



Office of the National Coordinator
for Health Information Technology

ONC Tech Forum Clinical Decision Support Series Session #2

The Future of CDS (part 3)

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.

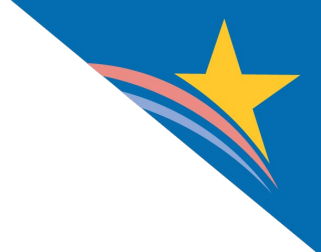
More information
about workshops here



Agenda

- CDS as an option for SDOH, guideline-concordant care, and beyond





**CDS as an option for SDOH,
guideline-concordant care,
and beyond**

Priority Wizard Clinical Decision Support @ HealthPartners: Goals and Technical Aspects

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Conflict of Interest

Patrick J. O'Connor reports no industry funding, but has received current or recent Research Grants from NCI, NHLBI, NIDDK, NIA, NICHD, AHRQ, NIMH, NIDA, PCORI, CMS, and other federal sources.

Deepa Appana reports no industry funding.

Goal of Primary Care Decision Support

- Translate Clinical Care Guidelines into Web service
- Identify Patient-Specific Care Gaps
- Prioritize each patient's care gaps
- UI/UX to communicate care options to Clinician and Patient
- Monitor Use
- Update Guidelines as needed (always)
- No mouse clicks for clinician



Stats/Current Medications MTM/Pharmacy Outreach Notes

WIZARD®

SuggestionsFAQ

Clinical PrioritiesMayo Statin Tool

PRIORITY WIZARD®

ProviderPatientPrint

Relevant Conditions: Diabetes

10-year Cardiovascular Risk : 3.4% (Risk of stroke or heart attack over the next 10 years)

| | | | | | | | | | | | | | | |
|--|---|-------------|-----|----------|-------------|----|----------|--------------|-----|----------|------------|-----|----------|----------------|
| <div>#1 LIPID</div> <div>Goal: Consider statin initiation.</div> <div>Treatment Considerations</div> <ul style="list-style-type: none">Statin initiation or intensification is recommended due to diabetes and CV risk. Many experts recommend moderate therapy. <div>Other Alerts</div> <ul style="list-style-type: none">Baseline ALT measurement is recommended by many experts prior to statin therapy initiation. | <div>Results</div> <table><tr><td>LDL (mg/dl)</td><td>106</td><td>10/11/19</td></tr><tr><td>HDL (mg/dl)</td><td>54</td><td>10/11/19</td></tr><tr><td>TRIG (mg/dl)</td><td>204</td><td>10/11/19</td></tr><tr><td>TC (mg/dl)</td><td>201</td><td>10/11/19</td></tr></table> | LDL (mg/dl) | 106 | 10/11/19 | HDL (mg/dl) | 54 | 10/11/19 | TRIG (mg/dl) | 204 | 10/11/19 | TC (mg/dl) | 201 | 10/11/19 | No Medications |
| LDL (mg/dl) | 106 | 10/11/19 | | | | | | | | | | | | |
| HDL (mg/dl) | 54 | 10/11/19 | | | | | | | | | | | | |
| TRIG (mg/dl) | 204 | 10/11/19 | | | | | | | | | | | | |
| TC (mg/dl) | 201 | 10/11/19 | | | | | | | | | | | | |

| | | | | | |
|---|---|---------|-----|---------|--|
| <div>#2 GLYCEMIC CONTROL</div> <div>Goal: A1C <= 6.9</div> <div>Other Alerts</div> <ul style="list-style-type: none">Need updated A1c to guide recommendations.Consider monthly visits and/or interim phone calls until A1c goal achieved.Urinary albumin excretion test (e.g. UMACR) may be due.Diabetes educator and/or dietitian support is suggested. | <div>Results</div> <table><tr><td>A1C</td><td>7.4</td><td>8/16/18</td></tr></table> | A1C | 7.4 | 8/16/18 | <div>Medications</div> <div>Insulin Aspart Soln Pen-Injector 100 Unit/ML</div> <div>Insulin Glargine Soln Pen-Injector 100 Unit/ML</div> |
| A1C | 7.4 | 8/16/18 | | | |

| | | | | | | | | |
|--|--|-------------|-----|----------|-----|-------|----------|----------------|
| <div>BMI (WEIGHT)</div> <div>Treatment Considerations</div> <ul style="list-style-type: none">Discuss advantages of reducing weight by 10-20 lbs. Potential actions are listed on patient interface. | <div>Results</div> <table><tr><td>Weight(lbs)</td><td>220</td><td>10/11/19</td></tr><tr><td>BMI</td><td>29.84</td><td>10/11/19</td></tr></table> | Weight(lbs) | 220 | 10/11/19 | BMI | 29.84 | 10/11/19 | No Medications |
| Weight(lbs) | 220 | 10/11/19 | | | | | | |
| BMI | 29.84 | 10/11/19 | | | | | | |

RELEVANT INFORMATION AND RECOMMENDATIONS

BLOOD PRESSURE

- Consider adding hypertension to the patient problem list based on meeting guidelines from the American Heart Association.
- A referral for ambulatory BP monitoring can be helpful to guide diagnostic and treatment decisions.

TOBACCO

- Passive smoking exposure is noted. Suggest smoke free home and auto.

ASPIRIN

- Aspirin is not recommended for primary prevention for adults at low to moderate CV risk (10-year CV risk less than 10%).

 Results | | | | |----------------------------|-----------|----------| | BP (mm Hg) | 119/75 | 10/11/19 | | Last BP (mm Hg) | 125/90 | 5/16/19 | | Smoking Status/Review Date | PASSIVE | 10/11/19 | | Smokeless Tobacco | NOT ASKED | 10/11/19 | | No medications |



Stats/Vitals/Current Medications MTM/Pharmacy Outreach Notes

WIZARD®

SuggestionsFAQ

Clinical PrioritiesMayo Statin Tool

PRIORITY WIZARD®

ProviderPatientPrint

TALK TO YOUR DOCTOR ABOUT HOW YOU CAN IMPROVE YOUR HEALTH

Start the conversation! Use the priorities below as a guide to take action to better your health.

