Measurement and Outcomes: Final Workgroup Charter

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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:

- 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 initiate the Measurement and Outcomes 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 Measurement and Outcomes Workgroup will leverage the knowledge and experience of CDS experts and amplify the voice of patients to ensure PC 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 PC CDS within the U.S. healthcare system by (1) developing content-driven written

[1] Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111 148, 124 Stat. 119 (2010), Codified as Amended 42 U.S.C. 18001.

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

Identifying objectives and success criteria for the CDSiC, both in the short- and long-term, will be critical to the work of the collaborative. As the collaborative is formed, the Measurement and Outcomes Workgroup will advise the CDSiC Steering Committee and the Innovation Center on the CDSiC's short- and long-term agenda for assessing the impact of PC CDS outcomes. The Workgroup will ensure that CDSiC's broader agenda addresses the CDS needs of stakeholders and advances the translation of PCOR-based evidence through PC CDS. The Workgroup will develop guidance and resources to support standardized measurement of PC CDS implementation and effectiveness (i.e., the impact of the PC CDS on decision making, clinical workflow, the patient's health journey and lifeflow, clinical outcomes, and other outcomes that matter to patients to ensure that PC CDS works as intended).

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 expert members with backgrounds as clinicians, health IT developers, informaticists, professionals who create or distribute content regarding, or tools using CDS evidence, state and federal agency representatives, payers, and patients or patient collaborators/partners.

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

Workgroup Leads. The Workgroup will be led by the Workgroup Co-Leads Mustafa Ozkaynak and Polina Kukhareva, with support from Rachel Kurtzman. 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 product development meets proposed timelines, and communicate regularly with Stakeholder Center leadership.

Objectives

The objectives of the CDSiC Measurement and Outcomes Workgroup are outlined below:

- Advance current approaches to, and instruments for, measuring and evaluating the implementation, equity, and effectiveness of PC CDS.
- Develop PC CDS measurement objectives and effectiveness criteria for assessing the intended and unintended impact of CDS on the patient's lifeflow, the patient's health journey and health-related outcomes.
- Advance the development of standardized implementation measures to support CDS implementers' design and implementation decisions and demonstrate the impact of PC CDS on both clinical processes and patient outcomes, which may help to inform return on investment for 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, or high-quality, written products. Outputs will aim to establish frameworks to assess the impact of evidence-based CDS interventions and advance PC CDS clinical and nonclinical outcome measurement for use by CDSiC as well as the CDS community. Specific outputs will be determined by Workgroup members through discussion and deliberation. Examples of potential outputs include:

- Conduct a landscape assessment to identify existing measures being used to assess the accuracy of artificial intelligence (AI)-based PC CDS, and understand potential gaps in our ability to assess the accuracy of AI-generated/supported PC CDS.
- Examine current assessment practices and measures for capturing patient preferences to inform a report providing guidance on best practices, gaps, and recommendations for future areas of study.
- Develop a patient-prioritized list of patient health journey measurement areas that can inform what should be considered standard in measuring patient health journey for PC CDS
- Field test of products developed during first two years of the CDSiC (i.e., the Scaling, Measurement, and Dissemination Workgroup's PC CDS Implementation and Reporting Tool) and conduct a formative evaluation, using findings to make any additional adjustments.
- Create a searchable web-based measure inventory that provides users with the option of using pre-set search queries to retrieve PC CDS process and outcome measures relevant to their needs.
- Create an equity evaluation checklist for PC CDS.

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

- Identifies stakeholder-driven short-term PC CDS goals that will advance the translation of PCOR-based evidence in clinical practice through safe and effective PC CDS.
- Identifies stakeholder-driven long-term PC CDS goals that will advance the translation of PCOR-based evidence in clinical practice through safe and effective PC CDS.
- Develops PC CDS measurement objectives and effectiveness criteria for assessing the impact of CDS on health-related outcomes.
- Informs the CDSiC's objectives for advancing PC CDS and the desired impact of the collaborative based on stakeholder input.

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:

- Balancing the diverse range of social and technical needs, priorities, and viewpoints among stakeholders that will inform CDSiC CDS objectives and outcomes.
- Determining metrics of success and measures of engagement that are measurable, meaningful, and actionable.
- Sustaining engagement with diverse Workgroup members, in alignment with their communication and participation styles.
- Reconciling differing perspectives among Workgroup members to achieve 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.