

**CDS Connect Work Group**

**Meeting Summary**

**March 29, 2018**

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

**Attendees**

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| **AHRQ Members** | Ed Lomotan, Mary Nix |
| **Work Group Members** | Noam Artz, Randolph Barrows, Brian Bagdasian, Barry Blumenfeld, Edna Boone, Leo Cook, Janet Desroche, Patrick Dowling, Nedra Garrett, Ken Kawamoto, Preston Lee, Jan Losby, Ira Lubin, Dylan Mahalingam, Bob McNellis, Maria Michaels, Jeremy Michel, Blackford Middleton, Ryan Mullins, Dan Pardock, Jody Platt, Kavitha Raj, Joshua Richardson, Marc Sainvil, Karen Schoelles, Dave Seltzer, Julia Skapik, Frank Sonnenberg, Randy Thompson, Amy Tsou, Danny van Leeuwen, Connie Villalba, Michael Wittie |
| **MITRE CDS Connect Project Members** | Sharon Sebastian, Julia Afeltra,Noranda Brown, Kevin Hennessey, Sharon Pacchiana, Chris Moesel,Ginny Meadows, Mike Nosal, Lisa Tutterow, Andrew Schreiber, David Winters |

*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
* Trust Framework Work Group (TFWG) Findings
* Artifact Upload Experience
* CDS Connect Update
* Open Discussion and Closing

**Action Items**

1. Distribute use cases and Key Actor survey from TFWG (Completed 3/29/2018)
2. Send email to Work Group members regarding permission to display organization name on Agency for Healthcare Research and Quality (AHRQ) CDS Connect website (Completed 3/30/2018)

**Meeting Summary**

**Welcome**

MITRE started the meeting welcoming participants and reviewing the names of members participating in the call. Maria Michaels then reviewed the agenda.

**Overall:**

The meeting included two presentations, one on the work of the Trust Framework Work Group, and one on a user’s experience uploading CDS artifacts to CDS Connect. In addition, updates regarding current services within the CDS Repository, Authoring Tool and artifact development efforts were shared. Throughout each presentation it was emphasized that all elements were growing and that continued ideas, suggestions and concerns from the work group were welcomed and critical to success.

**Trust Framework Work Group Findings, Blackford Middleton - Patient Centered Outcomes Research CDS-Learning Network (PCOR CDS-LN)**

Blackford Middleton provided an overview of the activities and findings-to-date from the TFWG efforts:

1. The TFWG is looking at trust issues that pertain to patient-centered decision support (PC-CDS), and collaboration with CDS Connect.
2. The TFWG charge is to propose a trust framework for clinical knowledge exchange in four areas: legal, marketplace, policy and governance. Specific deliverables include: identifying use cases as well as barriers to the use cases where trust is evaluated and expected regarding knowledge artifacts for PC-CDS; and to produce a white paper to recommend approaches for transparent, fair and equitable exchange of knowledge artifacts (Summer 2018).
3. An overview of the four Use Cases was provided.
4. Comments and questions from the workgroup included:
   * 1. Please elaborate on the role of the Knowledge Curator.
        1. The PCOR-LN left definition of each role to the survey participant. One individual felt that a “Knowledge Curator” is a person who transforms a “Level 1,” human-readable artifact to a “Level 3,” fully encoded artifact. Another felt this definition better describes a “Knowledge Author.”
     2. Has the integrity of the Repository itself been considered?
        1. While not the focus of the TFWG to-date, participants agreed it is important to consider security as well as the need for trust in the system itself.
     3. Has the possible interactivity between artifacts and how they work together, as well as potential conflicts, been considered?
        1. It was noted that this is a great point and challenging, and needs to be addressed.
     4. How will you approach conflicting sources for the artifact, or identifying if there is a related guideline?
        1. Conflicting guidelines are typically a local rationalization effort, using a content governance group. It is not something that CDS Connect can resolve. Consider having the metadata schema show relationships between guidelines of similar or related types.
     5. How can trust issues, such as when specialists tell primary care physicians what to do, be addressed within the Repository?
        1. This is a local decision that an implementer would make. The metadata might contain clinical parameters as well as "political backdrop" to convey this.
        2. The CDS Connect Project Lead noted that there are different filters in the Repository where the user can filter by clinical domain or primary user of the CDS.
     6. Comment made in the Chat box: Trust does not imply agreement.
5. A TFWG representative will distribute the survey to the work group, for those interested in contributing their thoughts.

