digital bridge

Frequently Asked Questions

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What is Digital Bridge?

Digital Bridge is a partnership of health care, health IT and public health organizations, with a vision to ensure our nation's health through bidirectional data exchange between health care and public health. As its first project, the Digital Bridge collaborative has designed a nationally scalable, multi-jurisdictional approach to electronic case reporting, the automated generation and transmission of case reports from health care providers' electronic health record (EHR) systems to public health agencies for review and action.

A governance body formed in the fall of 2016 with representation from public health, health care delivery systems, and electronic health record vendors. At that time, workgroups were charged by the governance body to focus on issues related to eCR including requirements, technical infrastructure, sustainability, and review of legal and regulatory factors. Workgroup activity for eCR continues and provides a mechanism for governance body members to engage subject matter experts and align with supportive efforts such as standards development. Beginning in the spring of 2017, Digital Bridge began coordinating eCR implementation at sites across different states and cities.

The Robert Wood Johnson Foundation and the de Beaumont Foundation support Digital Bridge. Deloitte Consulting and the Public Health Informatics Institute provide program management support.

What are the ultimate goals of Digital Bridge? What do you mean by a bidirectional exchange?

The Digital Bridge initiative intends to build a bidirectional exchange, meaning two-way information exchange between health care and public health. Health care providers have information that public health agencies need to fulfill their essential services. At the same time, public health agencies and community partners have information that will help providers deliver quality care and control costs. Initially, the focus for Digital Bridge is to share information about infectious diseases; however, future bidirectional data exchange could include collaborated management of chronic diseases and emerging health threats.

The ultimate goal of Digital Bridge is to identify a consistent, nationwide, and sustainable approach to using health care's EHR data to improve public health surveillance. Through more efficient data sharing, Digital Bridge will empower both public health and health care with the information needed to improve their constituents' and patients' health.

What is the value of Digital Bridge and electronic case reporting?

Digital Bridge is an innovative collaborative that brings together key stakeholders from health care, health IT and public health and empowers them to have vital discussions about the information challenges the field is facing and how to overcome them. These discussions foster better connectedness between health care and public health, a relationship that is integral to building healthy communities. Digital Bridge also acts as an incubator, cultivating projects that meet the goals of effective information sharing between health care and public health.

As its first project, the Digital Bridge collaborative has designed a multi-jurisdictional approach to electronic case reporting (eCR). Currently, case reports for infectious diseases are created through time-intensive manual processes, which can stall the public health response required to contain dangerous outbreaks. Electronic case reporting allows reports to be sent digitally from the clinician's EHR system to the public health agency in near real time, alleviating the burden of manual reporting. eCR is a time-and-cost-efficient tool that leads to rapid productivity in disease case reporting and data collection.

How does the governance body operate and make decisions?

The governance body consists of primary and alternate representatives from health care, health IT, and public health organizations. Governance meetings allow the members to review workgroup products and recommendations and hold discussion when key decisions are necessary. The group strives to make consensus-driven decisions, but when opinions differ, a roll call vote is taken to reach a decision according to a simple majority. The group abides by the principles of transparency, respect for process, outreach, utility, representativeness and trust. The governance charter and member list are available on **the Digital Bridge governance page**.

What is the focus of the workgroups?

Workgroups focus on specific issues and report up to the governance body. The first phase of the Digital Bridge initiative included workgroups who concentrated on defining functional requirements for eCR, designing a technical architecture for delivering case reports, addressing legal and policy issues, and creating a sustainability plan. New workgroups for the current phase of Digital Bridge—eCR implementations— are expanding on previous work and exploring new areas such as measuring the outcomes of the project and evaluating resources for nationwide expansion. Find workgroup products on **the Digital Bridge resources page**.

How does Digital Bridge differ from federal advisory committees or standards development organization?

Digital Bridge involves the development and management of an active partnership of diverse interests, and the forging of consensus on a path forward. We are focused on adopting existing technologies and standards to implement data exchange between health care and public health. Many Digital Bridge governance body representatives have contributed to federal advisory committees or health IT standards development. As Digital Bridge identifies opportunities for bidirectional data exchange, we seek to leverage existing technical infrastructure and interoperability standards. Evaluation findings from implementations facilitated by Digital Bridge will be shared with the broader community to inform future development of technologies and standards.

How is Digital Bridge different than a health information exchange (HIE)? Is Digital Bridge interacting with health information exchanges (HIE)?

Digital Bridge is not an HIE or a technology product. It is a collaborative between health care, health IT and public health to improve bidirectional data exchange between health care and public health. Our focus is on identifying data exchange opportunities, relevant technologies and standards, and evaluation of initial implementations. Digital Bridge provides a governance framework for cross-sector collaboration and decision-making. We seek to

leverage existing HIEs, interoperability standards, and technology platforms as we develop and implement data exchange use cases like eCR.

What are the specific stakeholder roles within the Digital Bridge effort?

Public health

Many public health associations participate on the governance body and represent agencies at state, territorial, local, and tribal (STLT) levels. Digital Bridge relies on public health associations to provide an informed view of agencies' surveillance needs and to share expertise. The associations engage with their membership to solicit opinions and insights on how public health can contribute to bidirectional data exchange with their clinical partners. In addition, representatives from the Centers for Disease Control and Prevention (CDC) and the Office of the National Coordinator for Health Information Technology (ONC) provide a balanced view of national needs in the area of disease surveillance and expertise on proposed technical components.

Health care delivery systems

Health care organizations are represented on the governance body and are part of the initial effort to establish implementation sites. Like the other participants, health care representatives provide needed input to relevant workgroups and socialize the issues and plans for Digital Bridge within their organizations. While health care delivery system participation is limited, given Digital Bridge's focus on eCR of reportable conditions and the number of care delivery systems nationwide, all health care delivery systems will have an opportunity to provide feedback on the specifications and requirements being developed.

