

FINAL WORKGROUP CHARTER: SCALING, MEASUREMENT, AND DISSEMINATION OF CDS

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Agency for Healthcare Research and Quality: Clinical Decision Support Innovation Collaborative (CDSiC)

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CDSiC Vision and Mission

Vision Statement: A world where patients, caregivers, and care teams have the right information at the right time to make evidence-informed decisions that improve health and well-being for all individuals.

Mission Statement: CDSiC aims to advance the design, development, dissemination, implementation, use, measurement, and evaluation of evidence-based, shareable, interoperable, and publicly available patient-centered clinical decision support (PC CDS) to improve health outcomes of all patients by creating a proving ground of innovation. To achieve this, CDSiC will:

- Create a learning community to share and advance the knowledge, tools, standards, frameworks, and techniques for designing, developing, implementing, using, measuring, and evaluating high-quality, PC CDS.
- Promote the practice and adoption of PC CDS that facilitates whole-person care and considers the patient, caregivers, and clinician workflows, preferences, and values around shared-decision making.
- Advance standards-based PC CDS that can be shared with patients, caregivers, clinicians, healthcare organizations, and health IT developers across the U.S. and result in measurable improvements in healthcare, patient health, patient care experience, and provider experience.

Purpose

The purpose of this charter is to formally establish the Scaling, Measurement and Dissemination Workgroup under the CDSiC Stakeholder and Community Outreach Center (Stakeholder Center). The Affordable Care Act (Section 6301) established a mandate for the Agency for Healthcare Research and Quality (AHRQ) to engage diverse stakeholders in efforts to develop and advance the use of patient-centered outcomes research (PCOR).¹ Fulfilling this mandate, the CDS Scaling, Measurement, and Dissemination Workgroup will leverage the knowledge and experience of CDS experts and amplify the voice of patients to ensure CDS products and tools empower patients to make healthcare decisions that align with their values and preferences.

The CDSiC is composed of three centers: the Operations Center, the Stakeholder Center, and the Innovation Center. Each will undertake a series of activities to identify, prioritize, and develop products that are broadly disseminated to relevant stakeholders and likely to contribute significantly to the field.

The Stakeholder Center and its Workgroups will provide crucial thought leadership for CDSiC activities and promote CDS within the U.S. healthcare system by (1) developing content-driven

products for the field, (2) partnering with the Steering Committee to guide the overall work of the CDSiC, and (3) providing input on projects undertaken by the Innovation Center.

Reasons for Establishing

While progress has been made in creating infrastructure for sharing CDS, standard-based CDS uptake has been modest, and design and implementation continues in siloes. Health IT standards hold promise for supporting interoperability and re-use of CDS, but standards-based CDS still requires local champions and adaptation to each new implementation setting. The goal of this Workgroup is to focus on advancing the implementation and use of PC CDS and ensure that we have standardized measures to track this. The Scaling, Measurement and Dissemination Workgroup will work to address PC CDS implementation needs by creating a forum for stakeholders to advise the CDSiC Steering Committee and the Innovation Center in demonstrating the value of PC CDS, considering how to advance shareable PC CDS that can be integrated into clinician and patient workflows, and determining appropriate monitoring and assessment methods and implementation measures—in order to promote the adoption and use of safe and effective PC CDS.

Composition and Relevant Stakeholders

The activities of the Workgroup will be informed by the Steering Committee and the Stakeholder Planning Center Committee. The Steering Committee will provide strategic input and the Planning Center Committee will ensure that the Workgroup activities are synergistic, informed by the Steering Committee vision, and in support of Innovation Center projects.

The Workgroup will be comprised of a multidisciplinary group of experts and stakeholders who reflect diversity across various dimensions, and who will draw on their respective experience and deep connections to support Workgroup objectives and outcomes. The Workgroup will include up to 15 members who identify as clinicians, health systems, health IT experts, health technology developers, professionals who create or distribute content regarding or tools using CDS evidence, state and federal agency representatives, payers, and patients or patient advocates.

Workgroup activities and products will be designed to reach a broad set of stakeholders. The intended audience for products, such as CDS tools, written resources, and evidence, developed by the Workgroup include federal agencies/policymakers, clinicians, medical/academic institutions, patients/patient advocates, authors of CDS guidelines, developers of electronic health records (EHR) systems and CDS tools, informaticists, standards developers, PCOR researchers, and health systems.

Workgroup Leads. The Workgroup will be led by the Workgroup Chair, Jerry Osheroff, and Associate Lead, Allison McCoy, with support from Krysta Heaney-Huls. Osheroff and McCoy will co-lead Workgroup activities. Workgroup Leadership will set the overall direction for the development of Workgroup products, facilitate meetings, lead product development, assign roles and responsibilities to members, work with the CDSiC leadership team to ensure that Workgroups have the right subject matter expertise to develop products, monitor progress, ensure products are developed consistent with proposed timelines, and communicate regularly with Stakeholder Center leadership.

