should ensure that USCDI complies with, or allows for, new STLT requirements around SOGI, race, ethnicity, disability, and preferred language. (ONC)

ONC should collaborate with CDC, STLTs and organizations supporting under-resourced and underrepresented demographic and geographic communities in order to develop data collection standards for demographic data, best practices on gathering key data, and training support in order to improve equity in response to PH threats. (ONC)

66.7%

54.2%

50.0%

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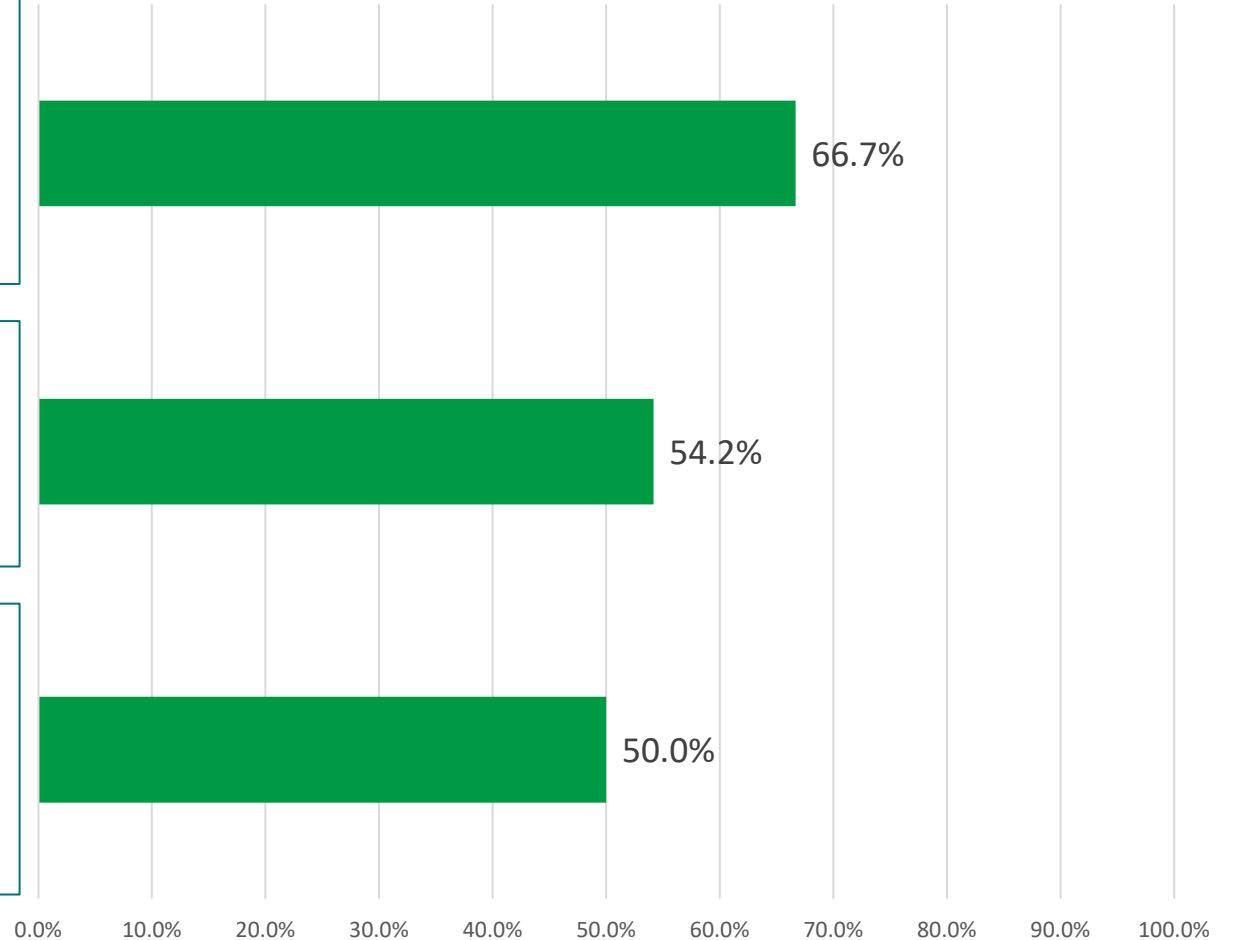
Group B - Technical

Data Standards

Collaborate with CDC and other PH jurisdictions to work with provider and standards communities to ensure use of standards and implementation guidance that supports collection of complete demographic and contact information elements necessary for PH activities (e.g., demographic information, language preference, contact information - street address, phone number). (ONC) — **65.2%**

ONC should work with CMS to ensure a standardized set of demographic information is both collected and sent from clinical and laboratory systems, to STLT PH in a timely manner through standards adoption. Standardization should be undertaken to ensure consistency (e.g., "Hispanic" consistently categorized as ethnicity or race across data systems) in measurement and promote a true understanding of impact. (ONC) — **65.2%**

Lower the burden and increase the completeness and accuracy of surveillance by leveraging clinical data and reporting automation. (ONC) — **60.9%**

Establish federal data collection and reporting standards to improve consistent collection of core public health data across data systems, with a prioritized focus on race and ethnicity data. (BPC) — **60.9%**

Work with the community to prioritize the adoption of new United States Core Data for Interoperability (USCDI) data standards to consistently support and enhance reporting requirements necessary for PH activities. (ONC) — **60.9%**

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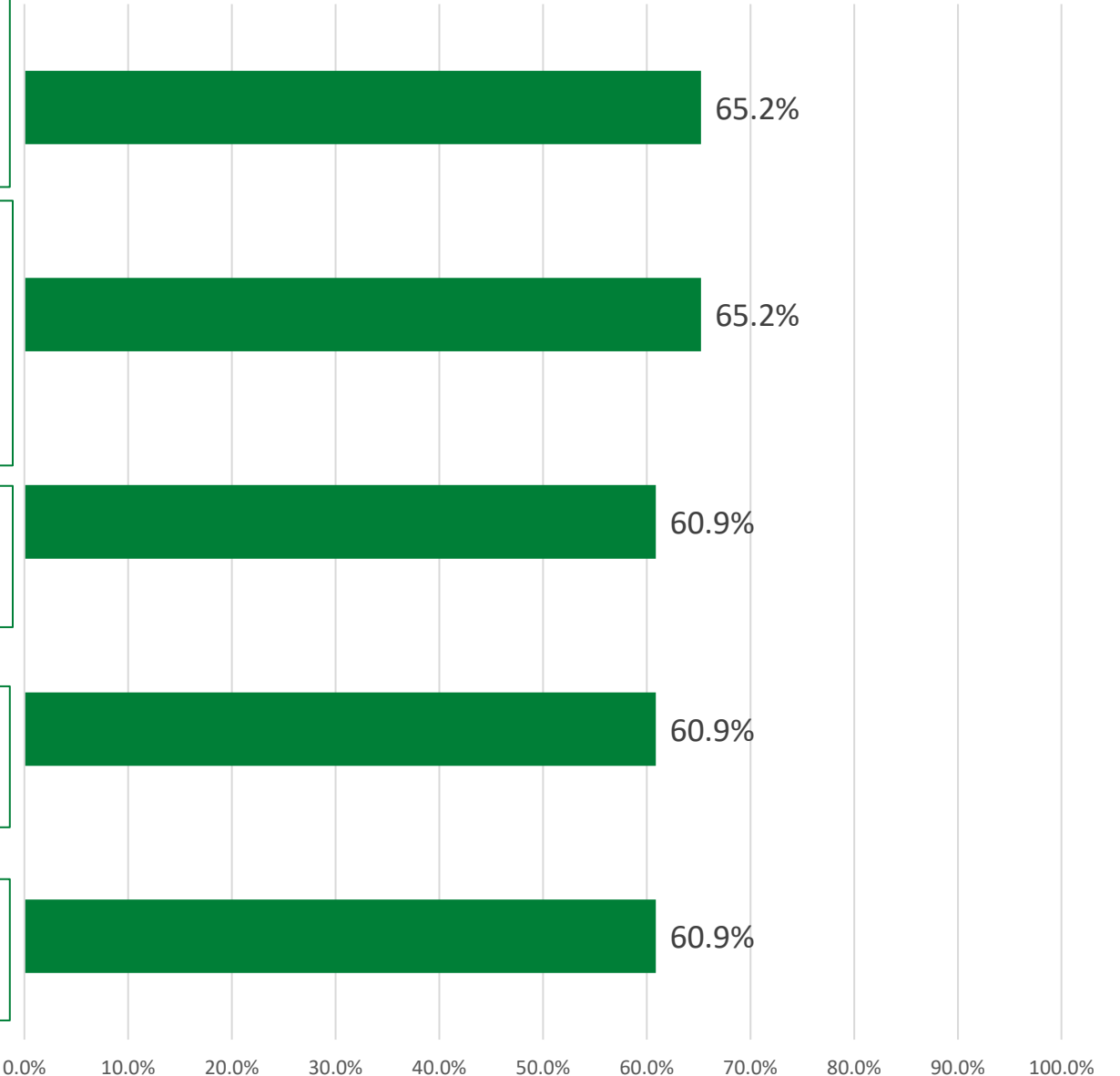
Governance - Standards

