



CDS Connect

**CDS (Clinical Decision Support) Connect Work Group
Meeting Summary
August 20, 2020
3:00 - 4:00 pm ET**

Attendees: 53 people

Organization	Attendee Names
AHRQ Members	Roland Gamache, Ed Lomotan, James Swiger, Mario Terán (4)
Work Group (WG) Members	Majid Afshar, Nalini Ambrose, Randolph Barrows, Rachel Berger, Erin Blau, Edna Boone, Joe Bormel, Richard Boyce, Kevin Bui, Chris d'Autremont, Maggie Dorr, Maysoun Freij, Anthony Gerardi, Alex Gerwer, Sonay Goode, Dwayne Hoelscher, Steve Johnson, Nicole Llewellyn, Ginny Meadows, Jeremy Michels, Maria Micheals, Ryan Mullins, Mary Nix, Mustafa Ozkaynak, Karissa Padilla, Bryn Rhodes, Beatriz Rocha, Marc Sainvil, Sharon Sebastian, Manal Sidi, Andrey Soares, Matthew Storer, Sameemuddin Syed, Sebastian Tong, Jing Wang, Mary Kate Weber, Linda Wedemeyer, Michael Wittie, Sandra Zelman Lewis, Marian (Guest1), Nitu (Guest3) (41)
MITRE CDS Connect Members	Noranda Brown, Matt Coarr, Eileen Chang, Michelle Lenox, Dylan Mahalingam, Chris Moesel, Tom Read, David Winters (8)

MEETING OBJECTIVES

- Share lessons learned for use of CDS Connect
- Share new features and resources available for CDS Connect
- Discuss topics of interest to members relating to opportunities for CDS Connect

ACTION ITEMS

- No action items

MEETING SUMMARY

Following roll call and review of agenda, Mary Kate Weber (CDC) was introduced and provided context for the overall work effort by the MITRE CDC project team speaking next. Ginny Meadows, Sharon Sebastian, and



Dave Winters, all with MITRE, then presented on the CDC funded effort to develop and pilot alcohol screening and brief intervention clinical decision support.

Alcohol Screening and Brief Intervention (ASBI) Clinical Decision Support (MITRE)

Ms. Sebastian began the presentation by describing the initiatives and prior efforts on which the alcohol screening instrument was developed. She presented the logic flows within the screening instrument. Ms. Meadows described the two brief intervention tools developed: 1) to support clinicians with the intervention and referral and 2) as a patient decision aid. Ms. Meadows then described the different logic flows that trigger interventions for either pregnant or all other patients. Dr. Winters discussed the technical approach of the project using Fast Healthcare Interoperability Resource (FHIR®), Clinical Quality Language (CQL), and Suitable Medical Applications, Reusable Technologies (SMART). In particular, he illustrated how FHIR® PlanDefinition was used for these artifacts and outlined a potential approach for implementing a pilot within an interested health system.

Discussion

MITRE team shared the link in chat for those who would like to try the application themselves:
<https://github.com/asbi-cds-tools/asbi-screening-app#demo>

Work group (WG) member requested the team share how this project differs from SAMHSA's SBIRT program. Discussion clarified that SAMHSA was focused on the development of the specific intervention, while the CDC project was working on the clinical decision support component. Though not currently implemented in this version, the MITRE CDC team acknowledged that reimbursement and codes associated with it could be addressed if a pilot site extended the work. Reimbursement is a major challenge for these interventions, but clinical decision support can help facilitate this at the local level.

Work group member asked if the application could be used for conducting remote clinical trials for psychoactive medications. The MITRE CDC team responded that it would be possible to extend the work for such a use case, but also recommended an open source resource at the National Library of Medicine (NLM) that might meet the needs of online questionnaires: <https://lhncbc.github.io/lforms/>.

WG member asked at which knowledge level these CDC artifacts would be classified. The MITRE CDC team clarified this was a testing implementation, so one might consider it a "3.5"; it could be considered a level 4 once it was piloted. Like prior efforts, the MITRE CDC team is not planning to run any future pilots but is instead looking for a pilot partner to sub-contract with and provide technical assistance to as the partner implements the artifacts within their health system.

WG member asked to what degree the MITRE CDC team had been able to leverage artifacts currently posted to the Repository for their own work. Project team described talking to other groups who had posted unhealthy alcohol use artifacts (RTI and UNC) and clarifying that their logic flows were not precisely what the MITRE CDC team had needed, but found the discussions fruitful. The MITRE CDC team expressed an openness to following up with UNC now that the CDC project is in this pilot phase and explore any opportunities for synergies.

Via chat, a WG member raised the long-standing challenge of tracking CDS knowledge artifacts use by clinicians, identifying how usage analytics would be helpful. A member of the MITRE CDC team responded that



though this work did not address usage analytics, the QuestionnaireResponse back to the electronic health record, if implemented, could help to create this statistic.

What's New with CDS Connect

Due to time constraint, work group members were encouraged to review the slide deck and reach out to the MITRE team if they had any questions about the updates.

Announcements / Other Questions

- Mario Terán (AHRQ) shared with work group that a new Funding Opportunity Announcement (FOA) had posted and that it might be of interest to members. He invited interested work group members to visit the site to learn more. Applications for first round is in January 2021.
 - <https://grants.nih.gov/grants/guide/pa-files/PA-20-074.html>

Closing