High PriorityNeeds AttentionDoing well


| | | |
|---------------------------|---|--|
| <div>CHOLESTEROL</div> | <div>Your LDL: 106</div> | A cholesterol lowering drug called a statin may be beneficial for you. Talk to your doctor. |
| <div>BLOOD SUGAR</div> | <div>Your A1C: 7.4</div> | <div>Your Goal: A1C less than 7</div> <div>You may be due for an A1c test.</div> <div>It would be a good idea for you to see a diabetes educator or dietitian.</div> |
| <div>WEIGHT</div> | <div>Your Weight : 220</div> | For support with weight management contact: HP Nutrition Services (952-967-7616), or visit www.healthpartners.com/healthyliving , or call your clinic. |
| <div>BLOOD PRESSURE</div> | <div>Your Blood Pressure:(119/75)</div> | Ideal BP < 120/80 |
| <div>TOBACCO</div> | | Good work maintaining your health! |

How are you liking the Wizard tool? Please take a quick survey to provide us feedback.
www.healthpartners.com/wizardsurvey

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Quick Orders in Active Guideline

 **WIZARD**[®]


Data refreshed on: 11-Feb-2020 12:00:39:819 PM


[Suggestions](#) [FAQ](#)


[Clinical Priorities](#) [Mayo Statin Tool](#)

 **PRIORITY WIZARD**[®]

[Provider](#) [Patient](#) [Print](#)

 **Relevant Conditions:** Hypertension, Diabetes

 **Priority Wizard SmartSet is Available (Patient personalized)** : Quickly order medications, labs, and referrals and add patient instructions for clinical priorities below. Use the SmartSet link above.

 **Cardiovascular Risk** : Unable to calculate risk score due to patient's age outside of range 20-75.

#1 BLOOD PRESSURE **Potential CV Risk Reduction: 11.7%**

Experts recommend BP goals ranging from less than 130/80 to less than 140/90

Treatment Considerations


- The blood pressure meets Stage 2 HTN criteria ($\geq 140/90$). Consider adjusting BP medication if BP has been consistently elevated, and reassess in 1 month.
- Consider home BP monitoring.
- Consider increasing dose of:
 - *ACE/ARB
- Consider starting:
 - *Thiazide Diuretic
 - *CCB

| Results | | Medications |
|--------------------------------|----------------|------------------------------|
| BP (mm Hg) | 155/76 2/11/20 | Losartan Potassium Tab 50 MG |
| Last BP (mm Hg) | 143/93 1/7/20 | |
| eGFR(ml/min) | 57 12/10/19 | |
| K (mmol/L) | 4.8 1/7/20 | |
| Allergies LISINOPRIL | | |

Recommended quick orders for : ☒ Diuretic ☒ ARB ☒ Ace Inhibitors ☒ Referral ☒ Calcium Channel Blocker [SHOW ALL](#)

| Quick Orders | | | | |
|---|--|--|--|--|
| Diuretic | ARB | Ace Inhibitors | Referral | Calcium Channel Blocker |
| + HYDROCHLOROTHIAZIDE 25 MG OR TABS | + LOSARTAN POTASSIUM 100MG OR TABS | + LISINOPRIL 20 MG OR TABS | + PHARMACY-MEDICATION THERAPY MANAGEMENT | + AMLODIPINE BESYLATE 2.5 MG OR TABS |
| | + LOSARTAN POTASSIUM 50 MG OR TABS | + LISINOPRIL 10 MG OR TABS | | + AMLODIPINE BESYLATE 5 MG OR TABS |

Domain Specific Tools

 Data refreshed 6day(s) 19hour(s) 5minute(s) and 37second(s) ago. [Suggestions](#) [User Manual](#)

Clinical Priorities

Opioid Wizard


Medication Adherence

Quick Actions

Order Rescue Kit

Suboxone: Refer to Primary Care

Suboxone: Refer to Specialty Care

 View PDMP

Relevant Medications

None

Recent Urine Drug Screening


None


Diagnose

Select OUD Medication

Suboxone

Other Care

 [Print OUD medication overview](#) for your patient to consider.


 [Order a rescue kit.](#)


☒ Yes ☐ No


Is your patient ready for treatment?


Please review treatment options below.


Patient Education Materials


 [OUD Medication Overview](#)

 [Suboxone](#)

 [Methadone](#)

 [Naltrexone](#)

 [Naloxone](#)

 [Safer Use of IV Drugs](#)

 Treatment Selection

Do any of these clinical conditions apply to your patient?

Severe liver disease?
☐ Yes ☒ No

Severe respiratory disease?
☐ Yes ☒ No

Active alcohol use disorder? (Use the  TAPS to screen)
☐ Yes ☒ No

Benzodiazepine or Z-drug (Zolpidem, Zopiclone, Eszopiclone, Zaleplon) use?
☐ Yes ☒ No

