Clinical Decision Support (CDS) Connect Work Group
Meeting Summary
September 17, 2020

3:00 – 4:00 pm ET

Attendees: 55 people (50 attendees + 5 call-ins)

Organization	Attendee Names
AHRQ Members	Steve Bernstein, Roland Gamache, Ed Lomotan, Mario Terán (4)
Work Group Members	Yvette Apura, Noam Arzt, Randolph Barrows, Barry Blumenfeld, Chris d'Autremont, Melanie Combs-Dyer, Lax Chepuri, Patricia Dykes, Christine Dymek, Tina Goss, Dwayne Hoelscher, Bryan Kim, Nancy Lantham, Preston Lee, Laura Marcial, mc (guest), Rob McClure, Jeremy Michels, Maria Micheals, Ryan Mullins, Ruben Nazario, Neeraj Ojha, Mary Nix, Robert (guest), Bryn Rhodes, Joshua Richardson, Stephanie Rizk, Beatriz Rocha, Max Alexander Sibilla, Andrey Soares, Matthew Storer, Tien Thai, Danny van Leeuwan, Julia Skapik, Michael Wittie, Sandra Zelman Lewis, User(1) (37)
MITRE CDS Connect Members	Noranda Brown, Matt Coarr, Susan Haas, Lacy Fabian, Michelle Lenox, Dylan Mahalingam, Chris Moesel, Tom Read, David Winters (9)

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, the presenting team shared their lessons learned.

Stewardship of Implemented, Interoperable & Shareable CDS Artifacts: Lessons Learned and Future Directions (RTI International, MD Partners, and Alphora Inc.)

Joshua Richardson (JR) started by sharing the questions regarding stewardship of open-source elements he and his team wrestled with while working on the Clinical Decision Support for Chronic Pain Management (CDS4CPM) project. After a brief overview of the MyPain patient app and Pain Manager Dashboard for clinician-patient shared decision making (the two software products that make up the project), he introduced Laura Marcial (LM) to share the thinking of the team on stewardship challenges and their recommendations. While Rob Reynolds was not in attendance, Rob McClure (RM) contributed further stewardship perspectives, which led to an in-depth discussion with the work group (WG) members.

Discussion

A WG member commented that his thoughts have focused on the need for CDS to be more accessible to the "great middle"—those places with large and significant information technology (IT) departments, but not so large that they have resources for their own development efforts. These hospitals and health systems do not have the in-house resources to do this type of development, unlike a Vanderbilt or a Kaiser. There is a desire to adopt CDS as a product, but that means another entity is taking responsibility for ongoing maintenance. This use should play into how we think about stewardship.

A WG member asked the team, and the greater group, where a place for shared stewardship might be. RM offered that Value Set Authority Center (VSAC) had a VSAC Collaboration where National Library of Medicine (NLM) and VSAC promoted the idea of collaboration around users. The VSAC Collaboration knew that value sets were going to have ongoing use, but that there would be the challenge to maintenance when the contract entities charged with value-set creation left when the contract concluded; maintenance would need to be done collaboratively by users. VSAC Collaboration does have a number of issues; the system and programming environment was challenging, and VSAC Collaboration is still determining what problems need to be solved. But there is a need for a place similar to a learning collaborative that would be managed by a trusted entity and has ongoing support and funding. HL7 has had partial success with this, functioning as a place where non-developers can provide learning and input. But then, the community input needs to drive change; the trusted entity must make the changes and provide value to the community.

WG member asked whether intentional value sets on VSAC would mitigate the challenges identified. RM provided an example of monitoring for urine for drug use, using VSAC and Logical Observation Identifiers Names and Code (LOINC) to illustrate how intentional value sets are more explicit in their definition. But these new sets still need to be vetted, and they require a human intervention.

WG member responded to initial stewardship comments by drawing a comparison to a commercial software asset that is in production and maintained by single corporate entity. Academic products that tend to survive have corporate backing or a community supporting them. Without the financial support of a single entity, they instead become a more of a curation network, facilitated and then maintained by the biggest stakeholder. WG member had trouble seeing a solution that did not reduce to a single-vendor solution.

It was generally acknowledged that there is a need for financial support for these types of maintenance efforts, but that securing funding for maintaining future value and usefulness is challenging. Meeting the ongoing maintenance burden, as well as processes or places to support maintenance, requires funding.

A WG member suggested that public health (though slightly different with its sharing of lab data and research) might still have overlapping challenges, and with it lessons learned worth discussing. Another WG member agreed there are similar challenges, and offered the HL7 implementation guide as an example.

Regarding a final question on if a single independent entity should be funded for the purposes of stewardship, the model of a private-public partnership was raised as a practical approach. While easy to see a single entity in that role, a "crowd steward" is a potential goal. Maintenance of list of non-opioid analgesics was used to illustrate this "crowd steward" approach: One contributor might determine a code system to support the artifact, but then want a pharmacist and a pain management clinician each to validate it, leading to the question of who would be expected to assume the role of steward. Regardless, there is value in having an environment where this type of "crowd steward" activity could occur. Smaller organizations will want the turnkey capabilities to implement validated CDS, but they would not be in position to supply people to help with maintenance in the manner that a larger organization might. AHRQ and CDC could have a role in supporting these models and stewardship activities.

Final comments addressed learning networks, including helping find ways to make it easy to get people into them and stay engaged. A WG member offered the National Patient-Centered Clinical Research Network (PCORNet) as a model of multiple-dataset curation, and asked whether AHRQ or another agency might be in position to provide such curation.

What's New with CDS Connect

The MITRE Team discussed updates and features that have recently been implemented or are in progress. The implemented changes include being able to update external CQL libraries in place (Authoring Tool); a new user login, landing page, and toolbar (Repository); and a new AHRQ header and footer for both. Also of interest is a new CDS Connect video, highlighted on the CDS Connect Welcome page: https://cds.ahrq.gov/cdsconnect

Announcements / Other Questions

- No announcements or other questions.

Closing