

ONC Tech Forum Clinical Decision Support Series Session #2

The Future of CDS (part 1)

Sept. 27, 2023



Upcoming workshop

Session #3 Creating Value by Modernizing and Measuring Clinical Decision Support

- Wednesday, Nov. 8, 2023, 12 p.m. 3 p.m. ET
- This session will discuss how new technologies can add value to CDS and how the impact of CDS can be measured and evaluated.
- Registration is open.

More information about workshops here



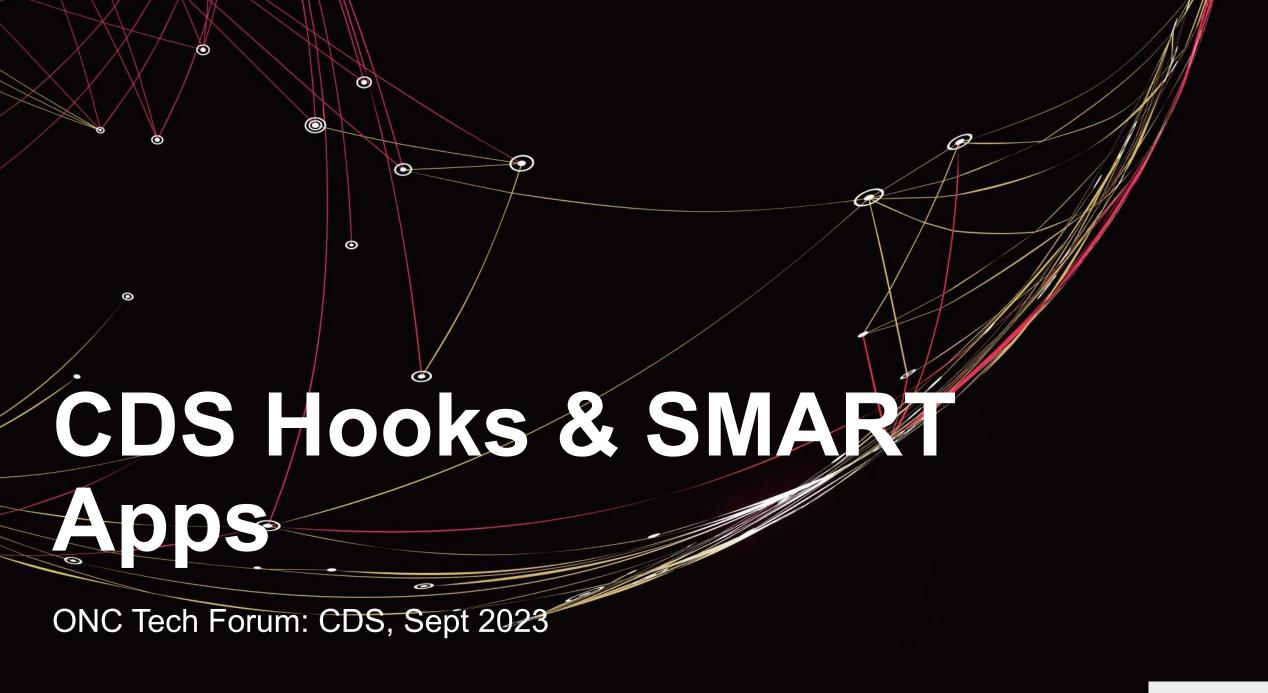


Agenda

- CDS Hooks and SMART apps
- CDS Connect

CDS Hooks and SMART apps

Isaac Vetter, Epic



CDS Hooks & SMART Apps

- CDS Hooks Intro & Roadmap
- Nuts & Bolts of SMART on FHIR

CDS HOSKS

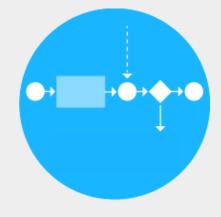
... realtime, clinician-facing, remote decision support

- simple HTTP APIs using FHIR
- standardized clinical workflow via hooks

CDS Service

A service that is:

invoked via a hook,
evaluates its own logic using FHIR data,
returns decision support via cards





CDS Client

A CPOE or EHR or other clinical workflow system that:

invokes CDS Service via a hook,

consumes decision support,

may provide SMART authorization and FHIR server









The patient-view hook fires when a patient's chart is opened, optionally within the context of an encounter.