Chronic pain?
☐ Yes ☒ No

Is the patient at risk for suicide?
☐ Yes ☒ No

G0

Suboxone: Prescribe

Select and Continue

G0

Suboxone: Refer to Primary Care

Refer and Continue

G0

Suboxone: Refer to Specialty Care

Refer and Continue

G0

IM Naltrexone: Referral to Specialty Care

Refer and Continue

G0

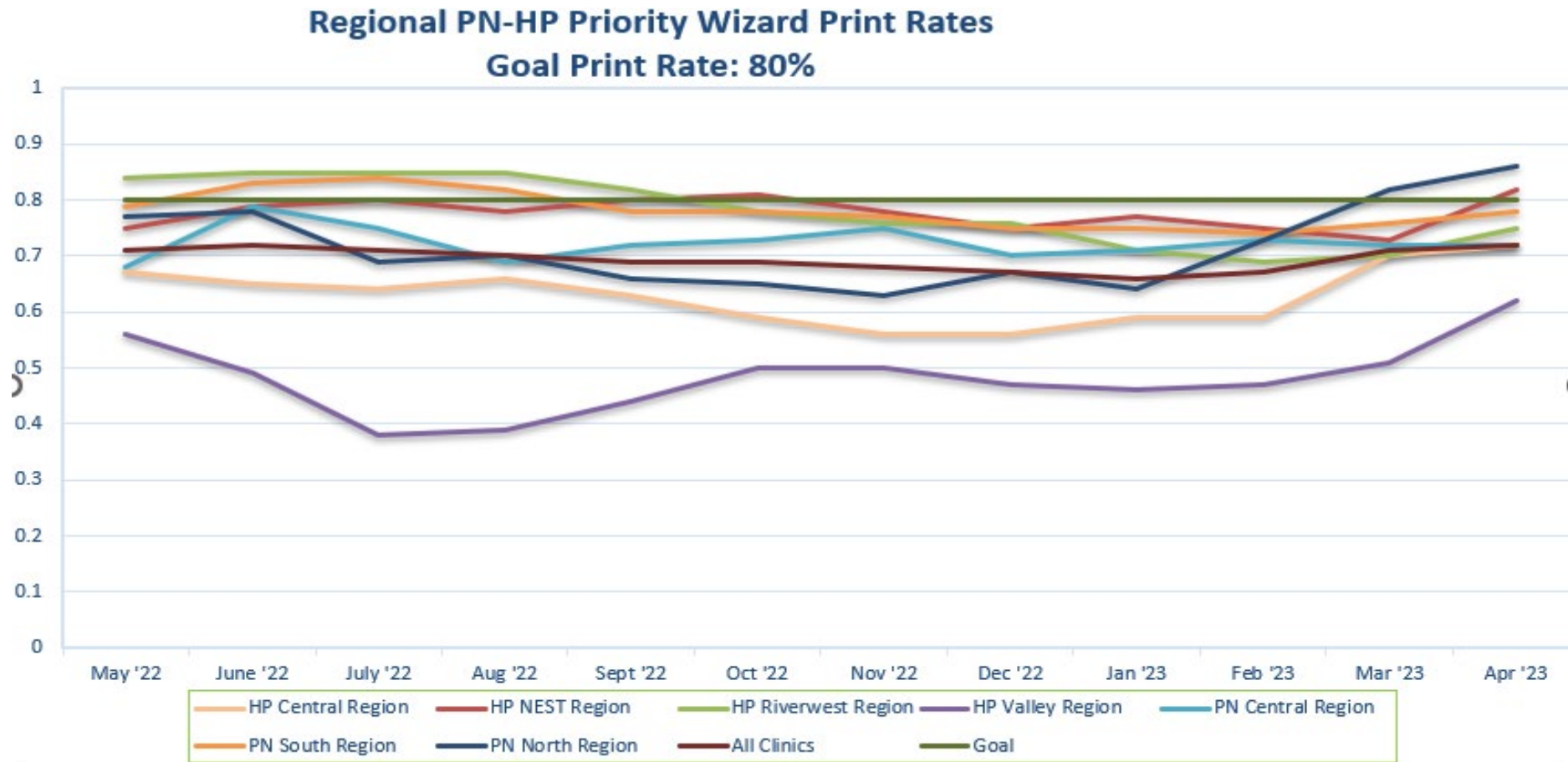
Methadone: Print list of Community Clinics

Print and Continue

Does Wizard Work?

- Priorities Wizard developed since 2006 with 12 NIH Grants (\$40 M)
- Currently Used at adult and pediatric encounters in 12 medical groups in 10 states caring for about 3 million patients
- **Tested for impact in a series of clinic-randomized trials**
 - Better glucose and BP control in diabetes patients
 - Better BP care/control in high-risk safety net patients
 - Improves CVD risk in adults without DM or CVD
 - Improves reversible CVD risk in Serious mental Illness
 - Increased adherence to BP and Diabetes Meds
 - May reduce Health Care Disparities based on race
 - No impact on Prediabetes Care, Cancer Screening
- Persistent High Use Rates and Clinician Satisfaction

Use Rates



Primary Care Clinician Satisfaction with CV Wizard

| Wizard User Comments (N=47) | % Agree/Strongly Agree |
|---|------------------------|
| Improved CV risk factor control | 98% |
| Saved time when talking to patients about CV risk reduction | 93% |
| Efficiently elicited patient treatment preferences | 90% |
| Useful for shared decision-making | 95% |
| Influenced treatment recommendations | 89% |
| Helped initiate CV risk discussions | 94% |
| My patients liked the Wizard | 85% |

Data



DATA

- Patient Demographics
- Vitals
- Labs
- Allergies
- Prescriptions
- Imaging
- Immunizations
- Procedures
- Diagnosis/Problem list
- Care Episodes
- Visit history
- Family History
- Referrals

DOMAINS

- BP
- A1C
- Lipids
- Smoking
- Aspirin
- Weight
- Opioid Use
- Cancer
- CKD
- Adherence
- Cognitive Impairment
- Pre-diabetes

