AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

December 2021 CDS Connect Work Group Call

CDS Connect

Agenda

Schedule	Topic
3:00 – 3:02	Roll Call, Michelle Lenox (MITRE)
3:02 – 3:05	Review of the Agenda, Michelle Lenox (MITRE)
3:05 – 3:10	Kick-off "One More Step" in Patient Partnering, Michelle Lenox (MITRE)
3:10 – 3:50	Roundtable discussion with AHRQ grantees – Chris Harle (University of Florida), David Dorr (OSHU), and Patty Dykes (Brigham and Women's Hospital) Moderated by Danny van Leeuwen (HealthHats)
3:50 – 3:55	What's New with CDS Connect (MITRE)
3:55 – 4:00	Open Discussion and Close Out, Michelle Lenox (MITRE) • Open discussion and announcements • Concluding comments, review next steps, and adjourn

Objectives

- Discuss this year's patient partnering effort, building on last year's patient partnering panel

- Learn about other AHRQ clinical decision support research

- Discuss topics of interest to members relating to opportunities for CDS Connect

KICK-OFF "ONE MORE STEP" IN PATIENT PARTNERING
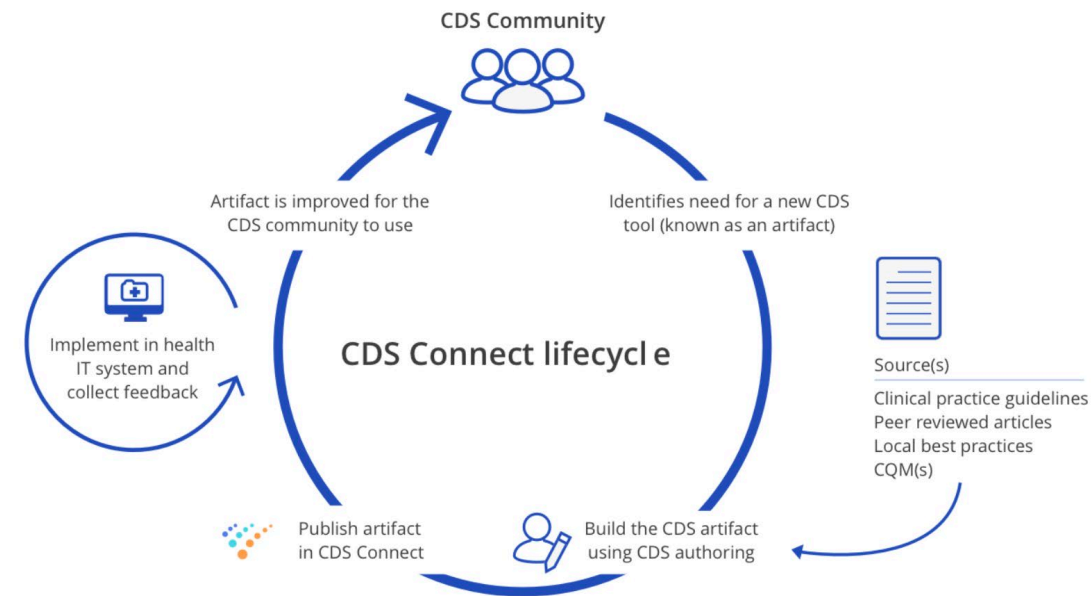
Michelle Lenox, MITRE

Objective

- During this CDS Connect project year, gather lessons learned from each point of the clinical decision support development lifecycle on how standards/ methods/best practices can better support patient involvement

Lessons Learned from Patient Partnering Panel

- Patient partnering in theory is well accepted, but it isn't happening in practice
- It is necessary to ensure resources are widely known and accessible
- Several levels of involvement can occur in development and implementation of clinical decision support

CDS Community

Artifact is improved for the CDS community to use

Identifies need for a new CDS tool (known as an artifact)

Implement in health IT system and collect feedback

CDS Connect lifecycle

Source(s)
Clinical practice guidelines
Peer reviewed articles
Local best practices
CQM(s)

Publish artifact in CDS Connect

Build the CDS artifact using CDS authoring

ROUNDTABLE DISCUSSION WITH AHRQ GRANTEES ON PATIENT INVOLVEMENT LESSONS LEARNED

Danny van Leeuwen, HealthHats

- **Goal:** Make it easier for clinicians and patients to gather key information and talk about the pros and cons of different pain treatment options.

- **Impact:** Improve pain and function for patients with chronic pain.

- **Experience working with patients:** We are partnering with patients to adapt the system for local use, and to what works well, and what can be improved in implementation.

- **Lessons learned:** Collecting and carefully mixing patient, clinician user, and information technology experts' feedback is key.

David Dorr and COACH Tool

- **Goal:** Develop a patient-facing clinical decision support tool (using SMART on FHIR and CQF-RULER) for high blood pressure management.

- **Impact:** Provide guidance to patients with hypertension and promote patient agency in hypertension care, improving outcomes.

- **Experience working with patients:** We interviewed and surveyed > 500 hypertensive patients to assess attitudes towards CDS, asking them for input regarding trustworthiness of information presented and for priorities for care. We also built the COACH tool based on patient/provider input in accordance with agreed-upon clinical practice guidelines for high blood pressure.