Build efficient and interoperable data systems to generate comprehensive, complete, and timely data. Collect data with adequate granularity across population groups (inclusive of race/ethnicity, language ability, disability) and geographic levels that are useful at the community level and can be aggregated and disaggregated. (RWJF)

62.5%

Federal funding for data infrastructure should be prioritized to systems that are standards- based and interoperable. (RWJF)

58.3%

ONC should collaborate with CDC and health IT developers to ensure that PH data systems generate output in formats that can be readily understood and used by bodies at the federal, and STLT level. Leaders at multiple levels of government benefit from access to clear, granular data that support decision-making at all levels and facilitate activities that meet PH needs. (PHDS-TF-2021_Recommendation 51 – ONC)

58.3%

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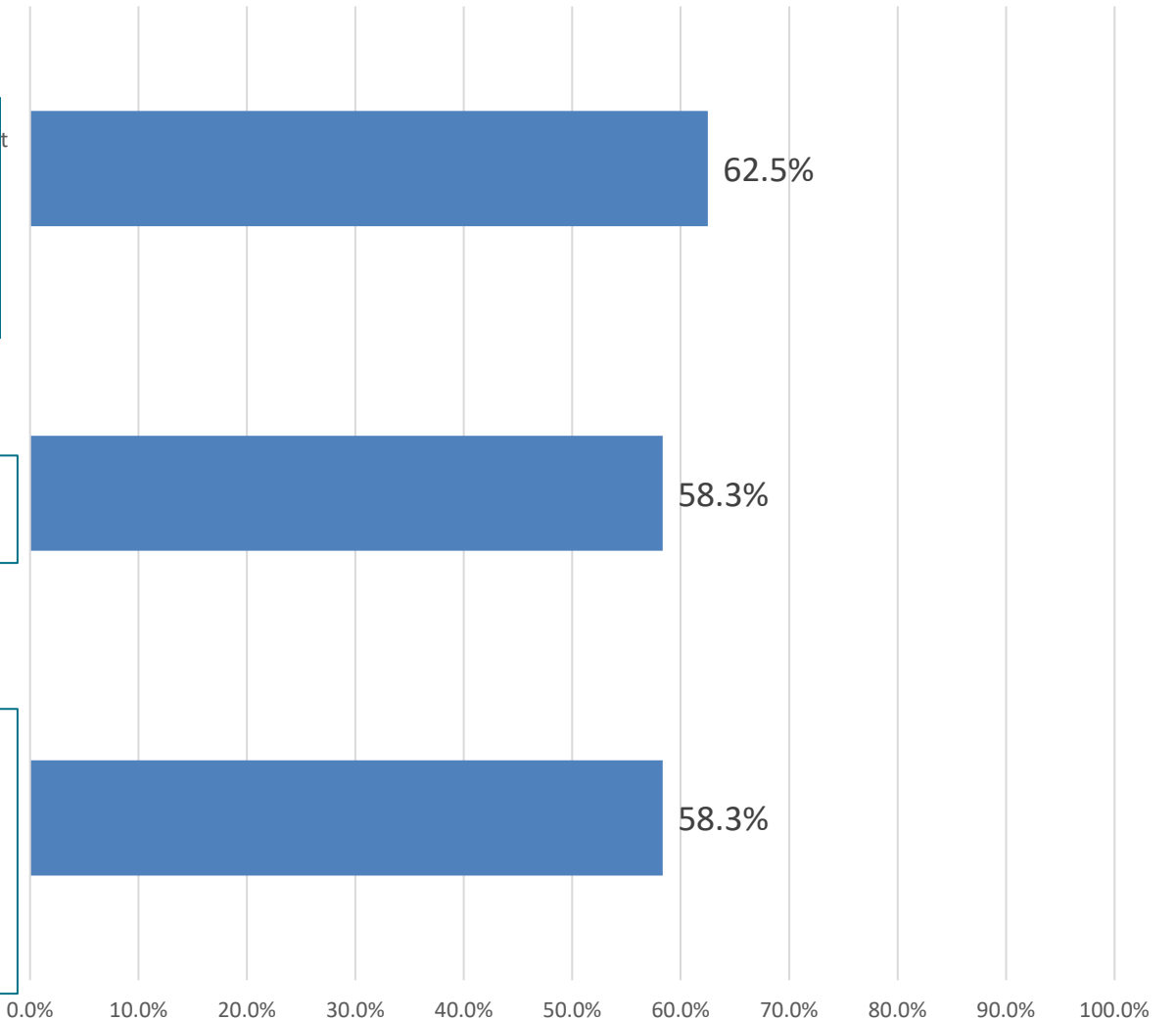
Healthcare Interoperability

ONC should require the eICR and eCR specific standards, including bi-directional communications between providers, other entities (e.g., payors), and PH within Health IT certification programs. (ONC) — **69.6%**
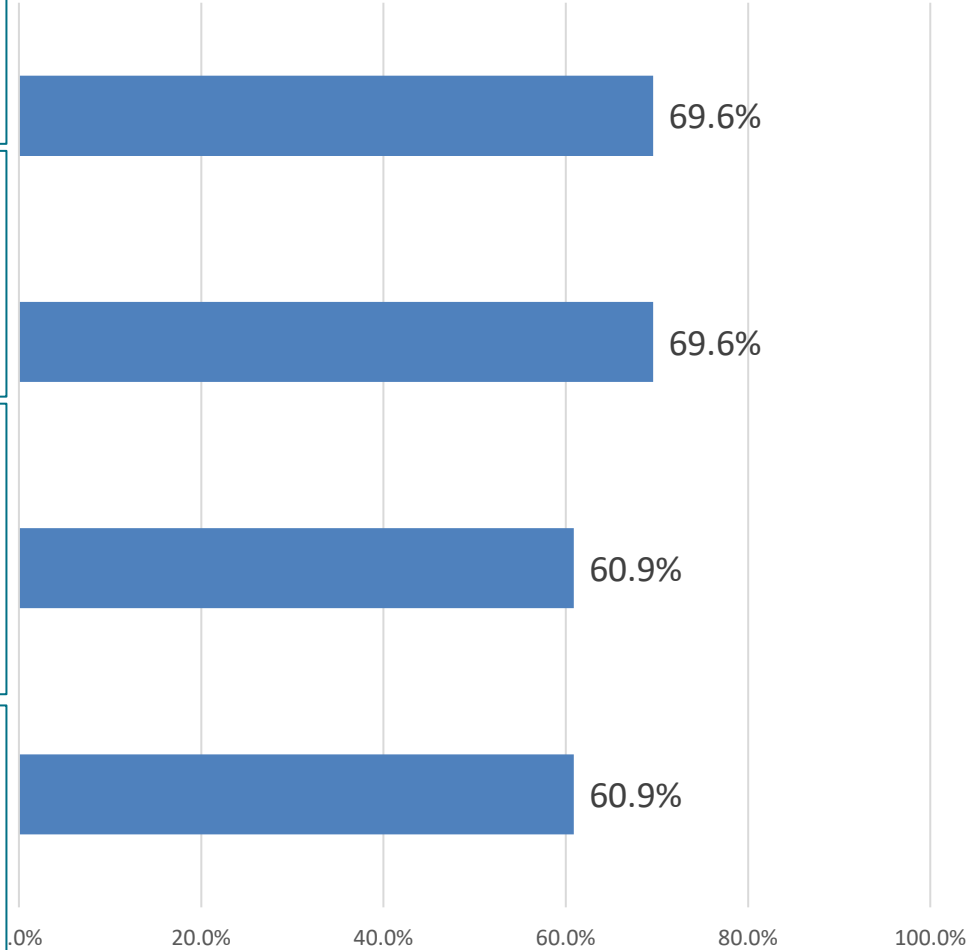
Health Level Seven (HL7) Version 2 (v2.) formatted messages for IIS, ELR, SS, and eICR, eCR [Clinical Document Architecture (CDA) /Fast Healthcare Interoperability Resources (FHIR)] reporting, where appropriate, should be explicitly included as a standard for use until sufficient funding is provided to evolve both PH and providers to FHIR. (ONC) — **69.6%**

Should include systems used by the following healthcare partners with an active role in responding to PH emergencies: pharmacies, labs, emergency medical services/fire departments, Employee Health clinics, Indian Health Services, tribal health care, school-based health centers and clinics, local health departments, nursing homes/skilled nursing facilities, long-term/post-acute care providers, correctional facilities, military and veterans' healthcare systems (ONC) — **60.9%**

ONC should work with the Centers for Medicare and Medicare Services (CMS) and other HHS partners to determine approaches to invest in improving interoperability for healthcare partners that were not part of the Meaningful Use (MU) and Promoting Interoperability (PI) programs to promote the adoption of Healthcare IT standards and secure data exchange with PH. The use of Health Information Exchanges (HIEs) to support data exchange should also be supported. (PHDS-TF-2021_Recommendation 04 – ONC) — **60.9%**