Current Architecture

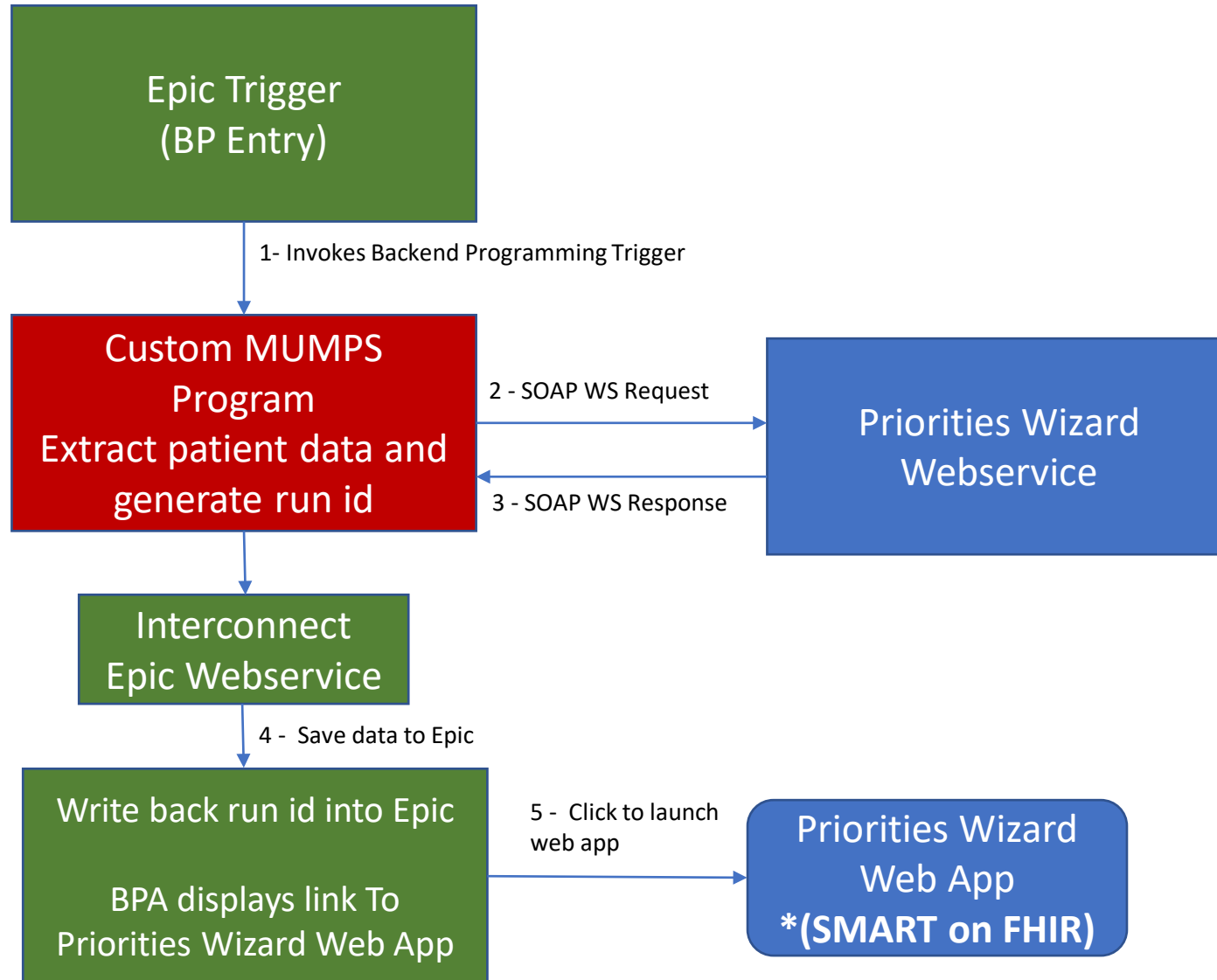
Technology

- Custom code in EHR
- Mapping client specific codes
- Security based on IP Whitelisting and SSL
- Reliance on EHR specific rules
- < 300 ms response time

Challenges

- Limited to Epic
- Long implementation 6-18 months
- Reluctance to maintain custom code
- Not many developers with the skillset at the implementation site