The order-select hook fires when a clinician selects one or more orders to place for a patient.



The order-sign hook fires when a clinician is ready to sign one or more orders for a patient.

EHR Med Order

 $R_{\rm 50\,mg\,daily}$

Client triggers a CDS hook and invokes a remote

CDS Services

information card

\$45 per month (patient pays \$7)

suggestion card

Try HCTZ as first-line

Switch to HCTZ

smart app link card

Managing hypertension?

Launch JNC 8 Rx Pro

Returns **CDS cards** (rendered and displayed by Client)

4 Returns Feedback

2

CDS Service executes its own rules, leveraging FHIR data as needed



EHR FHIR Server

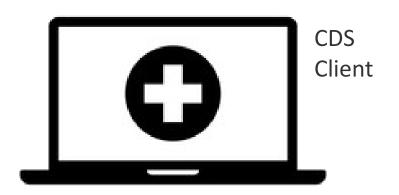


CDS Client



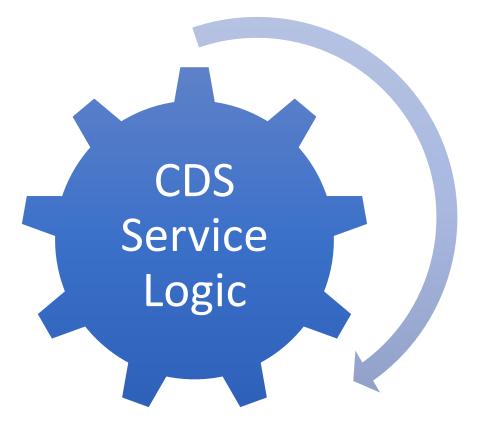
POST https://example.com/cds-services/example-service

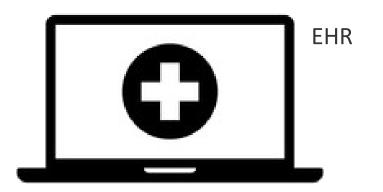
```
"hook": "patient-view",
"fhirServer": "https://fhir.example.com",
"context": {
  "userId": "Practitioner/789"
  "patientId": "123",
  "encounterId": "456",
```













POST https://example.com/cds-services/example-service

HTTP 1.1/ 200 OK

```
"cards": [
    "summary": "Example card",
    "indicator": "info",
    "source": {
      "label": "Demo CDS Service"
```

Cards

Medication Alert

Source: RxCheck

RxCheck

lisinopril 5 mg tablet

 This medication is not recommended for Black or African American patients.

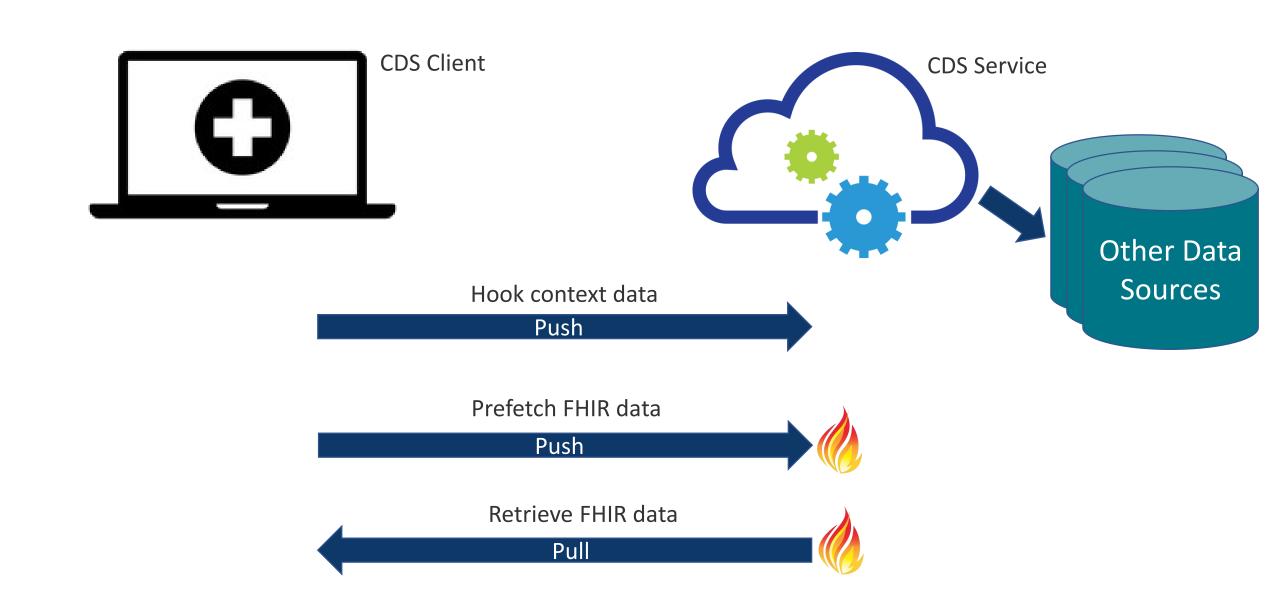
82% of providers selected this recommendation.