.0%   20.0%   40.0%   60.0%   80.0%   100.0%

Public Health Interoperability

ONC should work with CDC, STLTs, HIEs, the TEFCA RCE, and healthcare providers to continue the utilization and expansion of PH gateways building upon experience developed implementing portal services such as the APHL AIMS Platform for eCR and ELR to avoid duplicative reporting workflows for providers. (PHDS-TF-2021_Recommendation 25 – ONC)

73.9%

ONC should work with CDC, PH entities, support organizations, and health IT vendors to standardize technical capabilities to facilitate laboratory results data collection and sharing to and across STLTs, including CDC and FDA laboratories where applicable. ONC should work with CDC, Council of State and Territorial Epidemiologists (CSTE), and PH agency experts to establish a framework and process for aligning reporting requests and requirements across STLT and federal levels (CDC and FDA laboratories) with adherence to structural validation. This needs to occur for initial reporting of results to STLT, interstate exchanges, state-federal data exchange. (ONC)

65.2%

ONC should incorporate PH specific components into TEFCA

60.9%

Establish national standards to enhance public health IT system interoperability (NAM)

60.9%

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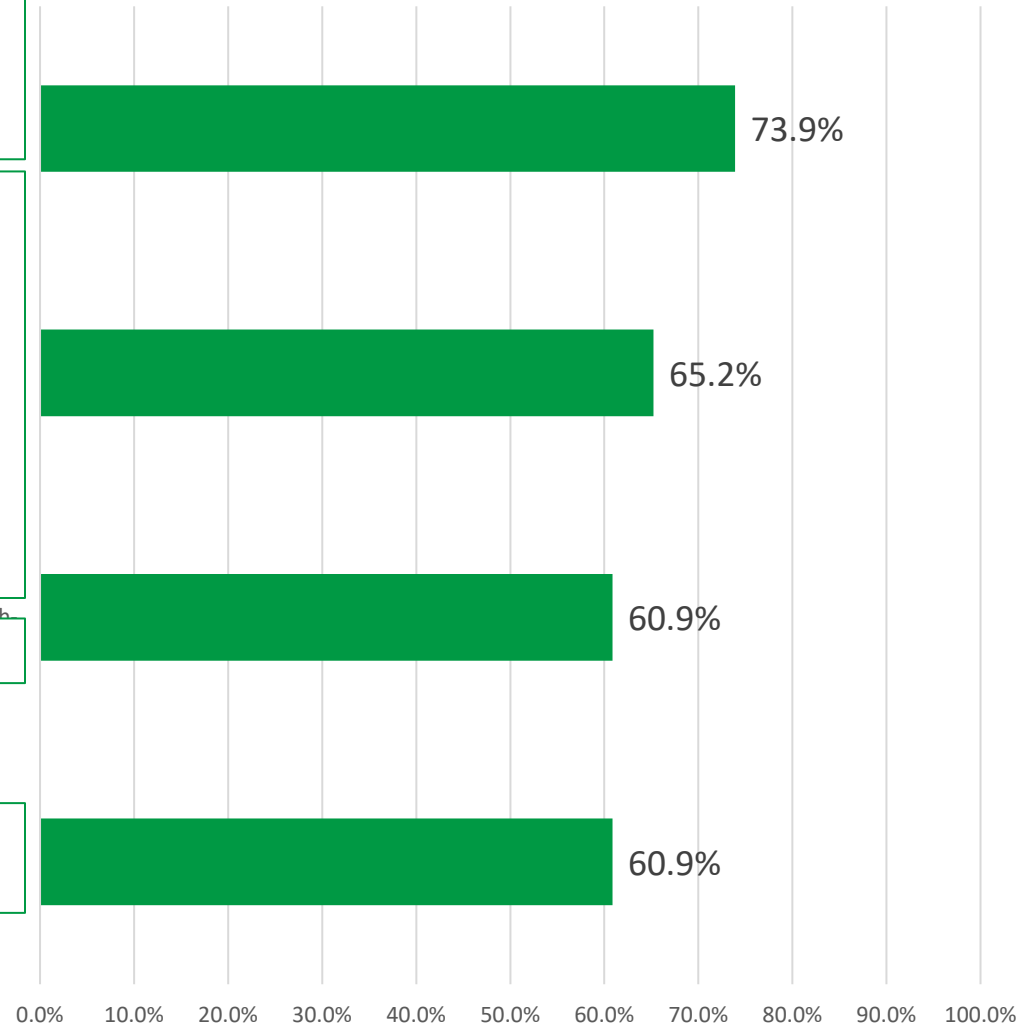
Privacy and Security

ONC should also work with OCR and CDC to establish more standard privacy guidance, suggesting standard, individual-centric language in messaging. ONC should work with OCR to support the use of plain language in communications related to access and patient privacy and data sharing to facilitate patients' understanding, available in multiple languages. (ONC)

76.2%

PHDS-TF-2021_Recommendation 47 - ONC should work with appropriate HHS stakeholders including STLTs to identify methods for providing transparency to individuals regarding the collection and use of their data for PH purposes. (ONC)

66.7%

ONC should ensure that patients can access complete information about where data about them has been shared and for what purposes. (ONC)

42.9%

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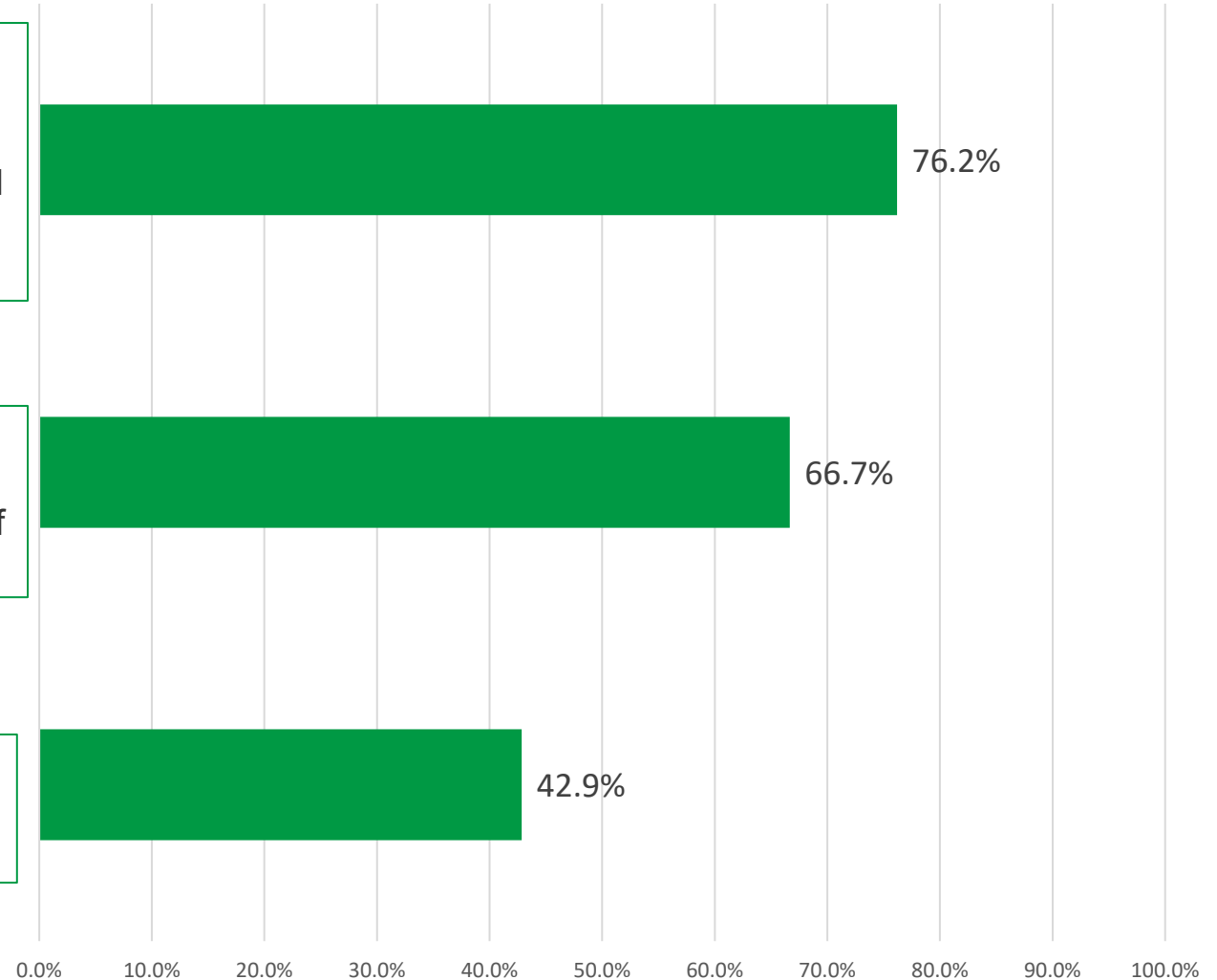
Group C – Governance and Administration

