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**Work Group**

**Meeting Summary**

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| **Date** | 11/30/2017 |
| **Time** | 3:00-5:00 PM ET |

Participants:, Apurva Desai, Julia Afeltra, Ed Lomotan, Chris Moesel, Christopher Shanahan, Frank Sonnenberg, Dan Pardock, Jan Losby, Joshua Richardson, Julie Scherer, Kevin Hennessy, Maria Michaels, Mike Nosal, Rob McCready, Sharon Sebastian, Chris Moesel, Shafa Al-Showk, Shruti Gangadhar, Barry Blumenfeld, Danny van Leeuwen, Jeffrey Lin, Jorge Ferrer, Linda Wedemeyer, Marc Sainvil, Randolph Barrows, Scott Wood, Kevin Hennessy

1. **Opening Remarks and Announcements –Maria Michaels**

The CDS Connect Work Group charter has additional refinements that will be shared by MITRE upon circulation of the meeting notes. If there are any thoughts or inputs on the updated charter, and the details of the focus for opioid and pain management, comments should be shared with MITRE via [rob@mitre.org](mailto:rob@mitre.org) in the next two weeks.

1. **Content / opioid and pain management focus – Sharon Sebastian**

MITRE provided an overview of the CDS Connect environmental scan of resources, CQMs, CPGs, and existing CDS in the domain of opioids and pain management for the purpose of prioritizing CDS content for MITRE to develop and for prioritizing dictionary and software enhancements that would be necessary to support some of the artifacts researched.

A participant from the VA shared that the VA interested in collaborating with MITRE to understand what MITRE’s plans will end up being so that there is no duplication of effort. MITRE agreed to support dialog with the VA to see if resources could be shared between what is planned at the VA and the AHRQ CDS Connect project.

There was additional information about the pilot site status requested. MITRE shared that MITRE has not yet identified the pilot site, but that MITRE and AHRQ are hoping to identify the pilot either by the end of calendar year 2017, or early in 2018.

A participant from the CDC requested additional information about the pilot, and what MITRE plans on collecting once the pilot starts. MITRE shared that we are not going to be able to evaluate patient outcomes due to timing and length of the pilot. MITRE shared that this will be similar to the pilot that was completed in August 2017 in the cholesterol management domain.

There was a conversation around MITRE’s statement that there are frequent IP restrictions in the CDS domain, and that CDS free of IP restrictions are very rare. MITRE was asked if there are there any “public domain” CDS in the opioid space that were identified during the environmental scan, but MITRE shared that there were some restrictions associated with all the candidates that MITRE identified. MITRE explained experiences with the base year of the CDS Connect project, and the first two months of the OY1 activities appeared to support the common situation where if you are going to use these CDS for commercial reason, there are almost always IP restrictions. A participant from the VA shared that there should be more public domain materials, and that there might be some CDS associated with the VA that fall in the public domain category.

There was a comment that when assessing benefit and risk, it depends on where you are in the patient's care plan. The speaker mentioned other tools for ongoing monitoring including the Common Opioid Misuse Measure (COMM). The speaker offered to get back to MITRE with other monitoring-related tools, but shared that COMMS developed by company that is likely proprietary. MITRE agreed to engage with the speaker if he can get back to MITRE before the next WG call.

Another member of the WG shared that implemented CDS on pain assessment at PracticeFusion, and that they used brief pain assessment. She agreed to check with here team on whether this is proprietary or not, and that it might have been developed by WHO. MITRE agreed to engage if the the individual could get back to MITRE before the next WG call.

Regarding opioid and pain management in the prescription guidance domain, a representative from the VHA suggested that CDS Connect might be able to feed off of what is being done on the VA to help this project for care plans and goal setting. Additional coordination will need to be supported offline.

A clinician shared that one of the things that he has with treating patients in opioid and pain management situations is that they also have concurrent addition or mental health problems. The resources to treat those other challenges are not readily available or easy to implement in practice. For instance, considering non-opioid therapy is not as easy as it might appear here.

MITRE asked the community if there an issue with payment of payment for non-opioid vs opioid by a payer, and the clinician shared that there can sometimes be insurance issues associated with the medications. MITRE asked what would you recommend that is feasible and available, and the clinician shared that CDS Connect should consider pain treatment specialists who apply technics other than nerve-blocks and that MITRE should be aware of the availability (*or lack thereof*) of staff trained at detox of patients who are addicted. There are specialists in that area but they are not always readily available. The clinician suggested that the CDS Connect team be aware that patients are not always covered by insurance for those types of patients too. However, the clinician suggested that introducing CDS with this approach could make knowledge of those specialists more readily understood, and that might be a good approach.

