

**CDS Connect Work Group**

**Meeting Summary**

**January 25, 2018**

**3:00-4:30 PM EST**

**Attendees**

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| **AHRQ Sponsors** | Ed Lomotan, Shafa Al-Showk |
| **Work Group Members** | Maria Michaels, Angie Glotstein, Danny van Leeuwen, Apurva Desai, Bob McNellis, Dan Pardock, Edna Boone, Michael Wittie, Julie Gervais, Noam Arzt, Ken Kawamoto, Patricia Gallagher, Randolph Barrows, Maiko Minami, Marc Sainvil, Lindsay Wisham, Connie Villalba, Dan Pardock, Ira Lubin, Jeremy Michel, Kathleen Pena, Julia Skapik, Frank Sonnenberg, Shruti Gangadhar, Edna Boone |
| **MITRE CDS Connect Project Members** | Rob McCready, Sharon Sebastian, Noranda Brown, Sharon Pacchiana, Joey Nichols, Steve Bratt, Sharon Sebastian, Chris Moesel**;** |

*The MITRE Corporation operates the Centers for Medicare & Medicaid Services (CMS) Alliance to Modernize Healthcare (CAMH), a federally funded research and development center (FFRDC) dedicated to strengthening the nation’s health care system. MITRE operates CAMH in partnership with CMS and the Department of Health and Human Services.*

**Agenda**

* Welcome and brief review of objectives and agenda
* Update on artifact development and value set selection
* Communicate status on usability considerations and plans to address feedback
* Update on HIMSS Interoperability Showcase
* Update on the Authoring Tool enhancements
* Update on external outreach with February CDC CDS “Kaizen”

**Meeting Summary**

**Welcome**

MITRE started the meeting and all participants briefly introduced themselves for the benefit of work group members who had not participated in prior meetings. Maria Michaels then reviewed the agenda.

**Update on artifact development and value set selection**

Sharon Sebastian, the Clinical Lead on the CDS Connect team provided an update about artifact development and value set creation

* 1. She displayed the 3 most favored artifacts by potential pilot organizations: an opioid prescribing checklist, an artifact which promotes care aligning with the pain assessment and follow up eCQM, and a pain management flowsheet.
	2. Until the team knows which artifact will be developed, they are evaluating existing value sets in VSAC to determine if they accurately express the concepts that will be required. When new value sets are indicated, the team has been compiling clinical concepts from systematic reviews and then pulling codes to represent the concepts.
		1. A work group member confirmed that when possible, existing value sets should be used instead of creating new ones.
		2. Another member discussed the value of facilitating access to PDMP data, however acknowledged that technical and legal hurdles may surmount what is feasible for the project.

**Usability review and plans to address identified concerns**

Kevin Hennessy presented CDS Connect project efforts to evaluate user interface design principles and Rob McCready shared actions that are underway to improve the design.

* 1. Navigation - was identified as a Major concern. Improvements will include presenting artifacts on the home page, among other things.
	2. Orientation – was identified as a Major concern – users feel lost when navigating. The team plans to improve search capability and create a hierarchy.
	3. User Objectives and Actions – were identified as a Major concern and requires more clarity.
	4. Layout and Visual – were identified as Severe concerns – suggestions include: move download of CQL to top of page, include collapsible component, showcase the knowledge level as a higher priority. Updates are underway.
	5. Language and Terms – were identified as a Minor concern – there are plans to improve by adding a glossary and label words on the toolbar to better describe the link (e.g., change Explore to Artifact Library).
	6. A suggestion was made to replace “consumers” with CDS “users” or “implementers”
	7. Rob will share the survey with work group members. He will send the link and welcomes any feedback that people are willing to share.

**Update on HIMSS Interoperability Showcase**

Chris Moesel shared an update on CDS Connect’s participation in the HIMSS Interoperability Showcase.

1. The use case supports care of a diabetic patient who has occupational factors impacting their ability to manage their HbA1c. Clinical Quality Language (CQL) specifications provide relevant education materials based on the presence of one or more occupational factor (e.g., the patient does shift work, the job involves temperature extremes).
2. He provided a high-level view of the CQL code and shared that at present, temporary codes are being used to express the five factors until feasibility research is complete. At that time standardized codes will be created to express the factors.
3. A participant voiced interested in the CQL library. Chris shared that it will be available on the Repository before HIMSS. He also provided insight in to some of the more nuanced coding representations. He used FHIR DSTU2, which is most prevalent in EHRs today.
	* 1. A participant asked if an Editor is available that allows users to change the model. Chris is not aware of such an item. The developer can choose the model that they code in.

**Update on the Authoring Tool**

Chris Moesel shared an update on the “Self Service Model” for the Authoring Tool.

* 1. Conversion to React/Redux is architecture is complete.
	2. VSAC integration is complete
		1. To support the ability to search for value sets, a database was created as a short-term fix until a back-end API is provided by VSAC.
		2. This allows authors to select the value set that best represents the concept that they are trying to express.
	3. Open source release is in progress
	4. A participant asked if users can assign secondary value sets, along with primary value sets. Response: the project team is supporting the largest use case at present. It is not on the CDS Connect roadmap at present to support secondary value sets, but the team will keep this in mind.
	5. Another participant asked if the project team sees users creating their own value sets to support their CDS. There are complaints about the number of value sets that are duplicative (e.g., Pregnancy). Consider highlighting that there is not governance to maintain, publish, align, etc. value sets.
		1. The project team wants to provide tools to allow users to compare value sets so they can make educated decisions on the value set that they select.
		2. Providers and others look to the value sets to determine the intent of the eCQM or CDS. The end users will likely use the value sets in the future.
	6. Additional suggestions:
		1. Require metadata
		2. Ensure the content that you reference includes details
		3. Think about the difference between measure authoring and implementation. This doesn’t include all that the end user must ultimately do.

**Update on external outreach for the CDC CDS Kaizen**

Maria Michaels shared that “in person” attendance for the *Adapting Clinical Guidelines for the Digital Age* Kaizen scheduled for March 5-9 is full. Teleconference registration will close at 5pm. Individuals interested in phoning in should contact her this afternoon.