Workforce

Invest in the public health workforce to ensure that public health continues to benefit from a workforce that has the appropriate technical skills and reflects diversity nationally. (PHII)The initial steps to implement this recommendation are below:4a) Identify opportunities to expand and enhance informatics trainings for public health students and practitioners. (PHII)4b) Create and support resource or coordinating centers to provide training and technical assistance to STLT agencies related to workforce strengthening and assist in the transition of public health practitioners from data collectors to astute data users. (PHII)

ONC should collaborate with CDC to create a PH data workforce staffing and execution plan. This would address funding and training needs at the federal and STLT levels, including securing and executing direct hiring authority, exploring ways to shorten the time to hire for data scientists, extending non-competitive conversion to permanent employees for internship and fellowship programs, student loan repayment, internships, fellowships, and training for the existing PH workforce. (PHDS-TF-2021_Recommendation 33 – ONC)

Support the retention and recruitment of diverse public health professionals and leaders who are representative of the community they serve, with updated mechanisms to ensure appropriate compensation and recognition (NAM)

82.6%

56.5%

56.5%

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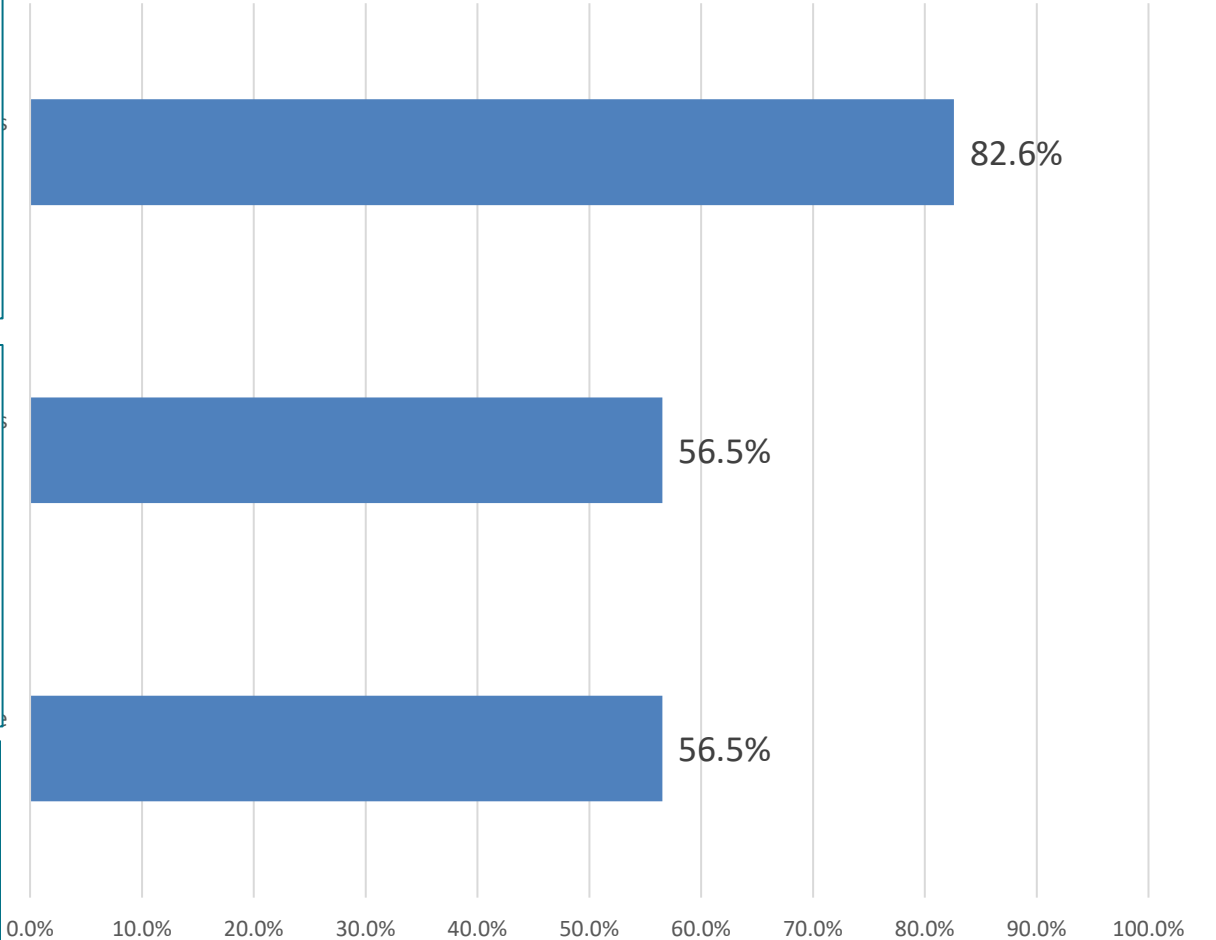
Funding Mechanism

ONC should collaborate with CDC to encourage allocation of funding towards developing disease-agnostic infrastructure within public health departments that can support common functions across PH program areas to improve overall efficiency of PH activities and interoperability, and to minimize siloed disease-specific investments in resources while improving infrastructure necessary for scalability. (PHDS-TF-2021_Recommendation 31 - ONC) — 66.7%

ONC should collaborate with CDC to educate Congress on the need to authorize and appropriate robust, sustained, and consistent funding through CDC to support development and maintenance of PH data systems and PH workforce capable of supporting both routine and large-scale responses. (PHDS-TF-2021_Recommendation 29 - ONC) — 66.7%

ONC should collaborate with CDC to encourage incorporation of equity considerations into funding models for public health data systems, including specific and direct investment in traditionally under-resourced communities. (PHDS-TF-2021_Recommendation 35 – ONC) — 58.3%

ONC should collaborate with CDC to encourage development of plans for cross-program funding of technology investments that support integration, enterprise approaches, reuse of technologies, and interoperability across PH information systems and the health ecosystem, including alignment with TEFCA. Blended, cross-cutting infrastructure with minimal siloing by program area that reduces duplication, training requirements, and user burden also should be supported. (ONC) — 58.3%