- **Lessons learned:** Patients prefer more complete and socially related information to be presented to them and consider managing their blood pressure a high priority. We are applying for continuation grants which will include hands-on testing of the COACH tool with patients.

Coach Technical Diagram
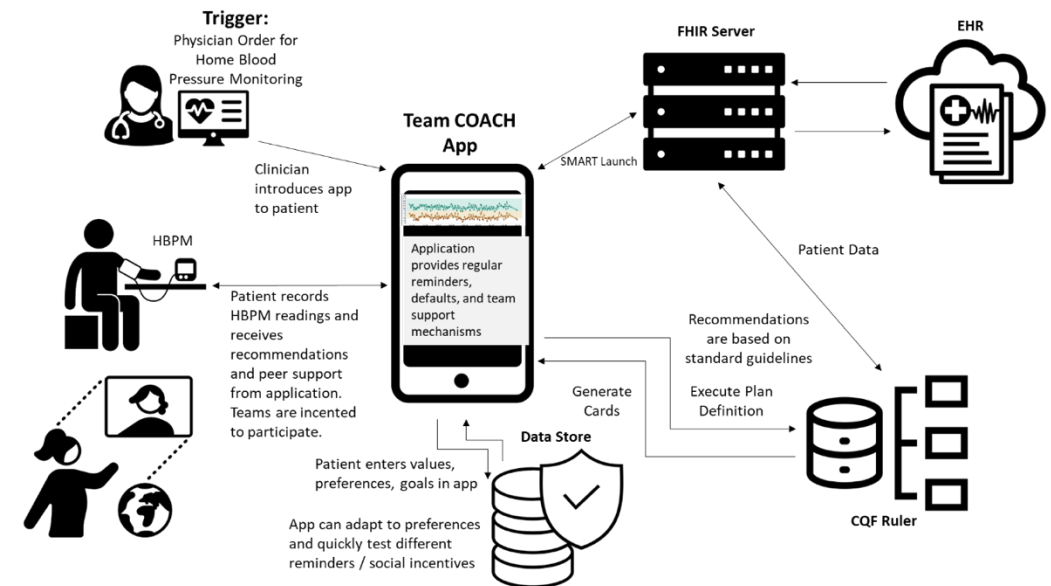
Patti Dykes and ASPIRE*

Goal: To develop and integrate fall prevention decision support into routine primary care practice

Impact:

- Guide primary care providers to the most effective fall prevention strategies for an individual patient
- Engage patients and family in fall prevention decision-making

ASPIRE tool integrated into Epic

Experience working with patients

- Completed 18 Interviews with Patients/family to inform ASPIRE user requirements (Urban/Rural)
- Conducting clinic observations/post-visit interviews

Lessons learned

- Balancing needs of urban vs. rural
- COVID
  - ▶ Pivot to zoom works!
  - ▶ Urban vs. rural social determinants
- Patient education materials
  - ▶ Leveraging existing content vs. "reinventing the wheel"
  - ▶ No single way patients prefer to receive information
    - – Multiple modalities: Video/pdf
    - – Patient stakeholder feedback on format and content

*ASPIRE= **A**dvancing Fall AS**s**essment and **P**revention Pat**I**ent-Centered Outcomes **RE**search Findings into Diverse Primary Care Practices

Discussion Questions for Grantees

- Did the patient experience meet your expectations?

- What would you have done or wanted to do, if the circumstance was different?

- How did the phase of development/implementation impact how easy or hard it was to involve patient-caregiver community partners?

- Once you identify patient-caregiver-community partners, what support do they need? What support does your team need? … Do you need?

- How has the business case for patient-caregiver-community partnering been shared or challenged in your organization's hierarchy?
  - ▶ For whom do you need to make a business case?

- Do you know of, or participate in, a community of people with experience with partnering? Would such a community be helpful?

Discussion Questions for All Attendees

- How would you recognize success with the partnering? If you could accomplish one thing with partnering, what would that be?

- How has the business case for patient-caregiver-community partnering been shared or challenged in your organization's hierarchy?

- Once you identify patient-caregiver-community partners what support does your team need? … Do you need?

Next Steps

- Share Patient Partnering write-ups as part of special email update, including posting to CDS Connect

- Build on lessons learned discussed today, including how to share via CDS Connect

- Send your lessons learned via the format of template slide (Slide 14)

Patient Partnering Lessons Learned

- Goal(s) of research: [Stated in lay terms]

- Desired impact: [Stated in lay terms]

- Share your experience working with patients in development and/or implementation [Either what you did or would have done if the circumstance was different]

- Lessons learned: [What change/s would have made greater patient involvement feasible]

WHAT'S NEW WITH CDS CONNECT

Matt Coarr and Chris Moesel, MITRE

Updates and New Features

Authoring Tool

- Added XML ELM files to artifact downloads
- Updated Docker build script for improved efficiency
- Updated Node and dependency libraries
- Ongoing refactoring to improve maintainability and reusability

Repository

- Drupal 9 is deployed and running in production
- Ongoing work on memory issues due to MeSH taxonomy
- Working with AHRQ/NORC on distributed development plans for merging in learning path and CEDAR content
- Troubleshooting artifact view REST endpoint issues

Link to CDS Connect: https://cds.ahrq.gov/cdsconnect

ANNOUNCEMENTS, OPEN DISCUSSION, AND CLOSE-OUT

Michelle Lenox, MITRE