Switch to amiloride 5 mg-hydrochlorothiazide 50 mg tablet

Medication Review

any combination of information, suggestions, and links

- A CDS Service can return any number of cards
- The Client renders each card as it sees fit
- Each card must have:
 - A concise summary (140 characters)
 - Importance indicator
 - Information on the organization or data set that is the source of the card's data



- Data specific to a hook
- Data that all CDS Services using that hook would use
- Can be FHIR data (or references to FHIR data) but not always
- Every hook defines its own context

Example: patient-view hook

Field	Optionality	Prefetch Token?	Туре	Description
userId	REQUIRE D	Yes	string	The FHIR resource type + id of the current user eg: Practitioner/1 or Patient/2
patientId	REQUIRE D	Yes	string	The FHIR Patient.id of the current patient in context
encounterId	OPTIONAL	Yes	string	The FHIR Encounter.id of the current encounter in context



- Always FHIR data
- Data specific to a given CDS Service
- Clients are not required to honor prefetch requests from CDS Services
- Expressed as FHIR read/search queries

Example prefetch templates

Prefetch Template	Description
Patient/{{context.patientId}}	The current FHIR Patient
metadata	The FHIR server's CapabilityStatement

Why Prefetch?



Required Your CDS Service always needs a set of data



Efficiency EHRs may be able to consolidate duplicate prefetch requests into less/optimal requests



Performance EHRs may be able to retrieve the data in a more performant manner (in-memory, cached, less latency)

CDS Hooks Roadmap

- Hook Maturity
- Update to FHIR IG Look and Feel
- Normative

Hook Maturity Model

The intent of the CDS Hooks Maturity Model is to attain broad community engagement and consensus, before a hook is labeled as mature, that the hook is necessary, implementable, and worthwhile to the CDS Services and CDS Clients that would reasonably be expected to use it. Implementer feedback should drive the maturity of new hooks. Diverse participation in open developer forums and events, such as HL7 FHIR Connectathons, is necessary to achieve significant implementer feedback. The below criteria will be evaluated with these goals in mind.

September 2023 Hook Maturity Ballot



For this ballot, only the hooks are under revision. Feedback is specifically solicited on the proposed maturities of the CDS Hooks hooks, per the CDS Hooks Maturity Model.

The September 2023 ballot period is open from August 4th, 2023 through September 4th, 2023. The September 2023 ballot includes the library of CDS Hooks, most of which have never before been balloted. Specifically:

- order-sign initial ballot at Trial Use, maturity level 5
- order-select intial ballot at Trial Use, maturity level 4
- appointment-book intitial ballot at Trial Use, maturity level 3
- encounter-discharge intial ballot at Trial Use, maturity level 3
- order-dispatch ballot at Trial Use
- encounter-start initial ballot at Trial Use, maturity level 1