35

Governance - Convening
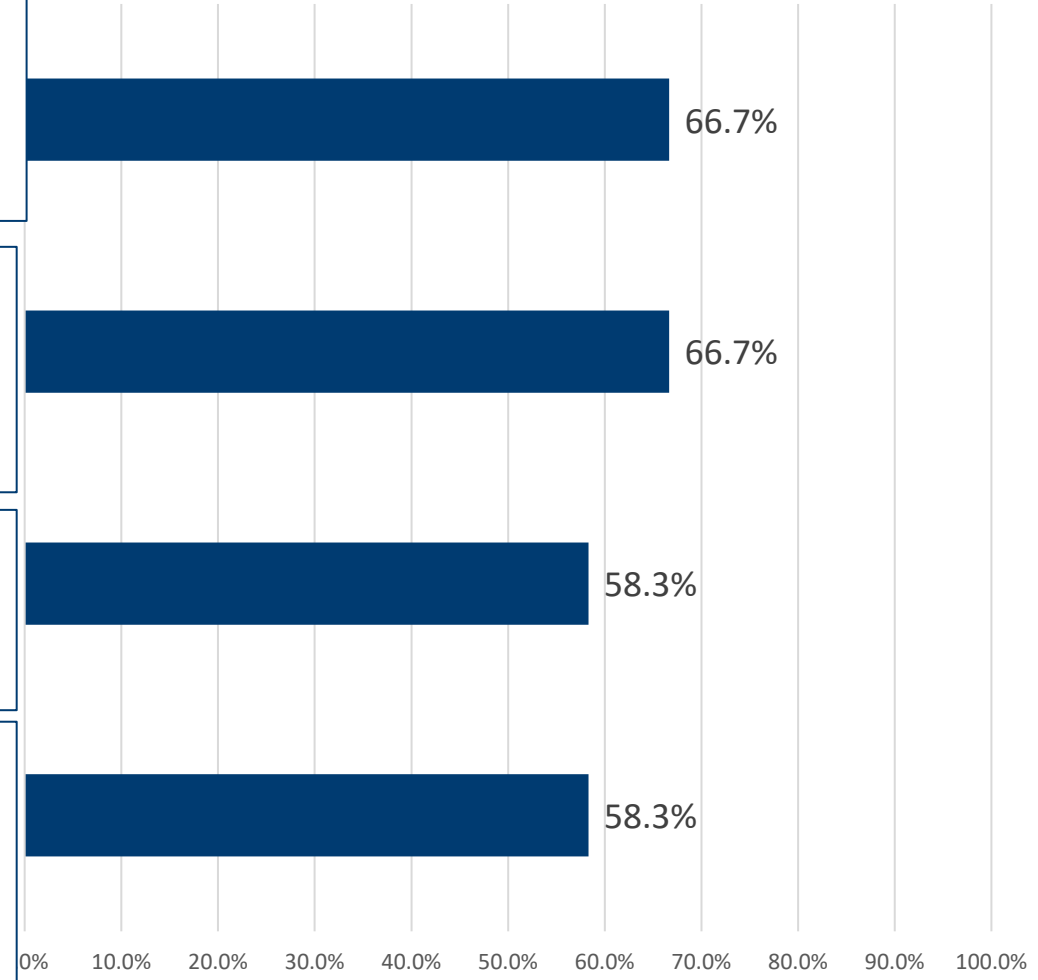
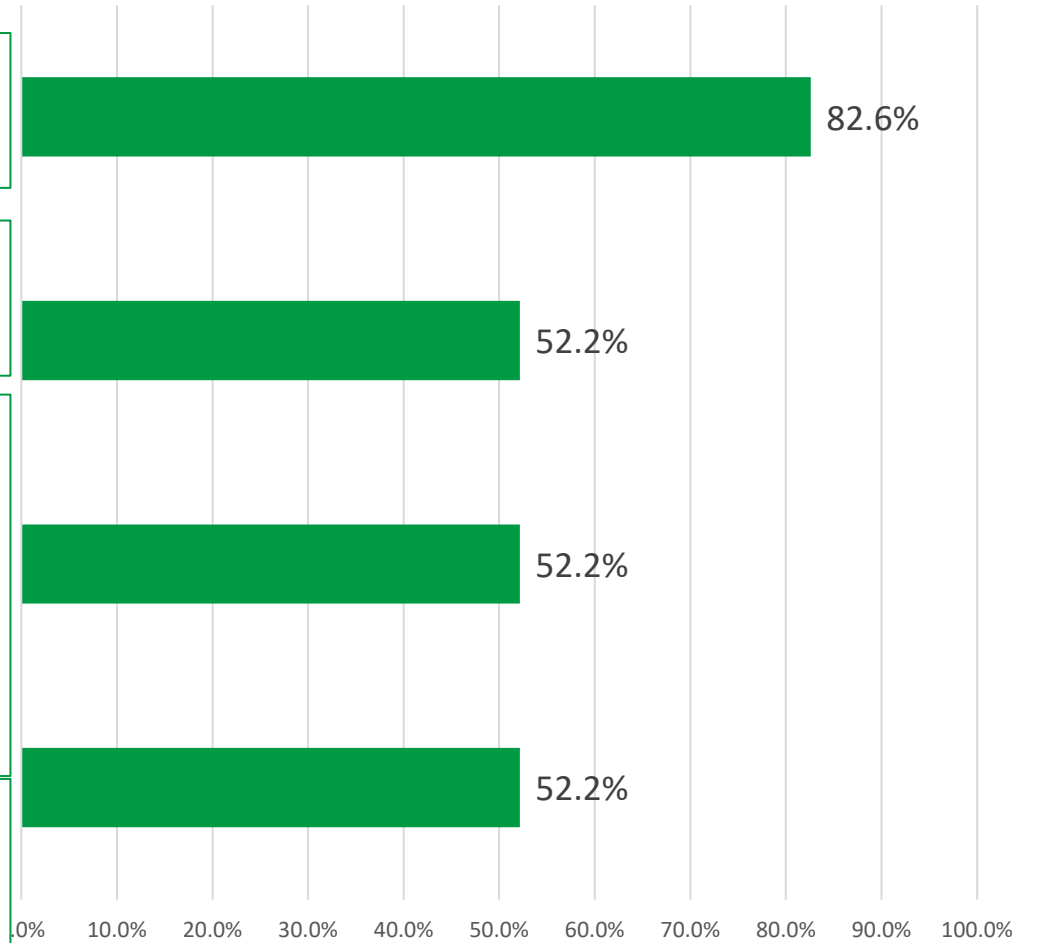| Recommendation	Percentage
Convene multi-sector/multi-disciplinary thought leaders for a national strategy on collecting and using public health data. Call to Action - Public Health (RWJF)	70.8%
ONC should encourage HHS to continue supporting data modernization initiatives and opportunities for STLTs to share knowledge and experience through workshops, conferences, internships/fellowships, and communities of practice. (PHDS-TF-2021_Recommendation 05 -ONC)	62.5%
ONC should collaborate with CDC to identify a PH task force or workgroup (with adequate authority and diverse representation) to address additional interoperability, connectivity, and information system needs relevant to PH and ensure equitable PH response. ONC should collaborate with CDC to evaluate use of existing advisory committees, task forces or workgroups to leverage for this purpose to minimize burden on PH officials. If necessary, a new workgroup should be established. (PHDS-TF-2021_Recommendation 41 - ONC)	50.0%
Sponsor the development of a nationwide requirements project on a core public health information system, such as infectious disease surveillance, to translate business needs into data and systems requirements and demonstrate the benefits of a shared understanding of the actions, processes and capabilities needed to ensure the system is successful. (PHII)	50.0%
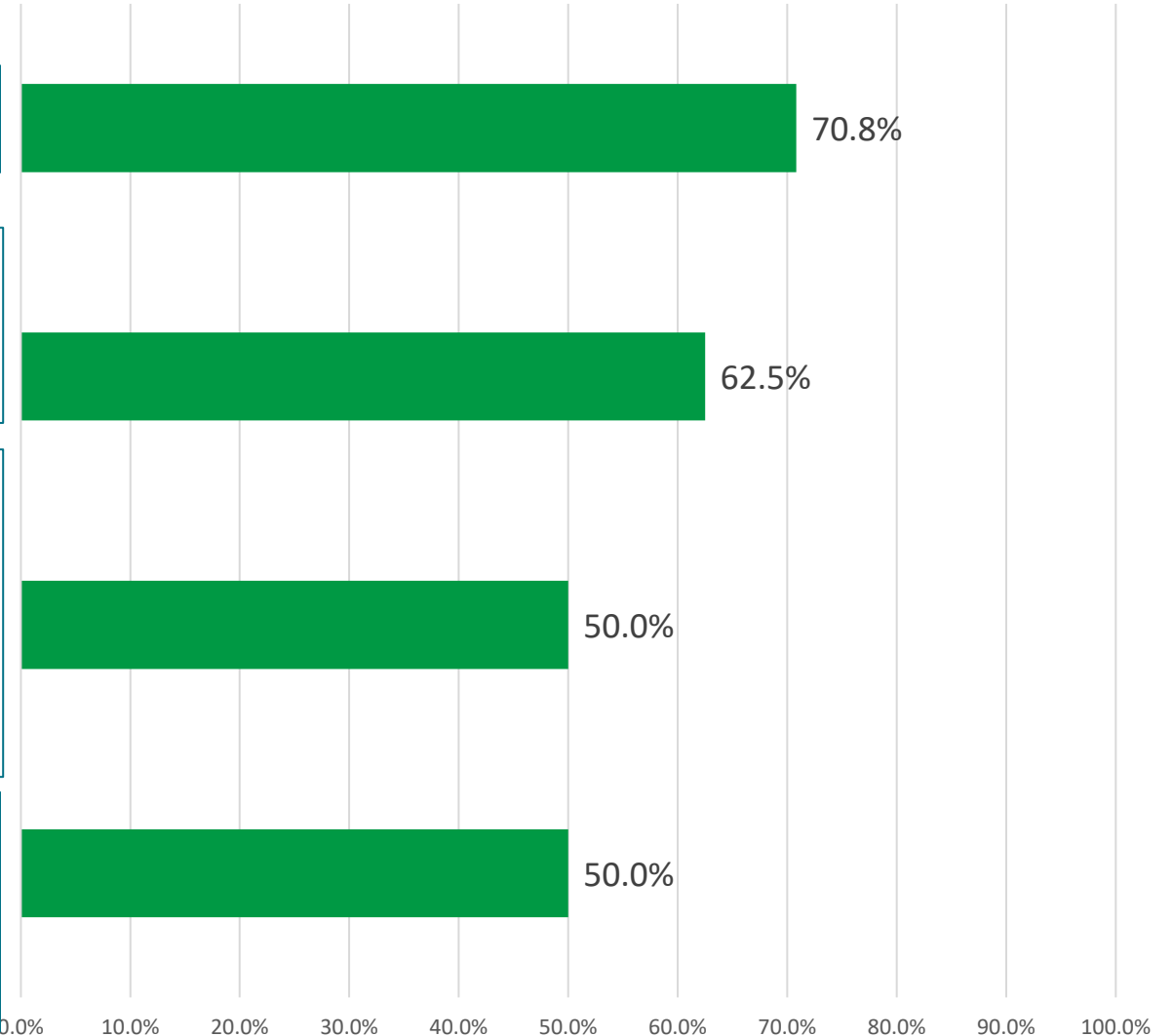
Group D – Use Cases

Immunizations

ONC should collaborate with CDC, vendors, and PH jurisdictions to develop standards and implement infrastructure supporting: (PHDS-TF-2021_Recommendation 13 - ONC) — 82.6%

Build upon data collection and sharing efforts during COVID-19 to strengthen vaccination data systems for use during future infectious disease pandemics. (BPC) — 52.2%

