

**Repository Work Group**

**Meeting Summary**

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| **Date** | 02/17/2017 |
| **Time** | 2:00 – 3:30 PM ET |

## **AGENDA**

* **Welcome**
* **Considerations on CDS Scorecard Metrics**
* **CDS Repository Design Update**
* **HIMSS Engagements**

**SUMMARY**

**Welcome**

The Work Group (WG) Chair welcomed the attendees and provided an overview of the agenda.

**Considerations on CDS Scorecard Metrics**

A nationally recognized CDS expert and subcontractor to CMS Alliance to Modernize Healthcare (CAMH) provided an overview of considerations for conveying the quality and maturity of a CDS artifact through a limited number of metrics. The suggested metrics included potential to improve quality and avoid harm, cost savings, quality of the evidence, usability/implementability in the clinician’s workflow, author, users, and feedback/experience in use. These dimensions are already under consideration for the CDS scorecard.

The WG members agreed with the dimensions presented, and offered comments on related topics:

* **CDS artifacts should have a unique and enduring identifier associated with them, that can be used across agencies and consumers to ensure that there is a consistent way to track and manage versioning of CDS artifacts over time**. This recommendation comes as a lesson learned from the quality measurement community, where numerous identifiers, many of them CMS-centric, are used to refer to quality measures.
* **There is value in exposing CDS artifact details, rationale and evaluation metrics to the public at large.** When empowered by data and evidence, patients can be secondary users of CDS artifacts and have great impact.

The WG members also discussed the applicability of the CDS scorecard dimensions across different types of CDS artifacts (e.g. CDS rule vs. order set). The group recognized that all dimensions may not apply to each knowledge artifact.

**CDS Repository Design Update**

CAMH and CAMH’s subcontractor, Involution Studios, provided an overview of the CDS repository user interface design, focusing on three key topics: guideline-artifact relationship, artifact scoring and artifact page. CAMH underscored the designs are non‑functional prototypes, and the working repository may not reflect all the functionality depicted in the designs.

The WG members offered their feedback on several aspects of the repository design:

* **Artifact navigation, including guideline-based navigation:**
	+ **Consider using the learning health system framework to provide a link between quality measurement and CDS artifacts**. Implementers/users will be interested in this connection, and there are ongoing efforts to unify CDS and quality measures at the standards level.
	+ **Providing information on the interaction between guideline and artifact versions is paramount.** Currently the thinking is to link the artifact to the original source for the guideline (e.g. [National Guideline Clearinghouse](https://www.guideline.gov/) [NGC]). It will be important to think about how to alert the user when the artifact is based on an outdated guideline. In addition, the NGC does not include all the guidelines one would expect to find (including some recent guidelines), and may not include all relevant content for a particular guideline, e.g. recommendation tables and clinical decision algorithms.
* **Artifact scoring:**
	+ **Tagging artifacts as satisfying the requirements of federally mandated CDS would be useful, but there may be challenges** in the approval process and verification of who deemed the artifact to meet the federal requirements.
		- For every layer of requirements, the burden on developers increases and may deter them from using the repository.
		- CDS artifacts linked to quality measures might carry more weight.
	+ **The CDS repository should have a strategy to deal with conflicts between the latest guidelines and implemented artifacts**. CDS repository users, and particularly patients, can be active agents in bridging such gaps.
* **CDS Artifact search parameters**:
	+ **Consider including search capabilities for geographic location and condition/patient attributes**. These are important parameters in the context of public health, such as outbreaks, where the geographic location is important or affects certain demographics and or health conditions (e.g. zika, pregnant women).
	+ **Consider letting the use drive the search parameters that are more important to them**, given the limited screen “real estate” for search parameters and the large number of relevant parameters.
	+ **Consider tracking searches that resulted in no search results to drive search parameters.**
* **Guideline page:**
	+ **Consider how a user may perceive the non-existence of a particular guideline in the CDS repository**. If there are no relevant CDS artifacts in the repository, it doesn't mean the guideline doesn't exist. The CDS repository is only a reflection of the existence of CDS.
	+ **Consider integration of the CDS repository with the NGC**, but keep the focus on CDS artifacts. The repository should not attempt to recreate the entire guideline ecosystem.
* **Artifact page:**
	+ **Consider recommendations/suggestions for related artifacts based on other user navigation history, or users with similar interests.** This would be similar to the “You may also like” functionality for products on Amazon’s online store.
	+ **Consider providing subscription to specific users and/or organizations artifact libraries.**

**HIMSS 2017 Engagements**

CAMH provided information on CDS Connect and other CDS-related engagements during the HIMSS conference, next week, including:

* CDS Connect Work Group Summit, Tuesday February 21st at 9:00 a.m.
* CDC CDS Listening Session, Tuesday February 21st at 3:30 p.m.
* CDS Connect Overview at HIMSS Federal Health IT Pavilion, Wednesday February 22nd at 2:30 p.m.

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