CDS (Clinical Decision Support) Connect Work Group
Meeting Summary
February 18, 2021

3:00 – 4:00 pm ET

Attendees: 64 people (54 attendees + 10 call-ins)

Organization	Attendee Names
AHRQ Members	Steve Bernstein, Roland Gamache, Ed Lomotan, James Swiger, Mario Terán (5)
Work Group (WG) Members	Yvette Apura, Bryan Bagdasian , Randolph Barrows, Barry Blumenfeld, Edna Boone, Joe Bormel, Richard David Boyce, Matthew Burton , Dave Carlson, Melanie Combs-Dyer, Chris d'Autremont, Rina Dhopeshwarkar, Jorge Ferrer,Kathleen Figetakis, Preston Lee, Mario Macedo , Dan Malone, Laura Marcial , Maria Micheals, Ryan Mullins, Neeraj Ojha, Jerry Osheroff, Mustafa Ozkaynak, Raajiv Ravi,Joshua Richardson, Marc Sainvil , Rhonda Schwartz, Andrey Soares, Julia Skapik, Danny van Leeuwan, Daniel Vreeman, Sandra Zelman Lewis (32) Call-ins (10) Guests: Becky Angeles, Sara Armson (RTI International); Kishore Bashyam, Cynthia Bush (CDC); Mike Flanigan, Brian Gugerty (CDC), Zach Hettinger (MedStar Health); Janey Hsiao, Bill Lober, Kristin Miller (MedStar Health); Jamie Parker (Caradorra Health); Sameemuddin Syed (CDC) (12)
MITRE CDS Connect Members	Noranda Brown, Matt Coarr, Lacy Fabian, Michelle Lenox, Chris Moesel (5)

MEETING OBJECTIVES

- Discuss with WG members their experience and thoughts on Implementation Guides (IG)
- Share new features and resources available for CDS Connect
- Discuss topics of interest to members relating to opportunities for CDS Connect

ACTION ITEMS

- WG members are strongly encouraged to email the presenters or the MITRE team with their thoughts and input on IGs.

MEETING SUMMARY

Following roll call and review of agenda, RTI International and MedStar Health provided the context for a discussion on IGs by presenting their individual pilot implementation efforts (CDS for Chronic Pain Management (CDS4CPM) and Tapering in Patient Reported Outcomes – Chronic Pain Management (TAPR-CPM), respectively). Their presentation served as the starting point for a larger discussion on IGs in general, the concept of an extended IG, and a call for WG members to share their needs and outlook on IGs.

Discussion: Supporting Implementers of Shareable CDS with IGs

Ms. Michaels introduced the topic by describing three types of Fast Healthcare Interoperability Resources (FHIR) IGs (content, model, and specification) that are quasi-hierarchical in nature, reference one another extensively, and are written for a system integrator audience. Dr. Richardson and Dr. Miller followed with descriptions of their respective pilot implementation projects, both of which illustrated the complexity of the data exchange that an IG must support. Dr. Miller highlighted the different stakeholders involved in their pilot, which resulted in their team creating both a clinical-practice IG and a technical IG.

Mr. Vreeman discussed the concept of an extended IG: As a pilot, this endeavor would bring together not only the traditional HL7 IGs, but also a new, “easy to digest” IG supplement. Other artifacts generated by the effort might include personas, use cases, test cases and scripts, wireframes, evaluation components, tips sheets, quick-start guides, workflow diagrams, training slides, project fact sheets, CPG documentation, and other supporting training materials.

Dr. Miller described a broader context for IGs used within information technology (IT) departments of health systems. SMART on FHIR apps are still considered novel; understanding and using IGs may involve a steep learning curve for new users. IT departments have varying levels of experience with interoperability standards and may be faced with a backlog of vendor-related work. As a result, it is important to provide the right level of information in a technical IG *without* being overwhelming. Dr. Marcial described how an IG serves the needs of three different stakeholder contexts (standards developer, funding/rule-making agency, and implementing site). She continued by addressing recommended pilot IG content, identifying the value each element might bring to the different contexts during the pilot process.

Presenters concluded with a review of topics and questions to consider for the upcoming discussion: key implementation goals and decisions, implementation trade-offs, additional needs for a successful IG, specific content IG needs, and specific tactical and conceptual questions. WG members were then invited to share their thoughts and experiences.

Discussion

A WG member asked what could be included in an IG to help increase trust by provider groups validating artifacts for implementation. Dr. Richardson defined two roles he and others have encountered in implementation: a site-specific level implementor who needs HL7 standards knowledge; and an integrator who works with middleware and makes the electronic health record (EHR) system work, regardless of whether standards are available. Their project employed a FHIR façade to integrate FHIR services—a solution that benefited both roles. He recommends the inclusion of this or similar integration approaches in the IG content.

AHRQ thanked presenters for taking on a challenging topic; the team did a very good job summarizing the issues around IGs and distilling a set of discussion questions. AHRQ emphasized the need to gather WG member feedback on what and how to best present and publish IGs in making sure that the documentation meets an implementor's needs. The moderator added that this topic and discussion would be of interest to other groups beyond CDS Connect as they work through similar issues with IGs.

Another WG member complimented the presenters and shared that their group is working through related issues. From their experience, it would be helpful to have information related to sustainability—in particular, maintenance and version control—included in an IG. In interacting with health-system end users (who are motivated to see artifacts implemented into their production environments), a stumbling block can sometimes be these questions around maintenance.

A third WG member described their work in gathering data elements for a value set for estimated glomerular filtration rate from two different standards in order to completely profile kidney disease. As part of that effort, they encountered the need for a trusted steward for clinical concepts. To ensure harmony between different implementation projects over time, a single entity must oversee the clinical concept and help maintain a trusted value set on the concept. Relatedly, if clinical concepts are going to work across IGs, then a new discipline must be developed that focuses on how best to model clinical concepts (e.g., when one should use value set modeling vs. query-based modeling).

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) continues updates in support of reusability and maintainability. Work continues on support for Clinical Quality Language (CQL) 1.5 in the Prototype Tools. The Repository team has added checks to the account signup form to reduce spam and continue the CPG-on-FHIR® work. Technical support for Repository contributors continues.

Announcements / Other Questions

WG members were invited to attend a free Clinical Quality Language for Clinical Decision Support Seminar webinar on February 24, 2021, via Zoom. More information available at https://www.eventbrite.com/e/clinical-quality-language-for-clinical-decision-support-seminar-tickets-141343966609?keep_tld=1. Follow hashtag **#CQL4CDS** for real-time updates.

Closing