**Artifact Upload Experience, Jeremy Michel - Children’s Hospital of Philadelphia (CHOP)**

Jeremy Michel shared experiences and lessons learned after uploading two artifacts to CDS Connect:

1. He provided key reasons to publish CDS: dissemination; collaboration; stop reinventing the wheel.
2. Although he was apprehensive due to using a new system, creating artifacts was “relatively painless.” The CDS Connect team was supportive and provided modifications to the system when needed.
3. He discussed hosting the executable files, as CHOP desired a single source of truth for the CDS artifacts. Previously one was hosted on GitHub. It is now uploaded to CDS Connect with versioning. The other one was on Epic’s Userweb, and he decided to link directly to it.
4. CDS Connect accommodated the assertion of intellectual property (IP) rights, as well as disclaimer information.
5. Fields were available to enter implementation considerations and cautions; evidence analysis, including links to the official source document; the addition of other relevant documents such as presentations and posters; and pilot experiences during testing.
6. Quality control is addressed after uploading, as the CDS Connect team reviews and provides feedback prior to publication. The potential for an artifact peer review process should be considered.
7. Questions and Discussion:
   1. Discussion on the best way to conduct quality control within the Repository:
      1. Consider an editorial process similar to medical journals: ensuring that all aspects of the artifact were built correctly. Have a moderate threshold defined for pilot data, i.e. active for how long, number of patients, adverse events.
   2. Discussion on the future of the application programming interface (API) and necessary checks.
   3. Discussion on the author’s responsibility to ensure the artifact is updated over time, and suggestion to model the process that the National Library of Medicine uses for value sets (e.g., updating on a yearly basis).
   4. Thoughts on incorporating patient-centered factors (e.g. refugees and political aspects).
8. The CDS Connect Project Lead thanked Jeremy for sharing his experiences with the Work Group, and helping make the project and Repository more valuable.

**CDS Connect Update, CDS Connect project team**

1. Implementation of Topic pages on the Repository - Mike Nosal
   1. Added ability to create a human-curated grouping of artifacts through the addition of individual topic pages, allowing a human curator to select which artifacts belong to that topic.
2. Groups and Artifact Workflow Modifications - Dave Winters
   1. Today, users from one organization can see and edit unpublished artifacts drafted from another organization. Modifications were made to the permissions for each group to disallow this capability. A prototype is working on the internal development version of CDS Connect.
      1. Additional development areas include updates to the user interface, Fast Healthcare Interoperability Resources (FHIR) API integration, as well as additional testing.
   2. Allows better workflow and review of artifacts before publishing.
3. Authoring Tool code is now open source - Chris Moesel
   1. Available on GitHub - <https://github.com/AHRQ-CDS/AHRQ-CDS-Connect-Authoring-Tool>
      1. Guidelines are on the Repository including how to contribute, a code of conduct, the actual code and instructions on how to implement and run.
4. HIMSS update - Chris Moesel, Sharon Sebastian and Ed Lomotan
   1. Chris Moesel provided information on the Interoperability Showcase, where the CDS Connect Team participated in the value-based care use case demonstration.
   2. The CDS Connect team also presented the CDS Connect project during a HIMSS education session, as well as a presentation in the Federal Health IT Solutions Pavilion. The sessions garnered a lot of interest and helped communicate the CDS Connect work.
5. Permission to post the organizations of work group members (Ed Lomotan)
   1. AHRQ would like to list work group participant organizations (NOT individual work group member names) on the CDS Connect website to provide recognition for the organization’s time and support and to thank them for their participation. Ed is gathering permissions from each organization. Look for an email from him shortly after the call concerning this opportunity.