Maturity Level	Maturity title	Requirements	
0	Draft	Hook is defined according to the hook definition format.	
1	Submitted	The above, and Hook definition is written up as a github pull request using the Hook template and community feedback is solicited on the zulip CDS Hooks stream.	
2	Tested	The above, and The hook has been tested and successfully supports interoperability among at least one CDS Client and two independent CDS Services using semi-realistic data and scenarios (e.g. at a FHIR Connectathon). The github pull request defining the hook is approved and published by the CDS Hooks Project Management Committee.	
3	Considered	The above, and At least 3 distinct organizations recorded ten distinct implementer comments (including a github issue, tracker item, or comment on the hook definition page), including at least two CDS Clients and three independent CDS Services. The hook has been tested at two Connectathons.	
4	Documented	The above, and The author agrees that the artifact is sufficiently stable to require implementer consultation for subsequent non-backward compatible changes. The hook is implemented in the standard CDS Hooks sandbox and multiple prototype projects. The Hook specification SHALL: Identify a broad set of example contexts in which the hook may be used with a minimum of three, but as many as 8-10. Clearly differentiate the hook from similar hooks or other standards to help an implementer determine if the hook is correct for their scenario. Explicitly document example scenarios when the hook should not be used.	
5	Mature	The above, and The hook has been implemented in production in at least two CDS Clients and three independent CDS Services. An HL7 working group ballots the hook and the hook has passed HL7 STU ballot.	
6	Normative	The above, and the responsible HL7 working group and the CDS working group agree the material is ready to lock down and the hook has passed HL7 normative ballot	







Home Service interaction Security Extensions and data types Hooks

CDS Hooks, published by Clinical Decision Support WG. This is not an authorized publication; it is the continuous build for version 2.0.0). This version is based on the current content of https://github.com/cds-hooks/docs/ and changes regularly. See the Directory of published versions of

1 Home

 Official URL: https://cds-hooks.h17.org/ImplementationGuide/h17.other.uv.cds-hooks
 Version: 2.0.0

 Draft as of 2023-08-16
 Computable Name: CDSHooks

Continuous Improvement Build

This is the continuous integration, community release of the CDS Hooks specification. All stable releases are available at https://cds-hooks.hl7.org 🗗.

Overview

• CDS Hooks Anatomy

1.1 Overview

This specification describes a "hook" E-based pattern for invoking decision support from within a clinician's workflow. The API supports:

- · Synchronous, workflow-triggered CDS calls returning information and suggestions
- · Launching a user-facing SMART app when CDS requires additional interaction

1.2 CDS Hooks Anatomy

This specification describes a "hook" E-based pattern for invoking decision support from within a clinician's workflow. The API supports:

- Synchronous, workflow-triggered CDS calls returning information and suggestions
- · Launching a web page to provide additional information to the user
- · Launching a user-facing SMART app when CDS requires additional interaction

The main concepts of the specification are Services, CDS Clients, and Cards.

1.2.1 CDS Services

A CDS Service is a service that provides recommendations and guidance through the RESTful APIs described by this specification. The primary APIs are Discovery, which allows a CDS Developer to publish the types of CDS Services it provides. The Service API that CDS Clients use to request decision support. The Feedback API through which services learn the outcomes of their recommendations and guidance.

1.2.2 CDS Clients

A CDS Client is an Electronic Health Record (EHR), or other clinical information system that uses decision support by calling CDS Services at specific points in the application's

Standard

Description

2.1.7.0.1 The Standards Development Process

FHIR is a standard. In order to be useful, standards need to evolve. At the same time, the evolution of standards needs to be predictable and manageable for the implementation community. This section describes how HL7 develops a standard so that implementers know what to expect as the standard evolves.

HL7 has five descriptive terms that describe the level of stability and implementation readiness associated with different aspects of the specification. They are as follows:

