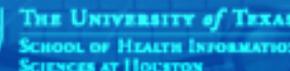
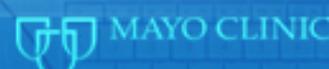
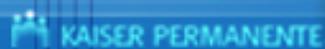


Clinical Decision Support Consortium Technical Expert Panel

Blackford Middleton, MD, MPH, MSc

August 4, 2011



Agenda

1:50 pm – 2:10 pm

- Status Update (10 min)
- Discussion of Challenges (5 min)
- Questions for the Technical Expert Panel (TEP) (5 min)

Accomplishments (1 of 3)

- Research Management Team (RMT) submitted final set of recommendations and final Option Year (OY) 1 progress report to Agency for Healthcare Research and Quality (AHRQ).
- Got funded! Technical Proposal and other required documentation was submitted for OY2 and OY3. OY2 starts on 7/9/2011.
- Signed an agreement on data sharing and storing between Regenstrief Institute (RI) and Partners Healthcare System (PHS).
- Completed and signed Service Level Agreement (SLA) with Longitudinal Medical Record (LMR) and Enterprise Clinical Rules Service (ECRS).
- Created the ability to customize timeout thresholds by consumer and business operation.
- Completed integration and went live with RI.
 - “Burn-in” period: from 6/16/2011 to 6/30/2011
 - Research trial: from 7/1/2011 to 12/31/2011

Accomplishments (2 of 3)

- Knowledge Translation and Specification (KTS) team implemented changes in the knowledge representation Extensible Markup Language (XML) schema.
- KTS completed representation for infobutton knowledge within Level 3.
- Clinical Decision Support (CDS) Services team updated and posted Implementation Guide Packet to eRoom for sending to new consumers.
- CDS Dashboard team completed Site Readiness Assessment tool and edited the original Dashboards Generic Specification document that will serve as foundation for the CDS Dashboards implementation guide.

Accomplishments (3 of 3)

- The Content Governance Committee (CGC) continued work on Editorial Policy, with focus on the “Assurances of Quality” section.
- CGC clarified the descriptions of artifacts that can be submitted to the CDS Consortium (CDSC) Knowledge Management (KM) Portal (narrative, semi-structured, etc.) and functional classes of rules (operational, classification, value sets).
- Continued data analysis of service performance during LMR trial Phase 1.
- Created and tested changes to provide for storing input Continuity of Care Document (CCD) and output recommendation data for PHS consumers.
- Demonstration went live at PHS and RI.

CDSC Usage Summary Statistics to Date

CDSC KM Portal Statistics					
Current Published Assets	June, 2011		Since February, 2010		Most Viewed Content
	Unique IP Addresses	Number of Visits	Unique IP Addresses	Number of Visits	
36	42	64	571	891	PHS-Diabetes-Guidelines-2009-L1-L1-1.0-090221fe80014579.pdf

CDS Dashboards Usage Summary		
	Usage for: 5/22-6/21/2011	Total number of usage
Provider View:	13 times by 9 unique people	215 times by 111 unique people (mainly physicians but also nurses, NPs and quality staff)
	6 people used it once	72 people used it once
	2 people used it twice	21 people used it twice
	1 person used it three times	7 people used it three times
	-----	11 people used it four or more times
Designer View:	1 time by 1 unique people	9 times by 7 unique people

Meetings with Potential Collaborators

Introduction Meeting – Wolters Kluwer Health (WKH) and Clinical Informatics Research and Development (CIRD) – PHS (7/19/2011)

Goal: Assess the potential synergy between WKH and PHS/CDCS

Potential synergies:

- Business model
- Knowledge representation and sharing
- Standardization
- Collaboration an engineering and interface

PHS, Intermountain Healthcare (IHC) and General Electrics (GE) Healthcare Briefing (7/21/2011)

Goals/Objective:

- Understand PHS & IHC IT / Informatics Strategies
- Review CDSC project
- Review IHC/GE Qualibria - Clinical Elements Modal
- Open discussion to critically evaluate areas of potential synergies

Potential synergies:

- Knowledge sharing layer
- Terminology
- Legal documents
- Value sets

Challenges

- Planning for two years ahead - pros and cons.
- Research on the encryption of patient data revealed more complexity than was anticipated at first. More research is needed.
- Reconciliation of inconsistencies in naming convention of elements and attributes for XML schema. Changes will have significant impact on style sheets and editing tools.
- Competing priorities for time and resources to upload eRecs into KM Portal.
- Learning to work with vendors for services integration. Vendor world is significantly different from academic one.
- CDSC services in the LMR and type of Internet connection.
- Building scalable legal framework.

CDSC Findings and Lessons Learned

- The fetching data from patient databases (in order to create the input CCD) carries the highest variability in performance and needs continued research.
- Execution of rules by the rules engine consistently performs at extremely high levels.
- A wide variety of teams are necessary to be involved in performing a service such as this, and understanding where performance issues exist or may occur is a complex process requiring cooperation from many people at both the service providing and service consuming sites.
- Legal aspect of CDSC work is much larger than initially expected.

Acknowledgements

Principal Investigator: Blackford Middleton, MD, MPH, MSc

CDSC Team Leads:

Research Management Team: Lana Tsurikova, MSc, MA

KMLA/Recommendations: Dean F. Sittig, PhD

Knowledge Translation and Specification: Aziz Boxwala, PhD

KM Portal: Tonya Hongsermeier, MD, MBA

CDS Services: Howard Goldberg, MD

CDS Demonstrations: Adam Wright, PhD

CDS Dashboards: Jonathan Einbinder, MD

Evaluation: David Bates, MD, MSc

Content Governance Committee: Saverio Maviglia, MD, MSc

Questions to TEP

- Is usability a new focus area?
- What activities of the CDSC should be sustained beyond the contract period and how?
- Which options/studies related to the sustainability would you recommend us to research and evaluate?



Discussion

Thank You!