

Implementation, Adoption, and Scaling: Final Workgroup Charter

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5600 Fishers Lane
Rockville, MD 20857
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Contract No: 75Q80120D00018

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November 2023



FUNDING STATEMENT

This project was funded under contract number 75Q80120D00018 from the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS). The opinions expressed in this document are those of the authors and do not reflect the official position of AHRQ or HHS.

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TASK & DELIVERABLE:

Deliverable 2.3.1: Revise and Submit Charters for Each of the Four Workgroups

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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 pursue the following activities:

- 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 facilitate whole-person care and consider 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 Implementation, Adoption, and Scaling 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 Implementation, Adoption, and Scaling 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 enabling PC CDS at scale, actual uptake has been modest. The goal of this Workgroup is to advance the implementation, adoption, and scaling of PC CDS. The Implementation, Adoption, and Scaling Workgroup will work to address this need by identifying barriers, opportunities, and resources to achieving PC CDS at scale and developing products that reduce barriers, capitalize on opportunities, and provide pragmatic resources for PC CDS stakeholders.

Composition and Relevant Stakeholders

The activities of the Workgroup will be informed by the Steering Committee and the Stakeholder Center Planning Committee. The Steering Committee will provide strategic input and the Stakeholder Center Planning 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 system stakeholders, health IT experts, health technology developers, professionals who create or distribute content regarding or tools using CDS evidence, state and federal agency representatives, payer representatives, and patients or patient collaborators/partners.

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 and patient collaborators/partners, 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 Workgroup Co-Leads, Kensaku Kawamoto and David Lobach, with support from Krysta Heaney-Huls. Kawamoto and Lobach 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 the Workgroup has 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 primary objective of the Implementation, Adoption, and Scaling Workgroup is to advance the adoption and use of safe and effective PC CDS.

To achieve this primary objective, secondary objectives are expected to include the following:

- Identify barriers to the scalable implementation and adoption of PC CDS and propose solutions to overcome these barriers
- Identify opportunities for the scalable implementation and adoption of PC CDS and suggest strategies to leverage these opportunities
- Delineate and develop resources to facilitate the scalable implementation and adoption of PC CDS

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 such as high-quality written products. Outputs will be determined by Workgroup members through discussion and deliberation. Examples of potential outputs include the following:

- Resources (e.g., best practices and repeatable implementation patterns) for collecting and leveraging patient-generated health data, identified through interviews with AHRQ PC CDS grantees.
- Catalog of barriers to the adoption of CDS that is patient-centered through literature review and key informant interviews along with remedies to resolve the barriers.
- Landscape assessment of the opportunities and challenges for the use of artificial intelligence to enable PC CDS at scale.
- A landscape assessment on the challenges of implementing PC CDS within lower-resourced settings and health systems that serve historically underserved populations, generating recommendations and an action plan for the field.
- Landscape analysis of the return on investment (ROI) needed for PC CDS to be adopted widely, as well as a guide of promising approaches to demonstrate value, identified through key informant interviews and literature reviews.
- Best practices for scaling PC CDS grounded in pragmatic, realistic solutions.

If successful in operationalizing its objectives, the Workgroup, through its deliberations and outputs, will develop resources to support:

- Increased adoption of PC CDS.
- Improved uptake of safe and effective shareable, standards-based PC 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.

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 Workgroup 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 the following:

- 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: compares 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: compares 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.