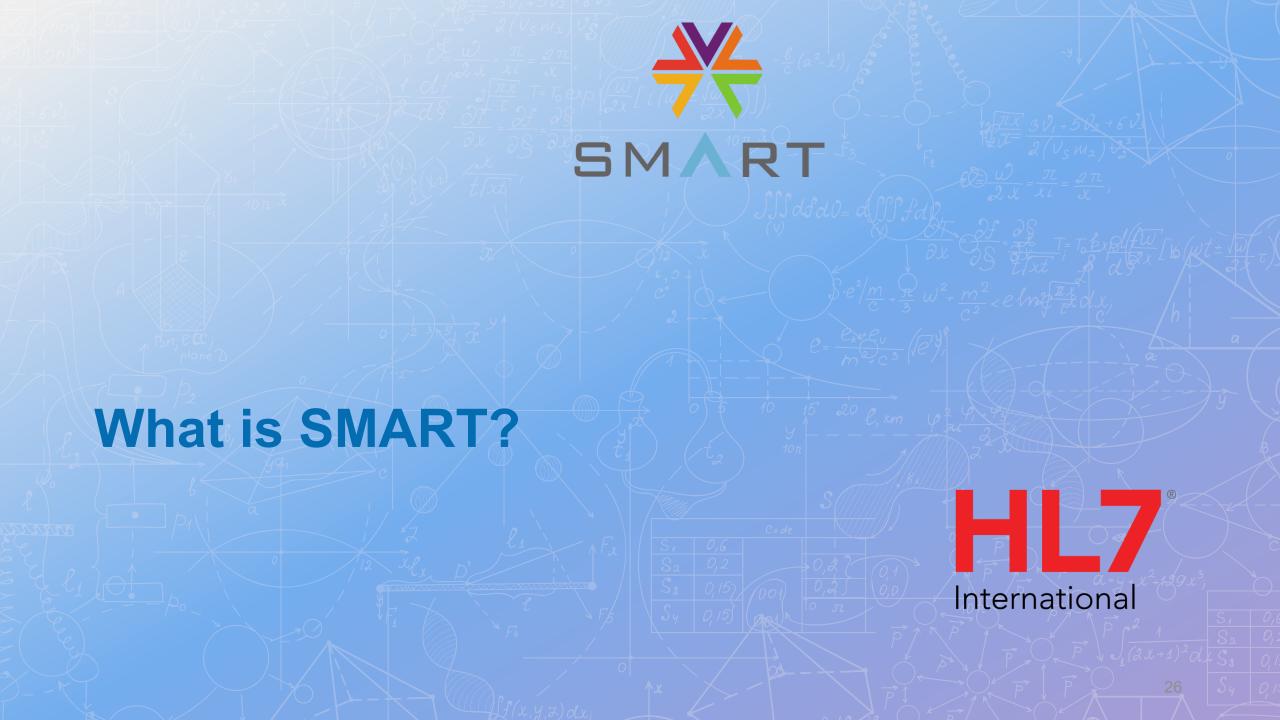
Stalldard	Description
Level	
Normative	This content was approved by the ANSI standards process in a previous version (see Normative status note). It has been subject to review and production implementation in a wide variety of environments. The content is considered to be stable and has been 'locked', subjecting it to FHIR Interversion Compatibility Rules. While changes are possible, they are expected to be infrequent and are tightly constrained. Note that this version of the specification has NOT been submitted to ANSI for consideration as a normative standard.
Trial Use	This content has been well reviewed and is considered by the authors to be ready for use in production systems. It has been subjected to ballot and approved as an official standard. However, it has not yet seen widespread use in production across the full spectrum of environments it is intended to be used in. In some cases, there may be documented known issues that require implementation experience to determine appropriate resolutions for. Future versions of FHIR may make significant changes to <i>Trial Use</i> content that are not compatible with previously published content.

CDS Hooks Timeline

- Hook Maturity Ballot
 - O July 23 November 23
- STU Update Move to FHIR IG format
 - O November 23 February 24
- Ballot CDS Hooks as mixed Normative
 - O April 24 November 24

CDS Hooks & SMART Apps

- CDS Hooks Intro & Roadmap
- Nuts & Bolts of SMART on FHIR



SMART



Defines how apps are launched



Authorization (OAuth 2.0)



Authentication (OpenID Connect)



Context sharing between EHR and app

FHIR Implementation Guide:

- 1. Patient / Member
- 2. Provider
- 3. Backend system

http://hl7.org/fhir/smart-app-launch/STU2/

Why SMART?

