



**CDS (Clinical Decision Support) Connect Work Group
Meeting Summary
January 21, 2021
3:00 – 4:00 pm ET**

Attendees: 52 people (48 attendees + 4 call-ins)

Organization	Attendee Names
AHRQ Members	Steve Bernstein, Roland Gamache, Ed Lomotan, Mario Terán (4)
Work Group (WG) Members	Noam Arzt, Bryan Bagdasian , Randolph Barrows, Barry Blumenfeld, Chandra Bondugula, Edna Boone, Joe Bormel, Richard David Boyce, Chris d’Autremont, Dave Carlson, Ronilda Lacson, Melanie Combs-Dyer, Priyanka Desai, Rina Dhopeswarkar, Kathleen Figetakis, Nancy Latham, Dan Malone, Freij Maysoun, Maria Micheals, Jeremy Michel , Ryan Mullins, Neeraj Ojha, Jerry Osherooff, Mustafa Ozkaynak, Joshua Richardson, Marc Sainvil , Max Sibilla, Rhonda Schwartz, Andrey Soares, Jeff Solomon, Matt Storer, Danny van Leeuwen, VHALANWEDEML, Michael Wittie, Sandra Zelman Lewis (35) Call-ins (4) Guests: Yelena Balin (b. well Connected Health), Heather Crosby (b.well Connected Health)
MITRE CDS Connect Members	Noranda Brown, Matt Coarr, Susan Haas, Lacy Fabian, Michelle Lenox, Dylan Mahalingam, Chris Moesel (7)

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

- None identified this meeting.



MEETING SUMMARY

Following roll call and review of agenda, Heather Crosby (b.well Connected Health) shared a presentation on her organization's use of four CDS artifacts from the CDS Connect Repository and the lessons learned as part of the implementation.

Lessons Learned: b.well Connected Health U.S. Preventive Services Task Force (USPSTF) Recommendations Pilot

Ms. Crosby began by introducing her organization's integrated health management platform. After briefly discussing the four USPSTF artifacts and their applicability to b.well's patient population, Ms. Crosby presented the results of the pilot. These results described usage by population and by recommendation; outcomes were measured by counts of education challenges and action challenges completed by b.well's end users. Although the pilot has ended, the recommendations continue to run in the platform. The presentation concluded with lessons learned through the use of the artifacts, which included benefits (processing efficiencies; enhanced mapping to standards; access to resources) and barriers encountered.

Discussion

A WG member asked about pilot user survey results and its applicability to b.well's population. b.well explained that federal restrictions constrained the pilot to surveying a limited sample size of nine. Yet even with this restriction, the survey results indicated a positive uptake by end users involved in the pilot. Beyond the pilot, the b.well team continues to see good usage of the clinical decision support by their overall population.

A WG member initiated a discussion on barriers to finding a real-time indicator of pregnancy status. B.well explained they used an expanded code set, along with delayed claims data and the self-identification of pregnancy through survey results. Another WG member pointed out that the timing of the pregnancy finding is important, and that its accuracy can be challenged by the sensitivity surrounding the topic. Routine prenatal lab-testing codes may be used, but others suggested that ultrasound testing might be a more useful marker. Reporting pregnancy is a challenge in the public health space as well. B.well indicated they would be interested in collaborating with WG members to further define pregnancy and breastfeeding indicators, acknowledging that additional platform support could be delivered by an even more timely and sensitive pregnancy indicator. With an increased confidence in the credibility of the data points indicating pregnancy, it would be possible to position digital solutions to further enhance the management of high-risk and complicated births—to the benefit of clients, employers, payers, and the health system alike.

A WG member asked about b.well's perspective on the scalability of its recommendations. Based on the piloting of four (out of fifty) recommendations, how did this experience help position b.well for further recommendation work? Did the artifacts themselves provide any benefits to the implementation process? B.well responded that it did find these artifacts and the documentation very helpful; further, the project overall helped move b.well toward creating a clinical rules engine. This, in turn, made the organization's patient processing more efficient and inspired thinking on its internal models. The project laid the groundwork on adopting Systematized Nomenclature of Medicine (SNODMED), Value Set Authority Center (VSAC), and other datasets. B.well has found value in the streamlining and standardizing around process endpoints that has come from the pilot effort.



CDS Connect

A WG member asked about the method used to administer the patient satisfaction survey, as their organization had found low response rates with paper, so pivoted to phone calls. B.well emphasized its own digital-first approach with surveys administered through the platform, followed by a secondary survey sent by email. In general, b.well's application used gamification and rewards to motivate and incentivize end users, resulting in a high engagement rate (76%). The observed low response rate during the pilot project was due in part to the randomization within the pilot's constraints.

A WG member asked about b.well's experience with ongoing maintenance of the CDS in that it remains deployed in production. It was reported that the recommendations continue to work as piloted and provide value, with minimal maintenance beyond any additional mapping of b.well's own evolving data sources onto the existing standards.

What's New with CDS Connect

The MITRE Team discussed updates and features that either were recently implemented or remain in progress. The Authoring Tool (AT) has been integrated with VSAC through the use of Application Programming Interface (API) keys. Work has begun to provide support for Clinical Quality Language (CQL) 1.5 in the Prototype Tools. The Repository team continues the CPG-on-FHIR® work and has started a second round of internal user testing. Technical support for Repository contributors continues.

A WG member asked whether ongoing updates supporting reusability and maintainability to AT were specific to user requests, or if instead they were general enhancements. This work is not driven by a specific request at the time of this meeting, but rather by the overall use case of the AT's repurposing to support unrelated projects. For example, the mCode Pathway project (an open-source tool for modeling oncology clinical pathways) identified the AT tools as a means to build CQL pathways. Updates to support reusability and maintainability of the code gives other projects the ability to expand clinical pathway modeling into other domains, or to build upon the AT in novel ways.

Announcements / Other Questions

Neeraj Ojha announced that his start-up, EunoChains, is exploring "dis-intermediated" curation of CDS artifacts/resources with blockchains for provenance assurance. He is looking to collaborate with researchers interested in the subject. Please contact him by email to learn more or to discuss: nojha@eunochains.com

Closing