Current Architecture



FHIR

- CDS Hooks
- SMART on FHIR App Launch
- Writeback
- Standardized code sets

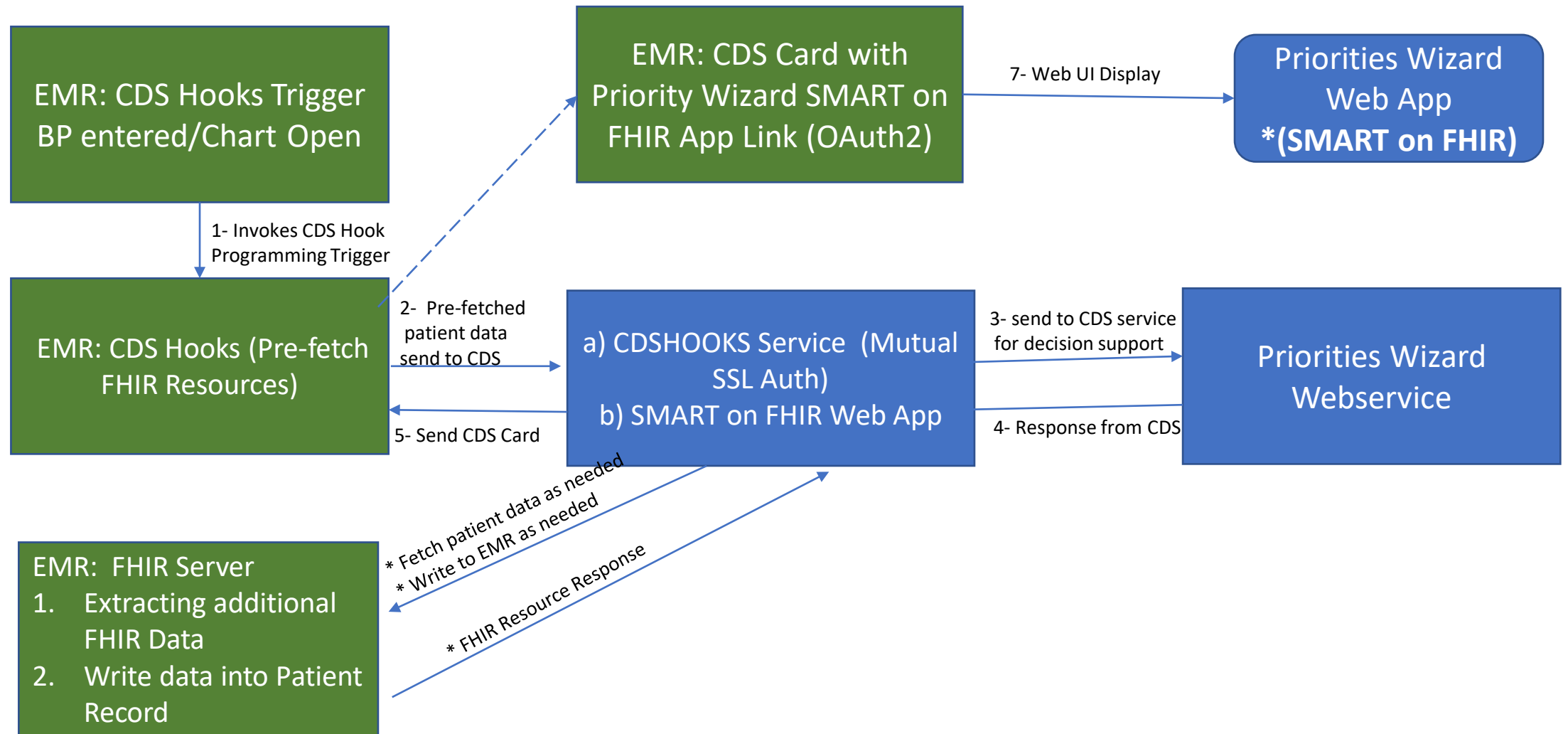
Advantages

- EHR Agnostic
- Quicker implementation
- Less build in the EHR

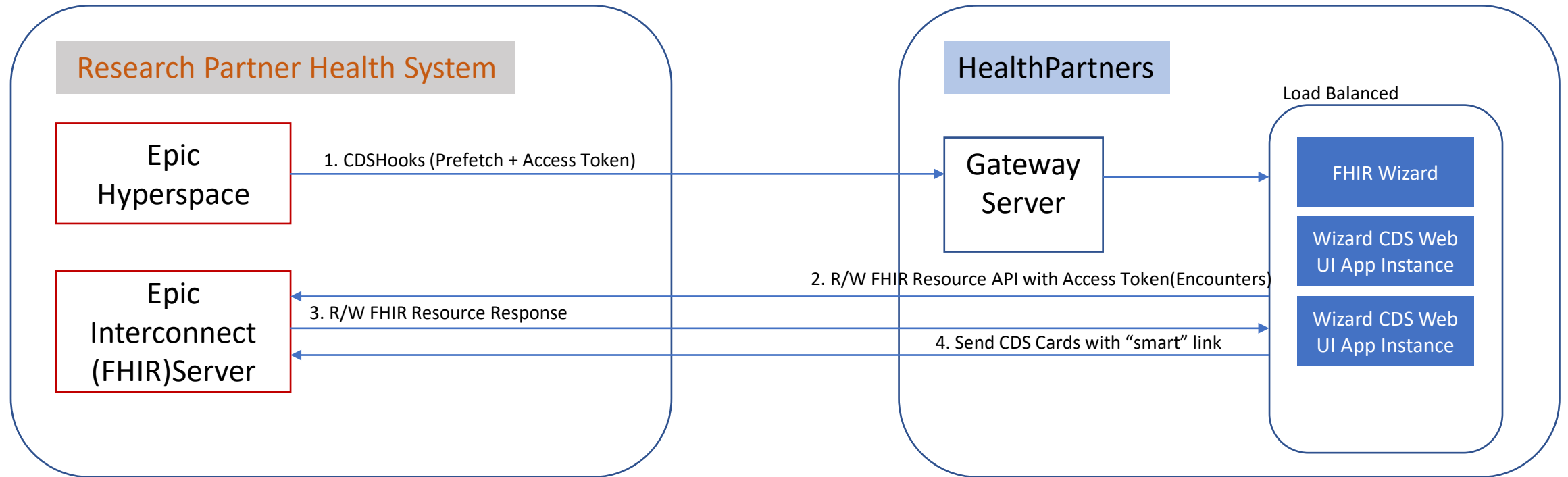
Challenges

- Limited trigger points
- Limited flexibility (diagnosis, patient data)
- Latency
- Non-standard data is hard to find
- Not all orgs have the code sets implemented uniformly
- Implementation is not standard
- dotPhrase functionality