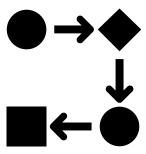
Security

EHRs, Payers

Workflow







SMART on FHIR Steps

- 1. Registration (one-time)
- 2. Launch (stand-alone or embedded)
- 3. Authorization
- 4. Access Token

App Registration: EHR, Payer

- Provide: authorization redirect URL,
 APIs, credentials, info about the app
- Receive: client id, endpoints

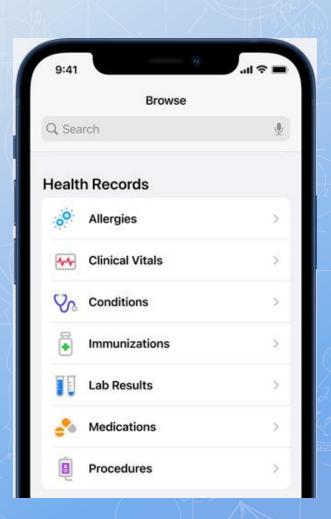




Standalone: patient or provider

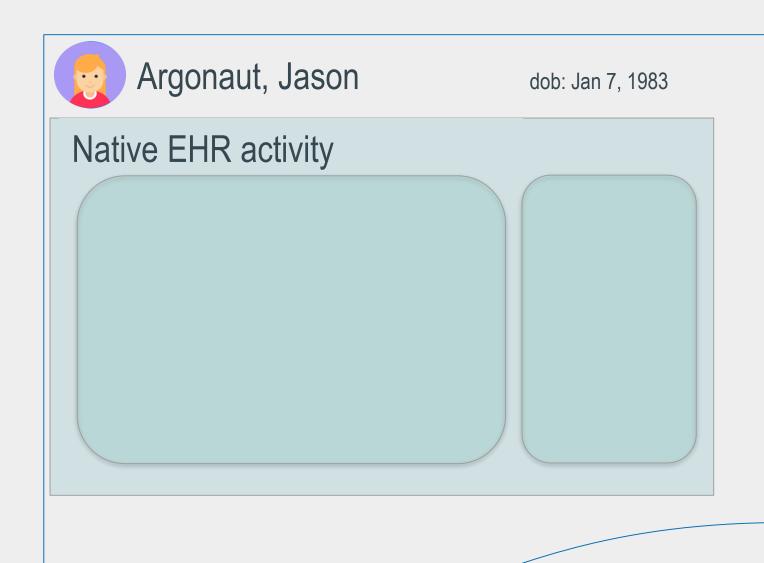


Embedded: patient portal or EHR

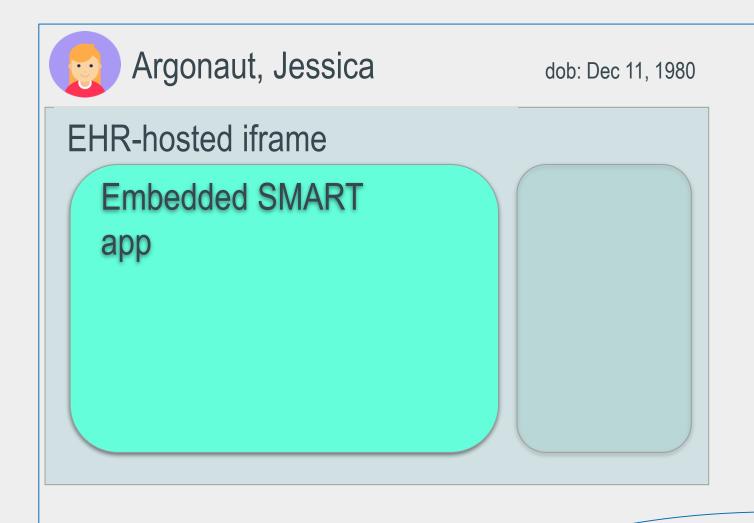


Standalone Patient App

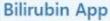
Embedded in EHR



Embedded in EHR



Provider app – embedded launch



Neurotoxicity Risk Hyperbilirubinemia Risk How to Zoom In/Out

0 00 0 00

72

Postnatal Age (hours)

Bilirubin

Current Age

96

Home Phototherapy Equipment

Phototherapy Thresholds*

120

Serum Bilirubin (mg/dL)

24

Transcutaneous Bilirubin

Exchange Transfusion Thresholds*

InPt Phototherapy

Discharge

*Bold = patient-specific threshold.