On this topic, another WG member shared that because taking care of these types of patients is difficult, there is a tendency to say, "*A specialists can do it*" but then those resources are not available. This WG member cautioned that you can put CDS in the system, but the risk is that people might not use it. This member reinforced that good CDS teaches people what direction is up, and that they might start using some components of it and educate them when those resources come around, when and how to use them.

1. **CQL Overview and Update on LDAP Integration - Chris Moesel and Kevin Hennessy**

MITRE provided an overview of the CQL language, and reinforced CMS’ recent announcement requiring CQL for expressing electronic Clinical Quality Measures (eCQMs). During the course of his presentation there was a conversation around the distinction of the QDM for the data model which is used for Clinical Quality Measures with CQL, and FHIR which is the data model used for Clinical Decision Support with CQL.

MITRE shared an updated on the ongoing development for using a single AHRQ Lightweight Directory Access Protocol (LDAP) server to manage the credentials for users of the CDS Repository and CDS Authoring Tool. This approach simplifies the process for users to manage credentials for both services, and anticipates the scenario where users of one of these services will likely make liberal use of the other.

1. **Update on external outreach – Rob McCready**

MITRE provided and update on the AMIA 2017 conference and shared plans for CDS Connect to support the upcoming CDC Kaizen, the upcoming Connectathon event, and HIMSS 2018. MITRE is planning a prominent role at the Interoperability Showcase, where the concept of operations will highlight the CDS Connect Repository and its ability to represent, access and extract clinical knowledge via the CQL representation of a CDS in the Diabetes and work environment space. Additional details of this demonstration will be forthcoming. Also, CDS Connect will also be highlighted at a talk "Improving Quality Outcomes through Health IT - A National Repository of Widely-Shareable, Computable CDS" and will be shared at HIMSS Session 199 in Room Delfino 4004 on March 8th, 2018 from 8:30AM - 9:30AM Las Vegas - Venetian Convention Center.

1. **PCCDS LN Sister Work Group**

The Patient-Centered Clinical Decision Support Learning Network (PCCDS LN) is a sister project to CDS Connect, also funded by AHRQ and led by Barry Blumenfeld, MD. The PCCDS LN is planning to help address the challenge governance of CDS regarding the contribution, use, and provenance of CDS artifacts. To help address this challenge, the PCCDS LN is planning to convene a sister workgroup in coming weeks to examine develop some recommendations on a method, or framework, for better addressing governance of CDS. As Barry and the PCCDS LN spins up this sister workgroup, he is seeking volunteers. Barry expects this group to meet every 2 weeks or so, for 60 - 90 minutes over several months. PCCDS LN project staff will handle most work between meetings, and WG members might occasionally be requested to review presentation material or other documents between meetings. Please consider joining this important effort. If you are interested, or have questions, please contact Barry directly at [bhb@rti.org](mailto:bhb@rti.org)

**ACTION ITEMS**

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| Action Item | Lead | Estimated Due Date | Comments | Completion Date |
| Schedule December CDS Connect Work Group Meeting | Rob McCready | December 8, 2017 | December WG meeting will likely be abbreviated one hour meeting. Maria will be unavailable. | December 21, 2017 |
| Solicit feedback on candidate updated CDS Connect work group charter | Rob McCready | December 8th, 2017 | Comments should be shared with Rob McCready via [rob@mitre.org](mailto:rob@mitre.org) | December 15, 2017 |
| Follow up with Linda Wedemeyer, Chris Shanahan, and Shruti Gangadhar regarding topics discussed during the environmental scan discussion | Sharon Sebastian and Rob McCready | December 15, 2017 | Interested persons should contact either [ssabastian@mitre.org](mailto:ssabastian@mitre.org) or [rob@mitre.org](mailto:rob@mitre.org) | December 21, 2017 |
| Calling for volunteers to participate in the PCCDS LN work group addressing CDS governance | Barry Blumenfeld | December 15, 2017 | Interested persons should contact Barry via [bhb@rti.org](mailto:bhb@rti.org) | TBD |