Implementation, Adoption, and Scaling Workgroup: Charter – Option Year 2

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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: The Clinical Decision Support Innovation Collaborative (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 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 information technology (IT) developers across the U.S. and results in measurable improvements in healthcare, patient health, patient care experiences, 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 or tools pertaining to 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 includes federal agencies/policymakers, clinicians, faculty members from medical/academic institutions, patients and patient collaborators/partners, authors of CDS guidelines, developers of electronic health record systems and CDS tools, informaticists, standards developers, PCOR researchers, and leaders from health systems.

Workgroup Leads. The Workgroup will be led by Co-Leads, Kensaku Kawamoto and David Lobach, with support from Krysta Heaney-Huls. 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 past outputs include the following:

- Landscape assessment describing illustrative examples of the use of artificial intelligence (AI) in PC CDS, key considerations for leveraging AI to scale PC CDs, and recommendations on how AI can be used to scale PC CDS in a patient-centered way.
- Report describing findings from real-world implementations of PC CDS including challenges, opportunities, and professional association recommendations gathered across nine AHRQ-funded projects for the domains of PC CDS patient engagement, implementation, adoption, and scaling.
- Landscape assessment that summarizes approaches through which stakeholders have sought to project or demonstrate value for PC CDS, including describing methods and outcomes used to assess value, challenges to determining value of PC CDS, additional considerations to assess value, and areas for future research.

If successful in achieving 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 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.

Acknowledging Workgroup Product and Publication Contributions

The Workgroup may produce reports, frameworks, and other documents that are publicly posted on the CDSiC website ("products"). In addition, the CDSiC may develop manuscripts based on Workgroup products for submission to peer-reviewed journals. Below, we describe guidelines for acknowledging contributions in Workgroup products and manuscript publications.

Acknowledging Workgroup Member Contributions in Products. For products posted on the AHRQ CDSiC website, the Workgroup as a whole will be included as a co-author. Workgroup members who provide input during Workgroup product development will be acknowledged for their contributions by being listed in a table of contributing Workgroup members. In order to be acknowledged in a final Workgroup product, Workgroup members must do at least one of the following:

1. Attend at least one Workgroup meeting to review and provide real-time feedback on product findings or product structure.
2. Provide asynchronous feedback on Workgroup product drafts between Workgroup meetings (e.g., via email or on SharePoint).

Authorship Guidelines for Manuscripts. The CDSiC leadership (i.e., the CDSiC Principal Investigator and Stakeholder Center lead), AHRQ, and Workgroup support teams, and Workgroup leads will discuss expected contributions before manuscript development, including

authorship and the anticipated order of authors. The anticipated authorship order will be determined and agreed upon before product drafting begins.

Following International Committee of Medical Journal Editors ICJME guidelines, authors must be able to meet the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or reviewing it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.[1]

All authors are responsible for fairly evaluating their role to ensure that authorship is attributed according to these standards. Authorship order will be discussed collectively as a group with the authors.

- The lead author is generally the individual responsible for writing the first draft of the manuscript.
- The co-authors will be listed in order of contribution to the conception, drafting, and review of the manuscript.
- The CDSiC Principal Investigator will be listed as the final author, reflecting their involvement throughout the manuscript development process, oversight, and overall strategic direction of manuscripts. Workgroup leads may be listed as co-senior authors to reflect their contribution to the conceptualization of a product, when appropriate.
- The CDSiC Principal Investigator I or Stakeholder Center lead will serve as the corresponding author. The corresponding author will be responsible for manuscript submission and coordination with the journal during the peer-review and publication process.
- Each manuscript will have AHRQ co-authors.

Please note that authorship order of manuscripts may not reflect the authorship order of the corresponding Workgroup product.

Acknowledging Workgroup Member Contributions in Manuscripts. Each CDSiC Workgroup will generally be included as a co-author in the manuscript (e.g., manuscripts developed under the Measurement and Outcomes Workgroup will include “Measurement and Outcomes Workgroup” in the list of authors). Ahead of selecting a journal, NORC will reach out to target journals to confirm the Workgroup can be submitted as a co-author. In accordance with ICJME and journal guidelines, Workgroup members will be acknowledged for their valuable contributions to the work. Individual members will be named in the article’s acknowledgments or

[1] https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

contributors section. To be included in the list of Workgroup members noted in the manuscript, Workgroup members must have either:

- Contributed to the development of the original product(s) that undergird(s) the manuscript (i.e., the Workgroup member is listed as a contributor in the report), OR
- Contributed directly to manuscript development by participating in Workgroup meetings where manuscript-related activities (such as additional research activities to inform the manuscript) were discussed or providing asynchronous feedback on manuscript-focused activities.