Used with permission from University of Utah.



Gestational Age

< 35 wks</p>
35-37 wks
38 wks+

Direct Coombs (risk factor)

Pos. O Neg. (04/24/20) Unknown

08:41

	Blood Type	Indirect Coombs
Baby	O Pos (04/24/20)	
Mother	O Pos (04/14/14)	Negative (04/14/14)

Other Neurotoxicity Risk Factors?

 Acidosis Isoimmune hemolytic disease -Temp. instability

 Asyphyxia -Sepsis -Sig. lethargy -G6PD deficiency

Present Not Present

Albumin < 3.0 g/dL (risk factor for phototherapy only)

Yes No None on record

Continue monitoring

Rationale: Patient's latest total serum bilirubin level of 19.2 mg/dL at 102.65 hrs is below treatment threshold. for phototherapy (20.17) given gestational age >= 38 wks without risk factors for phototherapy.

Clinical Prediction Rule for Rebound Hyperbilirubinemia

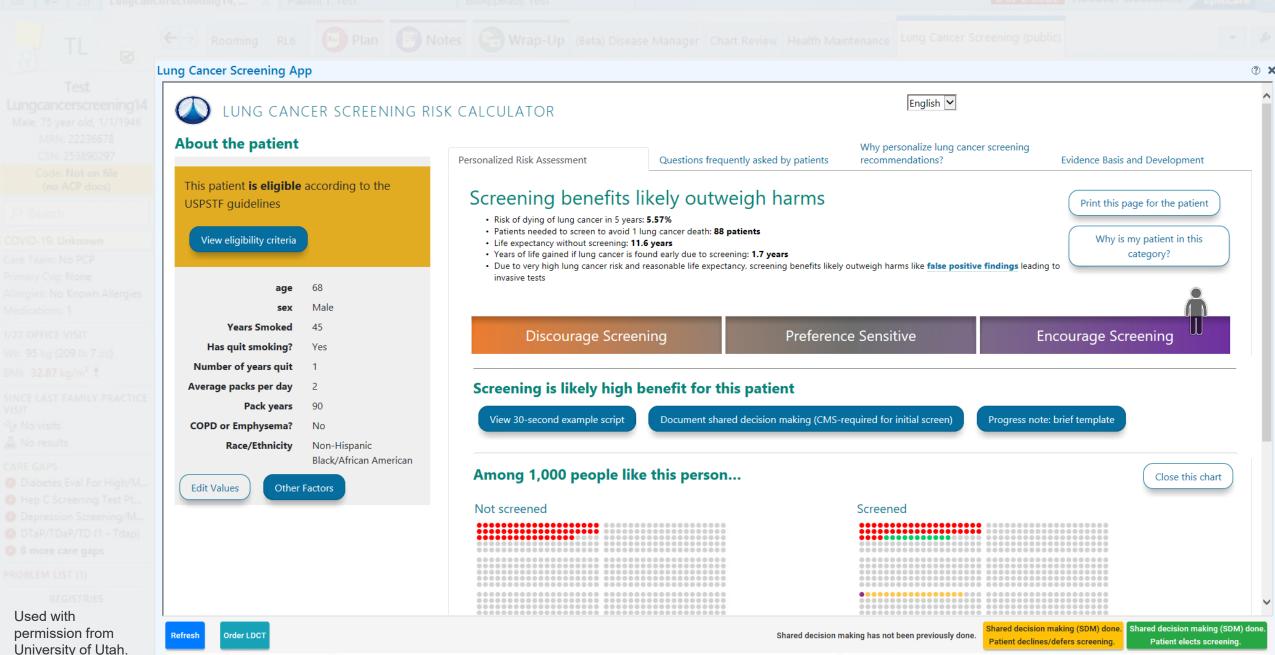
- Predicted risk of rebound hyperbilirubinemia after phototherapy: ELEVATED (54.8%, which is >= 4%)
- Based on Chang and Newman. A Simpler Prediction Rule for Rebound Hyperbilirubinemia. Pediatrics. 2019:1443
- Factors examined: gestational age and difference between AAP phototherapy threshold and TSB at phototherapy termination (estimated as difference between AAP threshold when phototherapy first started and TSB at time of latest measurement)

