

**Repository Work Group**

**Meeting Summary**

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| **Date** | 01/13/2017 |
| **Time** | 2:00 – 4:00 PM ET |

## **AGENDA**

* **Welcome and Introductions**
* **CDS Scorecard**
* **Live Demonstration of the CDS Repository Software**
* **NLM VSAC Service**
* **CDS Metadata Model**
* **Open Discussion**
* **Next Steps and Close**

**SUMMARY**

**Welcome and Introductions**

The CDS Connect Repository Workgroup (WG) Chair opened up the meeting with their introduction and then introductions from the new WG members on the call.

**CDS Scorecard**

CAMH provided an overview of the CDS Scorecard concept and initial data model. CAMH noted that the current concept for the CDS Scorecard was a notional illustration and did not represent the latest working code. The scorecard, suggested by the WG at a prior meeting, is intended to provide a “nutrition label” for each CDS artifact, with scores for each dimension and an overall score for the CDS artifact.

The WG members offered their comments on the scorecard’s initial dimensions and offered suggestions for additional dimensions to consider:

* **Metrics to quantify frequency of use should not be solely volume driven, but include number of providers and number of systems the artifact is used in.** Volume could be misleading if the artifact is adopted but highly used by a single or a small number of practices.
* **Scorecard should include dimensions that specifically address ease of implementation**; user raters can be clinically driven and not provide that information.
* **Scorecard should reuse existing taxonomies for clinical domains**; there are several taxonomies that could be repurposed.
* **Artifact approval status should include information on whether a new version is being worked on**; consider a visual cue to provide context on artifact “shelf-life”.
* **Consider forming a sub-group of interest WG members to discuss dimensions in-depth**, and ensure they include and balance aspects related to evidence, efficacy and ease of implementation.

The WG offered considerations on how the different dimensions would be used to produce an overall score:

* **Consider flexibility to show/hide dimensions based on their relevancy and available data**: the scorecard should have a defined behavior for when a particular dimension does not apply to an artifact, or not enough data has been accumulated to produce a meaningful score.
* **The scorecard should include dimensions on which all artifacts can be scored** to allow for comparison across artifacts.

The WG also discussed the value and procurement of perception-based dimensions vs. quantitative data obtained directly from health IT systems:

* **Some WG members placed higher value and confidence on performance and usage data, but there may be challenges in bringing this information into the repository**. Most products have decision trees and track outcomes than can be extracted, but it is unclear how that information would be pulled into the repository.
* **Other WG members stressed the importance of perception ratings to ensure transparency and accommodate a balance between certainty and rapid change**. Knowledge changes fast and the best information is often the most volatile.

The WG Chair advised the WG members to review CDS Scorecard concept and provide additional feedback on the scorecard by the next WG meeting.

**Live Demonstration of the CDS Repository Software**

CAMH performed a live demonstration of the CDS Repository prototype for the WG members. The demonstration elicited several comments from the WG members:

* **Clarification on site access permissions and permission management:** CAMH indicated permissions are entirely configurable, and anticipates there would be, at a minimum, contributors, consumers, but also administrators. The role of the administrators would be defined as part of outlining long-term governance for the repository.

The discussion then moved to topics not directly related to the demonstration (covered below, under additional topics).

**NLM VSAC Service**

CAMH provided an overview of CDS Connect project team’s approach to using and sourcing standard vocabularies for CDS artifacts development. The main source for standard vocabularies will be the [National Library of Medicine (NLM) Value Set Authority Center (VSAC)](https://vsac.nlm.nih.gov/), which leverages NLM’s Unified Medical Language System (UMLS) licensing system to access standard vocabulary content.

CAMH intends to reuse, adapt and develop vocabulary content in this order of priority, leveraging existing value sets to define CDS artifacts, and aligning with existing related artifacts (e.g. quality measures, FHIR). WG members offered several considerations regarding the project’s approach to vocabulary:

* **It’s important to factor in context when presenting value set content** and highlight the rules for inclusion or exclusion of particular codes (e.g. diabetes minus gestational diabetes).
* **Consider developing mechanisms for users to provide feedback and suggest modifications to value sets**. This should help with localization issues.
* **Consider going beyond FHIR resources and looking at detailed clinical models** currently being worked on by several organizations.
* **CDS Consortium work may inform harmonization across data elements**.

**CDS Metadata Model**

The WG reviewed and discussed the panel and prioritization of metadata fields for the CDS Repository. CAMH presented a list of fields to the WG that were prioritized by value (low, medium, high) and optionality. The WG made several suggestions:

* **Artifacts that should be required:**
	+ Type of artifact
	+ Intended population
	+ Steward
* **Artifacts that should be moved to the high value category:**
	+ Usage
	+ Usage context
	+ Stage of knowledge management
* Other WG member comments and suggestions:
	+ **The WG should agree on a taxonomy to populate the “type of artifact field”**. One work group member suggested leveraging prior work to define the CDS artifact taxonomy.
	+ **The WG should agree on the appropriate allowable values for the “status” field**. It will be important to clearly convey where artifacts are in the development cycle.
	+ **Consider fields to convey actor (patient, clinician) and context/location of care**. CAMH clarified the existing “context of use” field would include both the performer and the type of facility/environment.
	+ C**onsider disambiguating author and steward as separate fields**. The ultimately responsible party (steward) may not be the direct author.
	+ **It is important to discuss and agree on the governance of artifact identifiers early on.**
	+ **Consider including elements indicating which systems the artifact has successfully been implemented in.**

The WG Chair suggested the WG members review the new list and provide feedback by the next WG meeting.

**Open Discussion**

CAMH discussed the high level engagement plan for the HIMMS 2017 Conference

* CAMH was selected to present the CDS Repository at the Federal Health IT Pavilion at HIMMS.
* CAMH is in the process of exploring how to leverage the opportunity for WG members from both the Cholesterol Management WG and the Repository WG to engage with each other at the conference.

**Next Steps and Close**

CAMH suggested regular WG meetings to occur on the second Friday of the month at 2PM ET. However, due to a conflict, CAMH plans to hold the February WG meeting on Friday 2/17 2-4PM ET.

CAMH also suggested holding individual discussions with WG members, should they be interested in providing feedback in a smaller setting.

**Additional Topics**

* Recovery and inclusion of historic CDS artifacts in the CDS Connect repository: one WG member offered to share artifacts from the defunct University of Columbia CDS repository and suggested active collection of potentially existing CDS artifacts through the Freedom of Information Act.
* Adoption and sustainability of the CDS Connect repository: the WG touched briefly on the topic of community engagement and ensuing sustainability of the repository. Several WG members stressed the importance of understanding why previous repositories failed and exploring how the CDS Connect repository can be successful and sustainable.
* WG collaboration space: The WG expressed the desire discussed the possibility of creating a shared collaboration space where WG members could concurrently edit documents. CAMH will explore any viable options to provide a shared workspace for WG members.

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