ONC should work with CDC, STLTs, and industry associations to define a minimum set of IIS functional standards. Standards should include the ability to receive immunization data in agreed-upon formats, accept messages using a standard transport mechanism, error reporting, scalable infrastructure, quality patient matching, and patient access to data. The use of a set of criteria that PH systems are measured against should be established. If a system fails to meet expected performance standards, the jurisdiction will be encouraged to correct deficiencies. (PHDS-TF-2021_Recommendation 16 - ONC) — 52.2%

ONC should work with CDC and STLTs to advance the further development and adoption of the HL7 Implementation Guide by both provider systems and PH agencies to meet current and future immunization data needs. (PHDS-TF-2021_Recommendation 12 - ONC) — 52.2%

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Sharing data to improve clinical care and public health. **digitalbridge.us**

Collaborate with CDC, FDA, CSTE, Association of State and Territorial Health Officials (ASTHO), APHL, and STLTs to harmonize reporting requirements, roles, and capabilities across jurisdictions and states, including data elements, timelines for submission, and communication with providers, payers and communities; and, creation of a minimum national standard (where possible) to support a structure that recognizes different events may require different types of responses, involving potentially different responding organizations [e.g. fungal meningitis, EVALI, etc.]. (ONC)

65.2%

Incentivize states to participate in a coordinated response to national public health threats. (BPC)

65.2%

Clarify and strengthen federal operational roles and responsibilities during a federal response to a pandemic. (BPC)

60.9%

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42
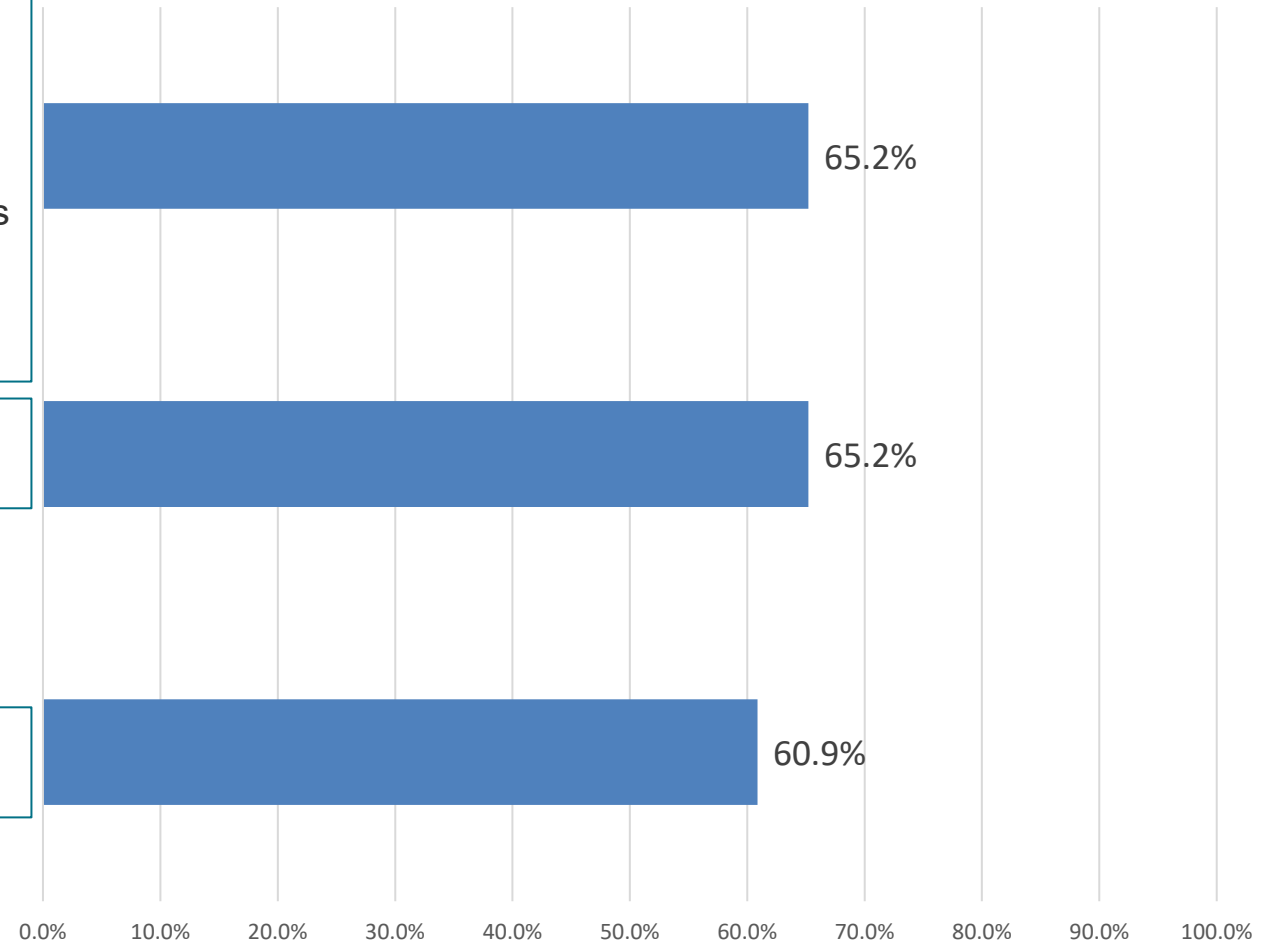
Breakout Group Instructions

Breakout Group Instructions

Group A – Overarching Themes and Policy

- Facilitator: Mylynn Tufte
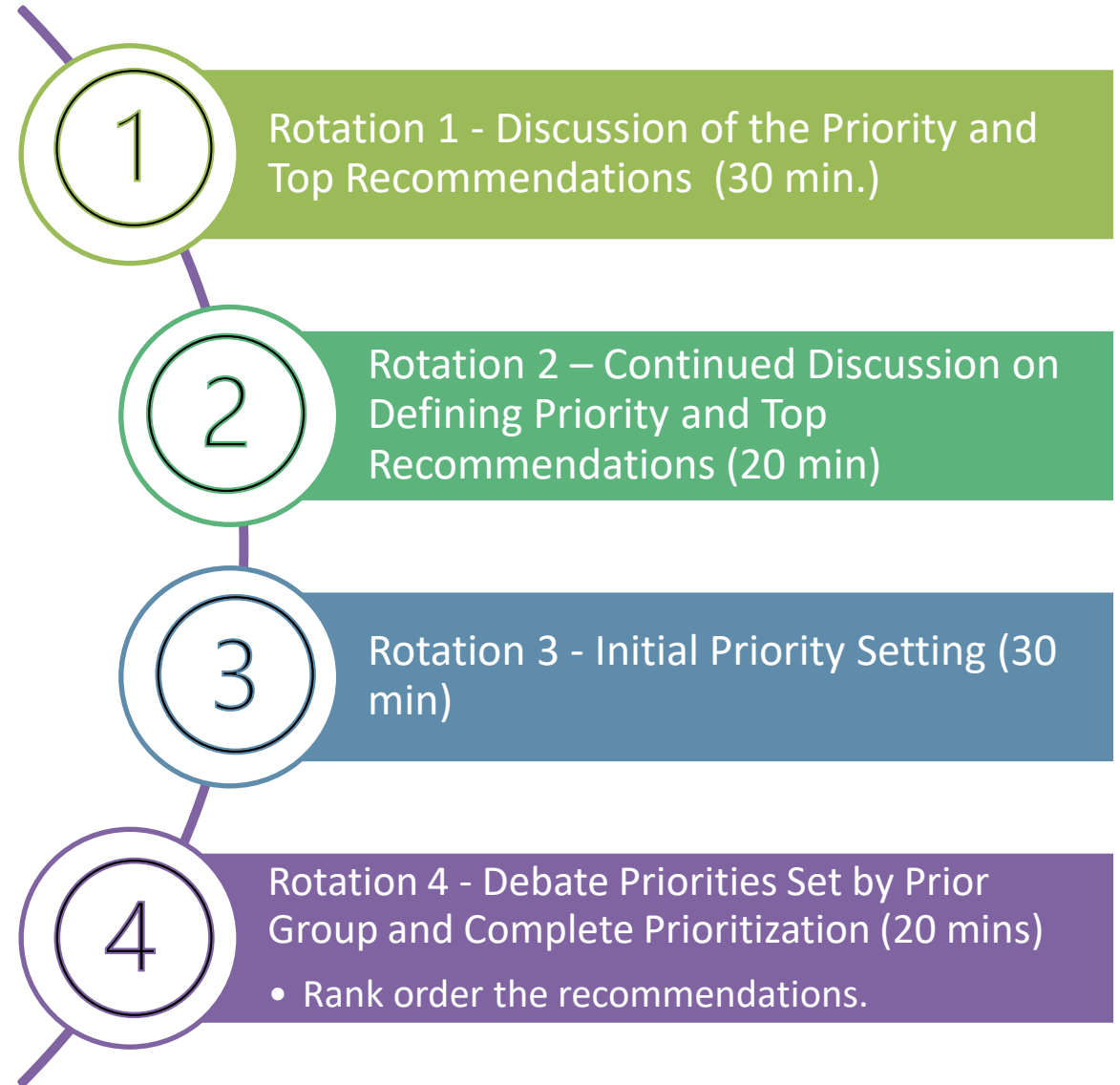- Notetaker: Rebekah Williams

Group B Technical

- Facilitator: Walter Suarez
- Notetaker: Laurie Call

Group C – Governance and Administration

- Facilitator: Vivian Singletary
- Notetaker: Elise Ramos

Group D – Use Cases

- Facilitator: Brandon Talley
- Notetaker: Samantha Lasky

1 Rotation 1 - Discussion of the Priority and Top Recommendations (30 min.)

2 Rotation 2 – Continued Discussion on Defining Priority and Top Recommendations (20 min)

3 Rotation 3 - Initial Priority Setting (30 min)

4 Rotation 4 - Debate Priorities Set by Prior Group and Complete Prioritization (20 mins)

- Rank order the recommendations.