Details:

144

- Score = 15.5 (if gestational age < 38 wks [false]) 4.3 x (starting phototherapy threshold [11.93] ending total serum bilirubin [19.2]) = 31.26
- Predicted probability of rebound = 1 / (1 + exp (-(0.097 * score) 2.84))) = 54.8%

Provider app – embedded launch





CDS Connect

Mario Terán, AHRQ Matt Coarr and Julia Afeltra, MITRE



AHRQ's CDS Connect Project

Office of the National Coordinator Tech Forum:

The Future of Clinical Decision Support

September 27th, 2023

Presenters





Mario Terán, M.D., MSc,
Physician—Clinical Informatics
Government Task Lead CDS Connect Project
Division of Digital Healthcare Research



Matt Coarr

NLP Healthcare Developer
and Data Scientist

Technical Lead - CDS Connect

Project

The MITRE Corporation



Julia Afeltra
Software Engineer
Technical Support – CDS
Connect Project
The MITRE Corporation

Overview



- 1). Introduction and Background
- 2). CDS Connect Overview
- 3). Repository Demonstration
- 4). Authoring Tool Demonstration
- 5). Artifact Publishing Demonstration
- 5). Demonstration Questions
- 6). Sustainability Efforts

AHRQ CDS Initiative



Advancing evidence into practice through CDS Make CDS more shareable, standards-based and publicly-available



https://cds.ahrq.gov

CDS Connect



- CDS Connect
 - Freely available web-based platform to author, test, and share interoperable CDS
- Goal: Enable CDS Community to identify evidence-based care, translate and codify information into an interoperable health IT standard, and leverage tooling to promote a collaborative model of CDS development

https://cds.ahrq.gov/cdsconnect



Sustainability and the Future of CDS Connect



 Sustaining and growing CDS Connect outside of AHRQ

 Identified Public-Private Partnership (PPP) as best sustainment model

Partnered with MITRE in 2023 to begin exploring PPP

 Robust public engagement to best paths forward Healthcare Marketplace

Technology

CDS

Connect

Evidence

45

Policy

Challenge Competition: Designing the Future of CDS Connect



- Challenge Competition Launched 9/19/2023
- Seeking innovative input on the future state of CDS Connect
- Specifically:
 - ▶ Improving the functionality, value, and accessibility of CDS Connect
 - ▶ Understanding the potential role CDS Connect can have in quality improvement, based on emerging marketplaces of shareable, interoperable clinical decision support
 - ► How CDS Connect can best continue to disseminate and promote standards-based CDS
 - Methods by which industry, government, and nonprofit entities can collaborate to achieve this goal

Challenge Competition: Designing the Future of CDS Connect



- Phase 1 Design Proposal
 - ➤ 25-page white paper describing a design for a future state of CDS Connect supported by a collaboration between AHRQ and private industry
 - Deadline November 22nd, 2023, 11:59PM EST
- Phase 2 Presentation
 - Winners of Phase 1 will be invited to participate in Phase 2
 - Live presentation to explain the strengths of Phase 1 submission
- Total Cash Prizes \$100,000
 - ► Four winning submissions will be selected and awarded \$25,000
- How to Apply: Challenge.gov
 - https://www.challenge.gov/?challenge=ahrq-challenge-designing-the-optimalfuture-state-of-cds-connect
 - https://www.ahrq.gov/challenges/cds-connect/index.html
- For Further Information, contact: ahrqchallenge@ahrq.hhs.gov.





Contact ONC

Alison Kemp alison.kemp@hhs.gov

Phone: 202-690-7151

Health IT Feedback Form:
https://www.healthit.gov/form/
healthit-feedback-form

Twitter: @onc_healthIT

LinkedIn: Office of the National Coordinator for Health Information Technology

Youtube:
https://www.youtube.com/user/HHSONC



Subscribe to our weekly eblast at healthit.gov for the latest updates!