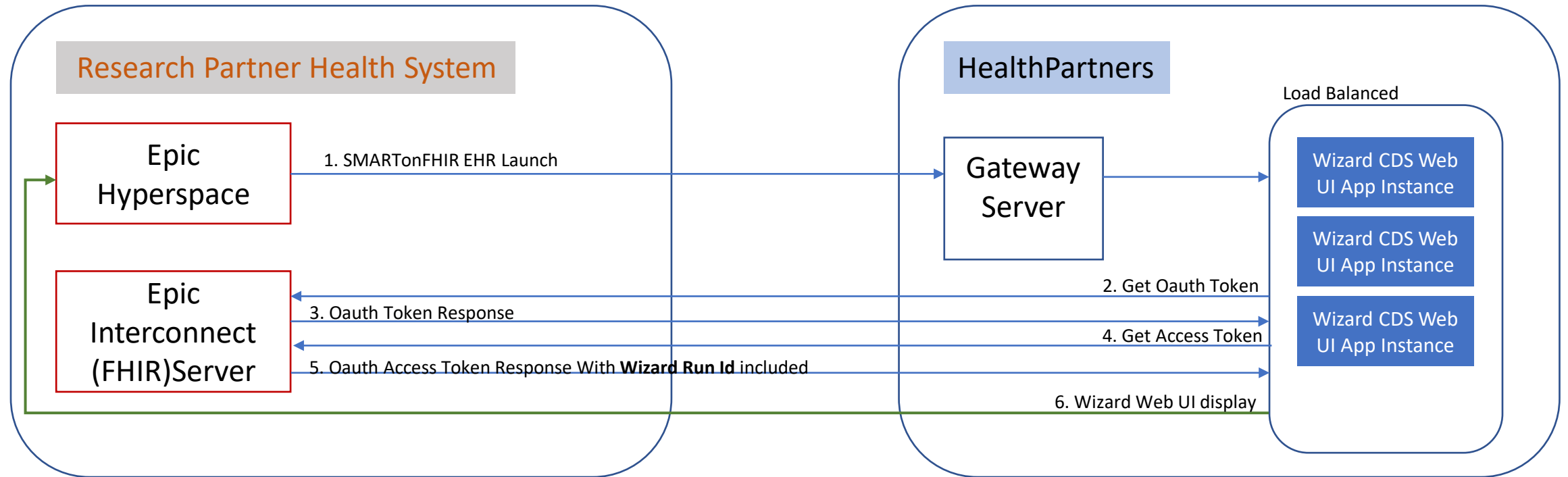
FHIR



Wizard CDSHooks Launch Design



Wizard Web UI SMARTonFHIR Launch Design



FHIR

Latency

- Huge impact on user experience
- 19 sec vs 300 ms
- Split data extraction to 2 points in time
- Data caching
- Used prefetch

Standard codes

- Some things can only be accessed via URN which changes in each environment and client – eg writeback to flowsheet
- All codes systems are sent back. Makes message heavy

Wish List

- More standard trigger points
- Specify code system
- Prefetch has more search parameters
- Option to limit data in resource
- Option to gather data across encounters
- Search by base name (limitation of LOINC)
- Ask for subset of data

Ongoing Challenges

- **Single Unified Source of Care Priorities: Chronic & Preventive Care**
- **Prioritizing Across Clinical Domains is Challenging**
- **Access and Update via Patient Portal**
- **World-Wide Wizard: Web-based, anybody can input and access**
- **Patient and Clinician Archetypes**
- **Tailor Patient Output to Patient Numeracy, Language, Culture**

Publications

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Thank you!

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From Evidence to Practice

Shareable CDS and CDS Hooks for Workflow Integration

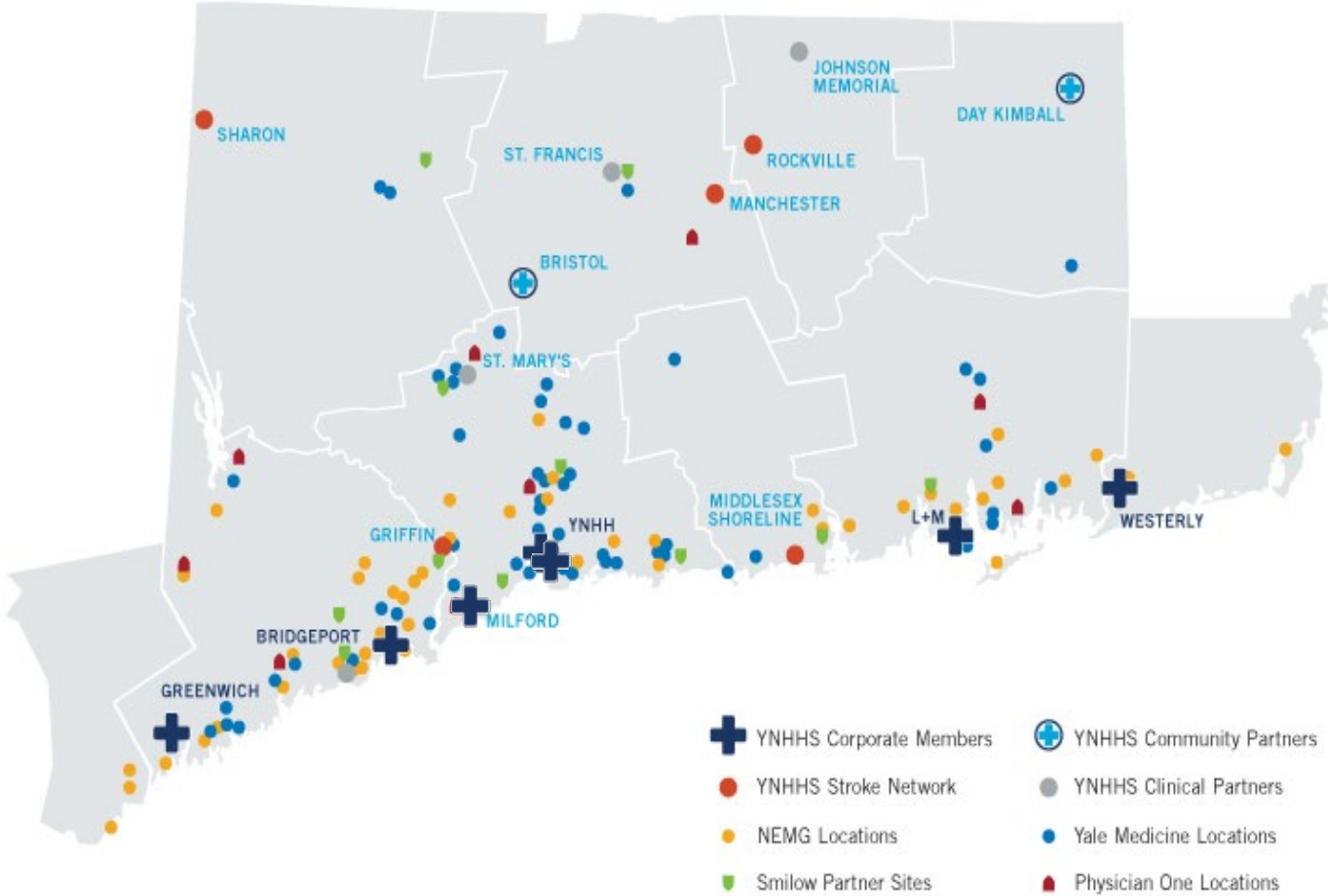
Nitu Kashyap, MD FAMIA
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Yale New Haven Health and Yale School of Medicine
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Outline