World Café Breakout Groups

Collaborative Body
1:30pm – 3:10pm

Report Out

Break
3:45-4:00pm ET

Re-Envisioning Digital Bridge

Walter Suarez, John Lumpkin, and Bob Harmon
4:00-4:50 pm

Digital Bridge: Where We Are, Where We Are Going

John Lumpkin, Blue Cross Blue Shield of North Carolina, DB Chair
4:00pm – 4:10pm

Hillel the Elder
born 110 BCE

- Do not say, "when I am free, I will study" for you will never be free

- If not us, who – if not now, when

Vision

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

Digital Bridge Structure

digital bridge

Sharing data to improve clinical care and public health. **digitalbridge.us**

Collaborative Body

Officers

Chair - John Lumpkin (BCBSNC)   Vice Chair - Vivian Singletary (PHII)

Voting Representatives

HealthPartners	Epic	Meditech	NACCHO	RWJF
OCHIN	Kaiser Permanente	Allscripts	APHL	Intermountain Healthcare
Deloitte	SHIEC	AMA	ASTHO	PHII/TFGH
BCBS North Carolina	The Sequoia Project	HIMSS	Cerner	CSTE
de Beaumont Foundation	NAACCR	SAS	NCHC	CDC Foundation

Non-Voting Representatives

- ACS
- ONC/HHS
- CDC/HHS
- eClinical Works

Executive Committee

digital bridge

Executive Committee

At-Large Mylynn Tufte (ASTHO)	Public Health Janet Hamilton (CSTE)	Industry Bob Harmon (Cerner)

Health Care Walter Suarez (Kaiser Permanente)	Sponsor Brandon Talley (CDCF)

- Formed in June 2020
- Consists of at least four representatives, Chair, and Vice Chair
- Officers elected by the Collaborative Body from its organizational representatives
- Officers serve for two years
- Chair and Vice Chair serve on Collaborative Body and Executive Committee
- EC exercises the authority of the Collaborative Body
- The Chair, At Large, and Public Health positions will be up for election in May 2022

Digital Bridge

eCR	**Public Health API** https://digitalbridge.us/current-projects/	**Cancer Registry Use Case**
Expanding eCR's Capacity and Capability	**Data Modernization**	**IZ Gateway**

Digital Bridge Vision and Mission

Vision

"Public health and health care 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."

Mission

"Promote human health by facilitating sustainable clinical-public health collaboration on modern information technologies and achieved through partnerships among clinical care organizations, public health agencies, health information technology industry partners, and other critical organizations."

Discussion of Re-Scoping Digital Bridge

Walter Suarez, Kaiser Permanente, Executive Committee
4:10-4:45pm

Why Re-Envisioning and Re-Scoping? Why Now?

Re-Envisioning: "… to envision (something) again especially in a different way…"

Re-Scoping: "… to redefine the scope of work or range of operation of an activity…"

- 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
- Re-envisioning is essentially strategic planning
- Open minded process
- Do not box ourselves to a specific application or solution, and try to apply it to anything and everything
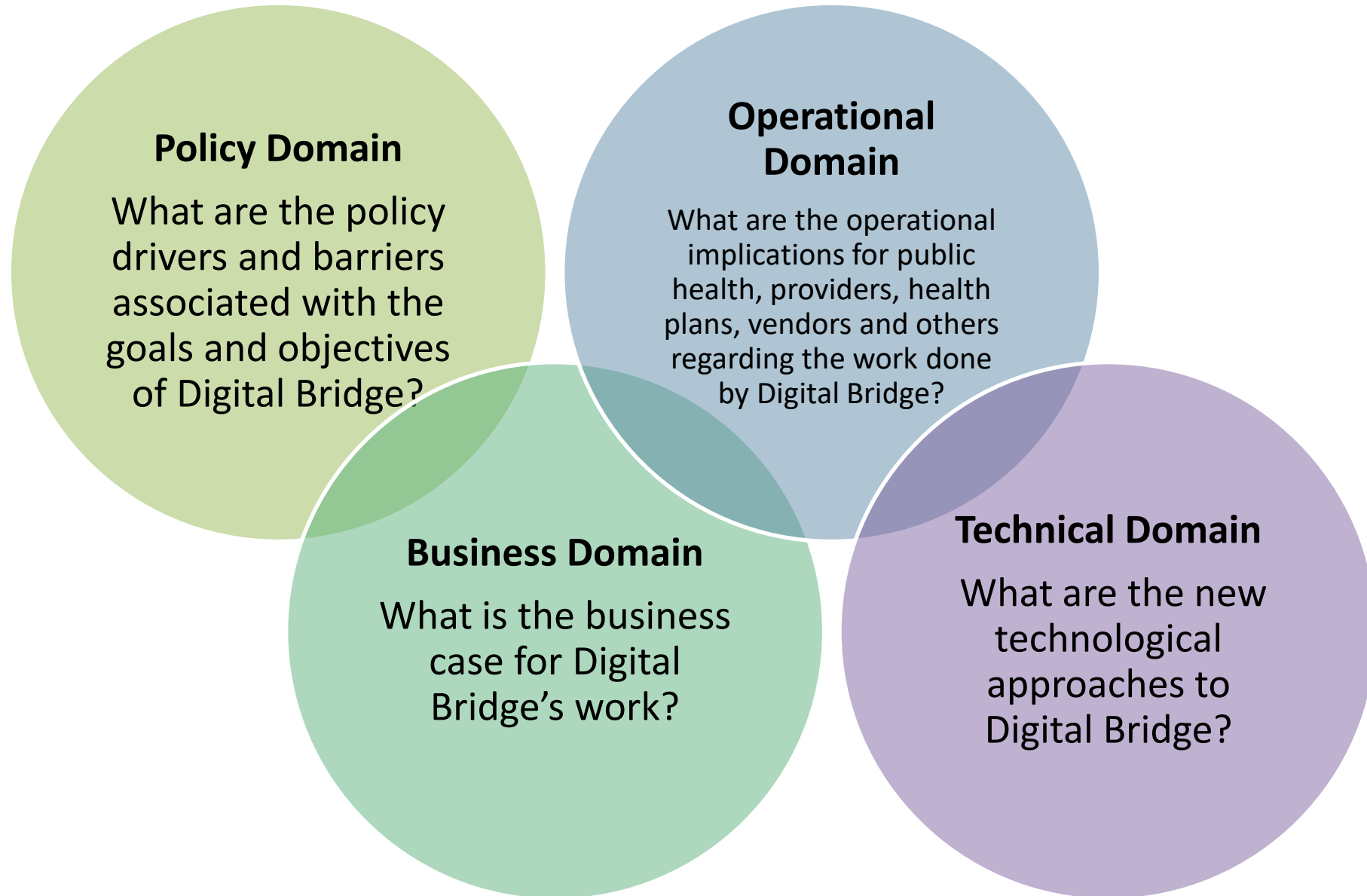
Discussion Questions

Overall, what is the feeling of the Collaborative Body about Re-Envisioning and Re-Scoping of Digital Bridge?

What do people see as the main outcomes of this Re-Envisioning exercise? A renewed mission? New scope of work? Go beyond/outside of looking to apply current technical approach to

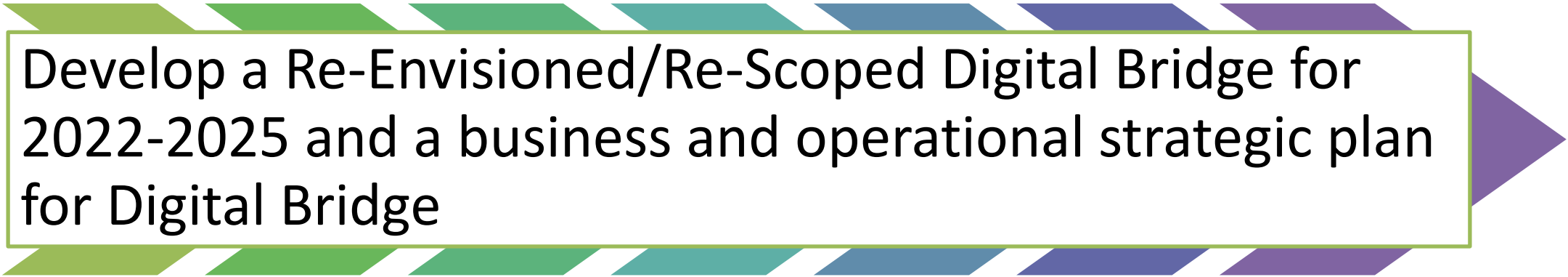With respect to scope of re-envisioning, what should be in, what should be out, generally?

