**

Repository Work Group

Meeting Summary

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| Date | 08/25/2017 |
| Time | 2:00 – 3:30 PM ET |

AGENDA

* **Roll Call and Introductions**
* **Scaling the Authoring Tool**
* **CDS Connect Repository**
* **Reflections on the Group’s Accomplishments and Potential Plans for FY18**
* **Professional Affiliation on the Public Repository**

SUMMARY

Roll Call and Introductions

CAMH welcomed the attendees to the August Repository Work Group (WG) meeting, and the WG chair provided an overview of the agenda.

Scaling the Authoring Tool

CAMH provided a brief overview of the CDS Connect Authoring Tool’s demonstration that took place during the July Repository WG Meeting to reorient the WG to the most recent updates to the tool. CAMH provided additional topics for consideration for future software updates, as well as non-technical updates to the Authoring Tool, to the WG for feedback:

* **Develop a user interface to construct clinical elements**. This entails putting together a better user interface to construct the clinical elements that can be used as the building blocks for future artifacts.
* **User authentication, authorization and roles.** Currently, the Authoring Tool does not have any authentication requirements. Future updates for consideration include determining how to differentiate a user from an author, and assigned rights for users and authors for creating and editing artifacts.
* **Evaluation and implementation of support for additional artifacts definitions**. This includes accounting for the various nuances associated with artifact creation, such as alerts and risk assessments.
* **Validation on data entry.** In addition to pre-text data entry, this also includes smart auto suggest options for looking at conditions, and validation around clinical coding when it comes to expanding a concept to code.
* **Artifact testing capabilities**
* **Explore broader testing and authoring constructs** for calculators, key statements and decision trees during artifact creation.
* **Compressed one line view of elements** to clear out the vertical space when creating an artifact.
* **Order sets.** This includes checklists items for follow on activities for patient encounters.
* **Care plans concept.** What building blocks can be used to tie in multiple types of CDS for the creation of broader care plans.
* **More seamless integration with the CDS Repository**. Both the Repository and the Authoring Tool are standalone software services. The Restful API connects the two services together by extracting the information from the repository to the authoring tool and then uploading the information from the authoring tool to the repository.

CAMH also reiterated the intent to make the Authoring Tool open source via the Apache 2.0 License. CAMH recognized the ideas offered up by the WG to explore training workshops and usability testing on the Authoring Tool.

The WG Members offered the following feedback:

* There is value in releasing an interim snapshot of these services to the broader community. There are vehicles we can explore for allowing collaboration on open source ideas.
* The Healthcare Services Platform Consortium (HSPC) Community would be very interested in seeing this work as they are a community of people actively building artifacts.
* The CDC Kaizen would be another opportunity to explore options for integration between other HIT tools and other EHR systems.
* I strongly support usability testing of the Authoring Tool and suggest getting various levels of knowledge and expertise in usability testing.

CDS Connect Repository

CAMH highlighted a discussion around governance from the May Repository WG meeting. Currently, CAMH administers all the content on the Repository and AHRQ approves the content. Future plans to expand other administrators on the repository include the role of editors who can compose, edit and upload their content onto the Repository through the Authoring Tool.

CAMH asked the WG if there were any members who were interested in becoming an editor and several WG members confirmed they are interested in serving in this role. This discussion also brought up plans for showcasing the Repository and Authoring Tool at the American Medical Informatics Association (AMIA) Conference and other conferences. CAMH confirmed that AHRQ will be speaking at the upcoming AMIA Conference in the fall, and that there were plans underway to begin showcasing the Repository and Authoring Tool more broadly in other venues. CAMH announced that the project was recently awarded the Option Year 1 work, so future plans include a more formal communications and outreach plan for the project’s activities.

Reflections on the Group’s Accomplishments and Potential Plans for FY18

CAMH and the WG chair provided an overview of some of the WG’s contributions on the CAMH CDS Connect Project:

* Standing up the CDS Connect Repository, especially guidance around the prioritization of high, medium, and low metadata fields which guided the development and evolution of the Alpha Repository and Beta Repository.
* Considerations for the governance of the data.
* Input on the Cholesterol Management WG’s feedback and guidance on the artifacts currently published on the Repository.

CAMH provided an overview of ideas for the project moving forward:

* Continue to leverage the National Library of Medicine Value Set Authority Center (NLM VSAC) to build out new clinical domains and VSAC services.
* Outreach plans for the next 6 months to include CDC Kaizen, Health Information and Management Systems Society (HIMSS), and AMIA.
* In January 2018, the CQL standard that was used on the project will be used more broadly by the vendor community for clinical quality measures. The project is well positioned to see the adoption of CQL standards be more rapidly introduced and accepted by the vendor community.
* The conclusion of the pilot with Alliance Chicago produced an opportunity to look for ways to facilitate adoption of CQL standard amongst the vendor community. This was a result of the use of a SHIM to ingest the CQL at the pilot site since their support for the CQL standard did not exist in their vendor product.
* Intellectual property considerations will continue to be a factor in the decision making for artifact creation moving forward based on the experiences in the first year of the project work.

The WG Members provided the following feedback:

* It is exciting to see the work that has been done to align the clinical quality measures and clinical decision support for use cases and standards. People who are in the quality space should consider tracking CMS’ work on piloting and deploying clinical quality language based quality measures, which is for an early 2018 measure release. The eCQI Resource Center is a good resource to leverage.
* For the next phase of the project, it is important to communicate use cases and the value of contributing to the repository.
* More artifacts will be authored if integration services are aligned to clinical quality measures; this is another reason why reaching out the HSPC community is important since they are focused on partnering with vendors to make sure measures align with the technology.

CDS Connect Option Year 1 Status

CAMH provided more details on the Option Year 1 work for the CDS Connect Project:

* The option year will span from September 2017 to September 2018
* Work on the CDS Connect Repository includes the transition from Beta level to Production readiness to allow for more participation from users on the Repository
* Open sourcing of the Authoring Tool
* Clinical domain for next year will most likely be pain management and opioids.
* Currently looking at vendors and providers who interested in doing a pilot in pain management and opioids space.

The WG provided the following feedback:

* ONC has an agreement with the CDC on their updated Opiate Decision Support guidelines and they already have some pilot organizations under an agreement, so I suggest including their content on the CDS Connect Repository.

Workgroups

CAMH discussed that they will be meeting with AHRQ to discuss the cadence of the WG meetings for the Option Year 1 work, with a new consideration of consolidating the WGs so that technical and clinical discussions are combined. CAMH asked for feedback on consolidating the WG meetings to have both clinical discussions and technical discussions in one meeting. One WG members suggested the WGs should remain separate, but have more opportunities for both groups to connect, such as every other month.

Professional Affiliations on the CDS Repository

CAMH informed the WG members that AHRQ was interested in publicly acknowledging the contributions of the WG members by publishing their organizations’ names on to the repository. CAMH asked the WG members if they had any objections to the request that would come from AHRQ. The WG members welcomed AHRQ’s interest in recognizing their organizations’ names on the repository.

Close Out and Next Steps

CAMH thanked the work group members for sharing their time, insight, and feedback on the CDS Connect Repository and Authoring Tool over the past year. CAMH also encouraged the current WG members to stay on as WG members for the Option Year work and confirmed a formal email would be sent to the WG asking for their continued participation next month.

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