- Guidelines vs. clinical decision support
- Shareable and executable guidelines
- Workflow integration
- Maintenance

Yale New Haven Health & Yale School of Medicine

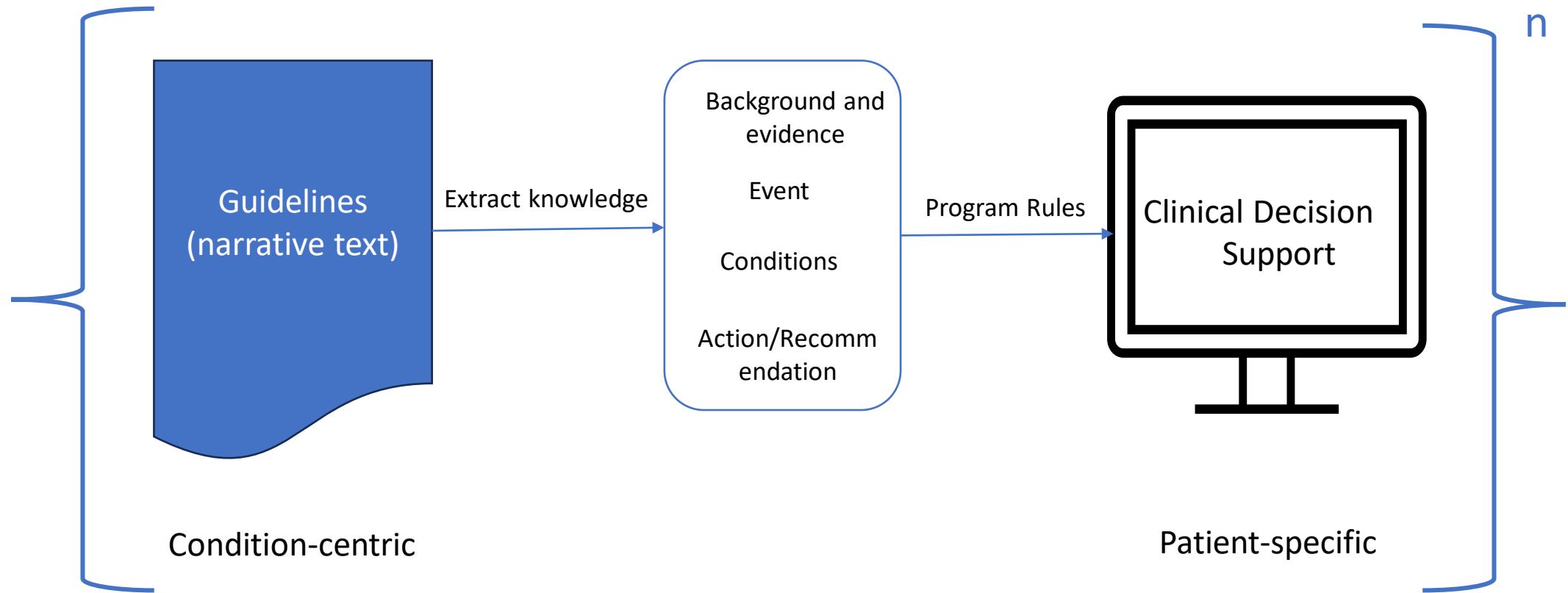
| |
|-------------------|
| \$6.7B |
| revenue* |
| 2,681 |
| beds |
| 271 |
| care sites |
| 7 |
| hospital campuses |
| 7,113 |
| medical staff |
| 26,000 |
| employees |



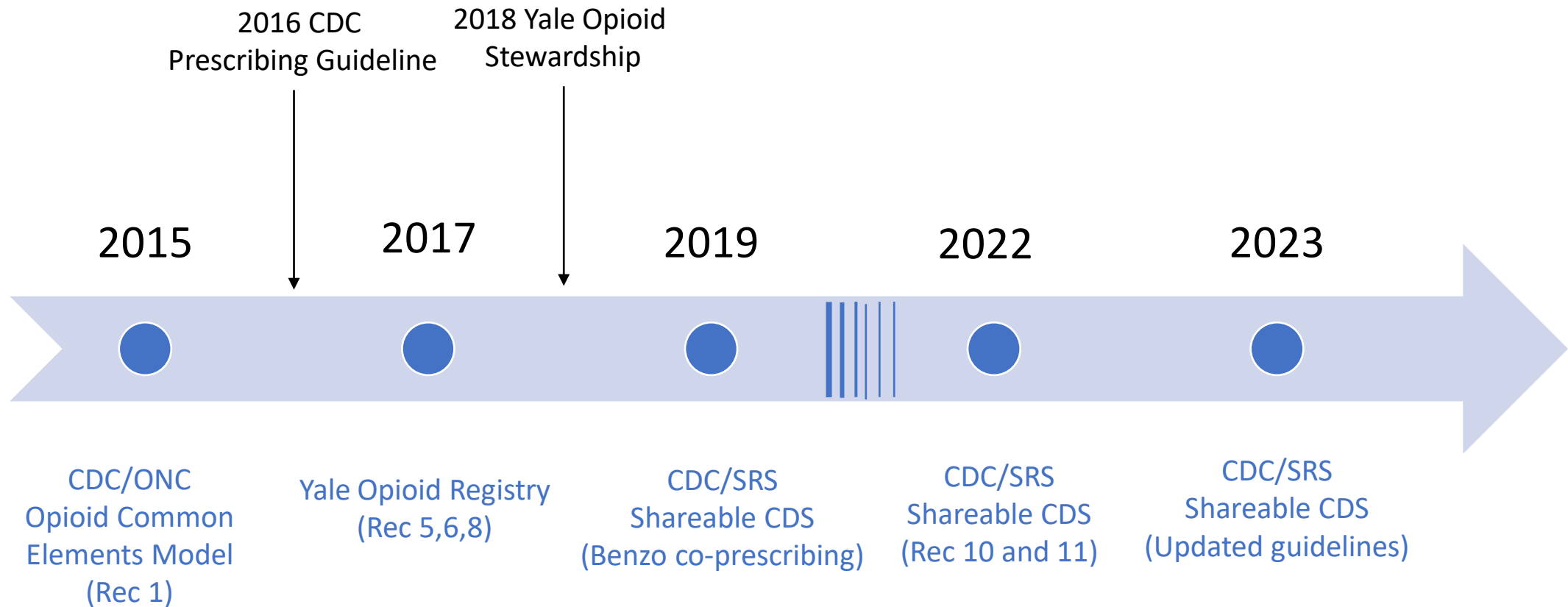
| |
|-------------------------|
| 462,998 |
| ED visits |
| 172,105 |
| inpatient admits |
| 2.7M |
| ambulatory encounters |
| 2,021 |
| active research studies |
| 691,930 |
| unique patients FY19 |