Any other questions about the What and Why of Re-Envisioning?

Goal:

Develop a Re-Envisioned/Re-Scoped Digital Bridge for 2022-2025 and a business and operational strategic plan for Digital Bridge

Process and Timeline (The Who, The When, The How)

Today:
- Staging of the re-envisioning effort; formation of workgroup

Next 8 weeks:
- Workgroup will hold discussions, come back with initial scoping ideas

April's Collaborative Body meeting:
- Present initial re-envisioning discussion, scoping, have breakout discussions around four domains (policy, business, operational, technical)

Following 8 weeks:
- Workgroup refines its recommendations, based on input from Collaborative Body, develops a final Re-Envisioning and Re-Scoping Recommendations; begin discussing sustainability

July's Collaborative Body meeting:
- Review/final action on Re-Envisioning

- Work then can focus on developing a business and operational strategic plan, including sustainability
- Present periodically to Executive Committee

Any questions, concerns, recommendations about the Process, Workgroup, Timeline (The Who, When, How)?

Announcements and Next Steps

John Lumpkin, DB Chair and Samantha Lasky, IPHI, Secretariat
*4:45pm – 5:00pm*

Upcoming Meetings

Month	Collaborative Body Meeting (12pm to 1:30pm ET)	Executive Committee Meeting (10am to 11am ET)	Chair/Vice Chair Meeting (10am to 11am ET)
February 2022	February 25, 2022	February 14, 2022	February 7, 2022
March 2022		March 14, 2022	March 7, 2022
April 2022	April 7, 2022	April 11, 2022	April 4, 2022
May 2022		May 9, 2022	May 2, 2022
June 2022		June 13, 2022	June 6, 2022
July 2022	July 7, 2022	July 11, 2022	July TBD
August 2022		August 8, 2022	August 1, 2022
September 2022		September 12, 2022	September 5, 2022
October 2022	October 6, 2022	October 10, 2022	October 3, 2022
November 2022		November 14, 2022	November 7, 2022
December 2022		December 12, 2022	December 5, 2022
January 2023	January 2023 Annual Meeting		

Summary: Nominations and Election Recommendation

Exec. Committee Size, Scope, Initial Terms[1]

Initial 2-year term (2022 election)

| Chair | Public Health | At-Large[2] |

Initial 3-year term (2023 election)
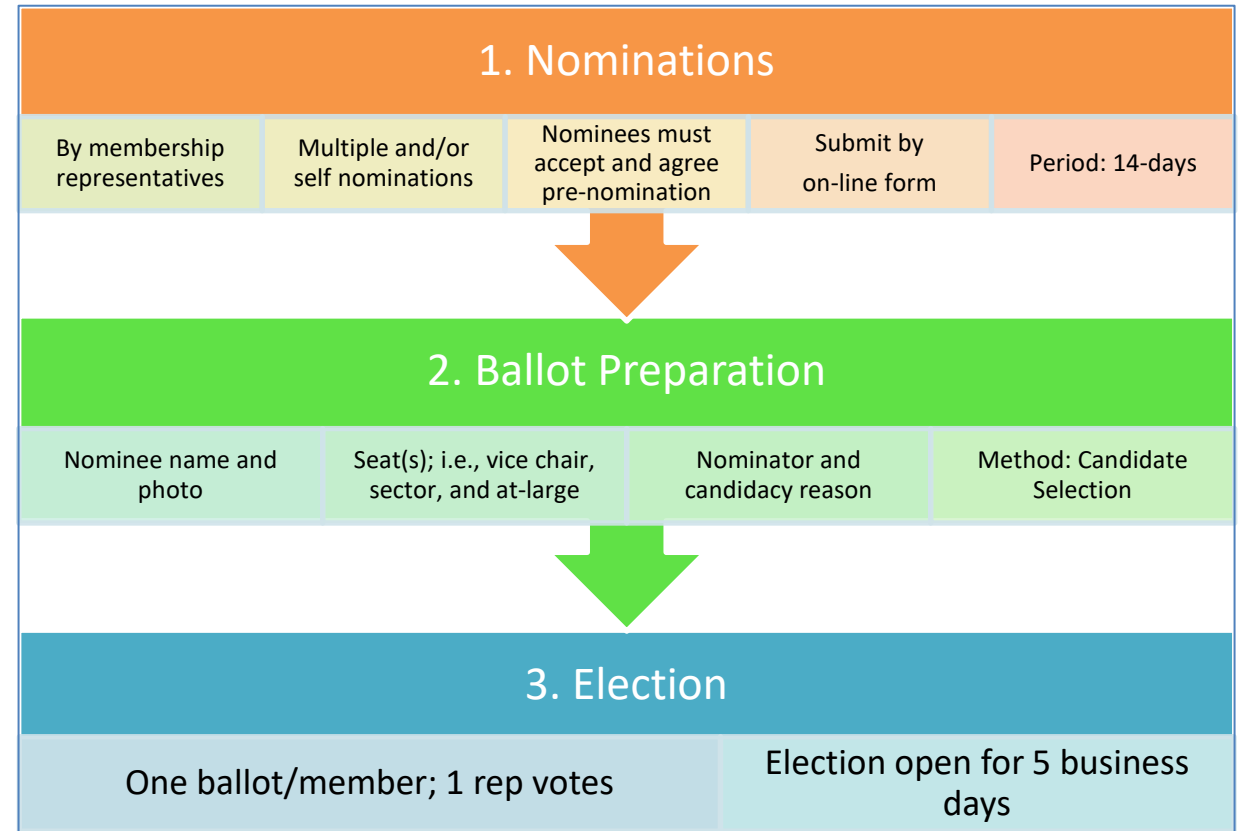
| Industry | Healthcare | Sponsors[3] | Vice Chair |
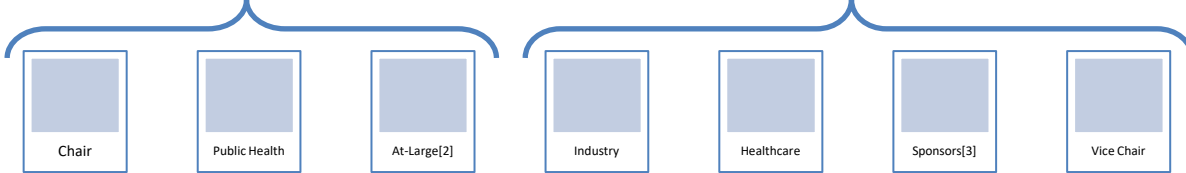
[1]To ensure continuity, terms will be staggered with **initial terms** of 2-years for some seats and 3-years for the others. Following the initial terms, all seat terms will be two-years.

[2]**At-large Seat**: Intent that such position be available for additional future members such as consumer representatives, others, as well as, in this initial stage, allow better balanced representation of the current four core sector-specific groups.

[3]**Sponsor EC Seat**: Members eligible are organizations that have or are currently providing financial and expert support to Digital Bridge operations (i.e., a project or Secretariat)

[4]**Ranked Choice Voting:** The ballots are rankings of the candidates. If a candidate is ranked first by more than 50% of the voters, then that candidate is declared the winner. If there is no candidate with a strict majority of first place votes, repeatedly delete the candidate or candidates that receive the fewest first-place votes (i.e., the candidate(s) with the lowest plurality score(s)). The first candidate to be ranked first by strict majority of voters is declared the winner (if there is no such candidate, then the remaining candidate(s) are declared the winners). (Source: The Stanford Encyclopedia of Philosophy, https://plato.stanford.edu/entries/voting-methods/#RankMethScorRuleMultStagMeth, accessed: 04/24/2020)

Nomination and Election Process | Oversight by Chair

1. Nominations

| By membership representatives | Multiple and/or self nominations | Nominees must accept and agree pre-nomination | Submit by on-line form | Period: 14-days |

2. Ballot Preparation

| Nominee name and photo | Seat(s); i.e., vice chair, sector, and at-large | Nominator and candidacy reason | Method: Candidate Selection |

3. Election

| One ballot/member; 1 rep votes | Election open for 5 business days |

Member Announcements

Collaborative Body Members

Contact Info & Resources

IPHI Team

- Laurie Call – Laurie.call@iphionline.org
- Samantha Lasky – Samantha.lasky@iphionline.org

Digital Bridge Resources

- Digital Bridge Charter and Bylaws

- Digital Bridge website

- Basecamp

Conclude January Annual Meeting

John Lumpkin, Digital Bridge Chair, BCBSNC