This group is also responsible for articulating the needs of peers and colleagues. The governance body and the workgroups need this input to inform how data exchange with public health is best incorporated into the clinical workflow, in an efficient and useful manner.

EHR vendors

EHR vendor participants will provide technical knowledge, experience and know-how. They are needed to help develop the solutions and provide input on what can be accomplished in short project timelines.

EHR vendors are represented on the governance body and are a part of the initial effort to establish implementation sites. While vendor participation is limited, given Digital Bridge's focus on eCR of reportable conditions and the number of EHR vendors nationwide, all vendors will have an opportunity to provide feedback on the specifications and requirements being developed.

How will the participating stakeholders communicate with constituencies?

The program management office will provide these groups with talking points, proposed requirements, anticipated legal issues and any other in-progress Digital Bridge work products that they can share with their organization and constituents. Digital Bridge intends to be transparent. The completed work products and other relevant resources are available at **www.digitalbridge.us**. A Digital Bridge e-newsletter with current news and events is also **available for subscription**.

What is the Digital Bridge approach for electronic case reporting?

The Digital Bridge eCR approach specifies electronic initial case report (eICR) generation and provisioning within a health care provider's EHR environment. The eICR is then routed to a decision support intermediary (DSI). Once the DSI validates the eICR and determines jurisdictional reportability, the reportability response is sent to the health care provider and public health. If appropriate, the DSI routes the eICR to public health for processing. In some cases, an HIE may facilitate these data transactions. The DSI is provided by the Association for Public Health Laboratories (APHL) Informatics Messaging Service, which hosts the Reportable Conditions Knowledge Management System (RCKMS) developed by the Council for State and Territorial Epidemiologists (CSTE) in partnership with the Centers for Disease Control and Prevention (CDC). Additional details on the Digital Bridge eCR approach are available at **www.digitalbridge.us**.

What is the difference between eCR and eICR?

Electronic case reporting (eCR) is the process of automatically generating and transmitting case reports from an electronic health record (EHR) to public health agencies for review and action. Two pieces of information move back and forth during this process: the electronic initial case report (eICR) and the reportability response. The eICR is the *first* report that moves from health care to public health that contains information from the patient's encounter, but it is not final—the report could evolve as more data are collected. The reportability response is the acknowledgement that is sent to health care from public health confirming the report was received and whether the patient's condition is reportable.

Why have implementations been delayed, and what is the timeline for them to launch?

Digital Bridge is attempting to change health care and public health information exchange nationwide. Considering the scope of this project, particularly one with a fast-paced timeline, delays are common.

Based on current information, the team now anticipates the first implementation site being production-ready in March 2018. This is the earliest an implementation site will receive case reports (i.e., patient data) using the decision support intermediary platform (DSI). The project management office will determine a plan and schedule with the remaining implementation sites going live after March. Some implementation activities can continue to move forward as the DSI is being made production-ready for the sites.

How will the eCR implementations comply with patient privacy and public health reporting regulations?

The Digital Bridge initiative is committed to information sharing between health care and public health that is consistent with laws and regulations governing patient privacy and public health reporting. Electronic case reports include protected health information that moves from the health care provider setting to the decision support intermediary (DSI) and then to a jurisdictional public health department if it matches jurisdictional reporting criteria. For the initial eCR implementations, it is anticipated that the DSI will act as a business associate of the health care provider as it facilitates reporting of public health cases to STLT agencies per STLT reporting criteria. A goal of Digital Bridge is to ensure that the right agreements are in place between the health care provider, the DSI and the public health agency. The program management office will provide guidance on those agreements through the implementation process.

Processes related to case notifications from STLT agencies to CDC are outside the scope of the eCR implementations described for Digital Bridge.

Will Digital Bridge provide any funding to implementation sites?

Selected sites are expected to provide in-kind contributions for implementations. The Digital Bridge governance body and program management office will provide technical assistance, but direct funding to selected sites is currently not available.

My organization is not involved but we want to have input. How can we provide feedback on the Digital Bridge effort?

The current effort is limited, not to be exclusionary, but to ensure that we can move swiftly enough to meet project milestones. Clear and realistic milestones are established to keep stakeholders engaged, committed and energized. Organizations were selected for the Digital Bridge effort with the aim of facilitating implementation sites across health care providers, EHR vendors and public health jurisdictions.

The Digital Bridge program management office will be happy to talk with anyone seeking to provide input. We provide several avenues for feedback. First, we are available by email at **info@digitalbridge.us** and via our **contact page**. Also, you can provide feedback through the designated representatives on the Digital Bridge governance body and the workgroups. A schedule of meetings and timeline is available at the website **www.digitalbridge.us**.

Will sensitive data, such as for HIV, be included in the Digital Bridge eCR approach?

The eCR approach developed by the Digital Bridge collaborators is designed to comply with the HIPAA privacy rule with respect to protected health information and public health reporting. HIV is not currently among the five conditions that will be supported by the eCR approach developed by Digital Bridge partners. To participate in discussions on when HIV could be supported, learn more about **CSTE's Reportable Conditions Knowledge Management System (RCKMS)**—part of the technology platform for eCR—and contact a CSTE representative.

Is there an estimated timeframe for when other states could potentially onboard with the Digital Bridge eCR approach?

The schedule for onboarding public health agencies to AIMS and RCKMS is still under development and will become more defined as progress is made with the current pilot sites. Please monitor **www.digitalbridge.us** and communications channels hosted by APHL and CSTE for more information.