Objectives

The objectives of the Scaling, Measurement and Dissemination of CDS Workgroup are outlined below:

- Create guidance on the measurement of implementation to help ensure that CDS is working as intended, and ultimately supporting the delivery of patient-centered, value-based models of care.
- Work toward standardization of actionable structure and process measures of PC CDS to support implementation benchmarking and improvement.
- Identify and advance key measures and measurement domains to evaluate PC CDS implementation, particularly as it relates to patient and clinician engagement, preferences, and uptake.
- Examine the ways that PC CDS has been demonstrated to support health system workflows involving clinicians and patients and identify new opportunities for support.
- Develop tools and techniques to monitor and track select CDS projects and current AHRQ-funded and external dissemination efforts.
- Conduct literature reviews and interviews with CDS developers, implementers, clinicians, and patients to inform Workgroup activities.

Outputs and Projected Outcomes

In pursuit of its objectives, the Workgroup will engage in a variety of activities to generate a set of specific outputs, or high-quality, written products. Outputs will be determined by Workgroup members through discussion and deliberation. Examples of potential outputs include:

- Developing guidance or resources that identify generalizable, implementation measurement domains and constructs that support PC CDS implementation in a variety of settings.
- Developing a PC CDS framework that helps measure and monitor the safety, usefulness, and effectiveness of CDS interventions.

- Developing guidance or resources to advance new measures or measurement domains such as those related to uptake of PC CDS and resulting patient satisfaction and clinician burden.
- Identify opportunities to further optimize how CDS 5 Rights dimensions are described (e.g., include patient-focused language in right workflow or place in patient's lifestyle) and leveraged in developing and deploying PC CDS interventions.

If successful in operationalizing its objectives, the Workgroup, through its deliberations and outputs, will serve as a forum that:

- Advances the current approaches to, and instruments for, measuring and evaluating the implementation of PC CDS.
- Increases recognition of the utility of PC CDS in supporting value-based care in health systems.
- Increases evidence via standardized implementation measures to support CDS implementers' design and implementation decisions.
- Improves uptake of safe and effective shareable, standards-based CDS tools, products, or findings.

Constraints and Potential Challenges

In conducting its activities, the Workgroup will adhere to the following constraints:

- All activities must be stakeholder-driven and fit within the scope and objectives of the Workgroup.
- All products developed by the Workgroup must fit within the AHRQ-provided guidelines.
- Activities must align with funding stipulations and be completed within allotted project timelines.
- Constraints of the COVID-19 pandemic in engaging stakeholders in terms of time capacity and convening settings.

Throughout its tenure, the Workgroup may encounter one or more of the following potential challenges:

- Distilling the key priorities, given the large volume and breadth of federal and private CDS development currently underway.
- Reaching diverse healthcare organizations across the healthcare spectrum.
- Identifying CDS workflow recommendations that are practical and actionable.
- Sustaining engagement with diverse Workgroup members, in alignment with their communication and participation styles.
- Reconciling differing perspectives among Workgroup members to come to a consensus on decisions for Workgroup activities.

- Allowing for a diversity of perspectives within the Workgroup and creating an inclusive space where all members feel comfortable voicing their opinions.

To aid in mitigating these challenges, the group will establish bidirectional channels for communication and will cultivate an environment conducive to remaining strategic, adaptable, and responsive to the priorities of group members throughout the project duration.

Decision-Making Frameworks

Workgroup decision-making will prioritize consensus methods, particularly for operational decisions or determining recommendations for elevation to the CDSiC Steering Committee and/or Innovation Center. This approach involves Workgroup deliberation to achieve a final result based on agreement of a simple majority. To the extent possible, the Workgroup will explore the use of different decision-making frameworks when majority agreement cannot be achieved in cases involving complex decisions. Such frameworks may include but are not limited to:

- Decision matrix: evaluates and prioritizes a list of options against an established list of weighted criteria and then evaluates each option against those criteria.
- Risk-benefit analysis: comparison between the risks of a situation and its benefits to determine whether a course of action is worth taking or if risks are too high.
- Feasibility-impact analysis: comparison of the factors of a project/activity that determine the probability of its successful completion relative to the significance in change that would occur as a result of the project/activity.

Workgroup leadership will be responsible for selecting the appropriate decision-making framework. The rationale for selection will be documented in the Workgroup meeting notes. However, where appropriate and prudent, anonymous voting (facilitated by a virtual platform) can be used to resolve discrepancies and finalize decisions. Workgroup Leadership will be responsible for implementing the decisions in consultation with CDSiC leadership. The goals of the Workgroup will be to achieve majority agreement. However, in the event of irreconcilable differences within the group, AHRQ will be asked for their opinion or advice, to help break the stalemate.