Guidelines vs. clinical decision support



Yale Opioid Decision Support Journey



CDC Clinical Practice Guideline for Prescribing Opioids for Pain

Determining when to initiate or continue opioids for chronic pain

1. Nonpharmacologic and Nonopioid Pharmacologic Therapy Consideration
2. Opioid Therapy Goals Discussion
3. Opioid Immediate Release Form When Starting Opioid Therapy

Opioid selection, dosage, duration, follow-up, and discontinuation

- 4 and 5 - Lowest Effective Dose
6. Prescribe Lowest Effective Dose and Duration
7. Opioid Therapy Risk Assessment

Assessing risk and addressing harms

8. Naloxone Consideration
9. Consider Patient's History of Controlled Substance Prescriptions
10. Urine Drug Testing
11. Concurrent Use of Opioids and Benzodiazepines
12. Evidence-based Treatment for Patients with Opioid Use Disorder

FHIR Implementation guide
provides detailed
documentation of logic, build
and pilot experiences

<https://build.fhir.org/ig/cqframework/opioid-cds-r4/documentation.html>

Pilot Shareable and Executable Logic

Overall Goal

Provide point-of-care support for CDC Guideline for Prescribing Opioids for Chronic Pain

Sponsor: CDC

Contributors: ONC, AHRQ, Yale, Indiana University, Duke, Security Risk Solutions, Epic, Cerner, and many others.

Approach

Leverage health IT standards for representing clinical knowledge & integrating into EHRs

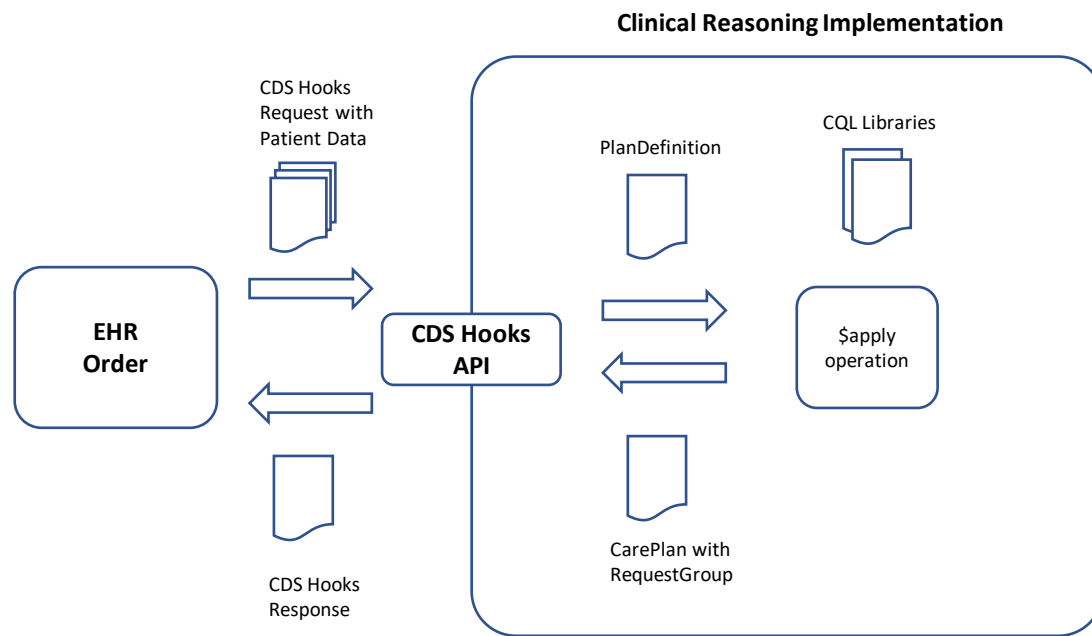
Yale Pilot Purpose

To evaluate the feasibility clinical reasoning module and CDS Hooks in EHR

Yale Pilot Scope

Clinical reasoning module (CQF Ruler) developed centrally, deployed locally
Use CDS Hooks from Yale's Epic instance to connect to CQF Ruler and trigger CDS.

CDS Hooks Set Up



Epic EMR setup

Create Best Practice Alert (BPA) criteria rules

Link BPA to created CDS Hooks web service

Epic Interconnect Setup

Create an Epic Interconnect queue

Setup an EOA Record

Local implementation of CQF-Ruler

Provision dedicated server (VM) per CQF-Ruler requirements

* inside YNHH DMZ network

Setup a backup routine

Validate external access to CQF-Ruler server

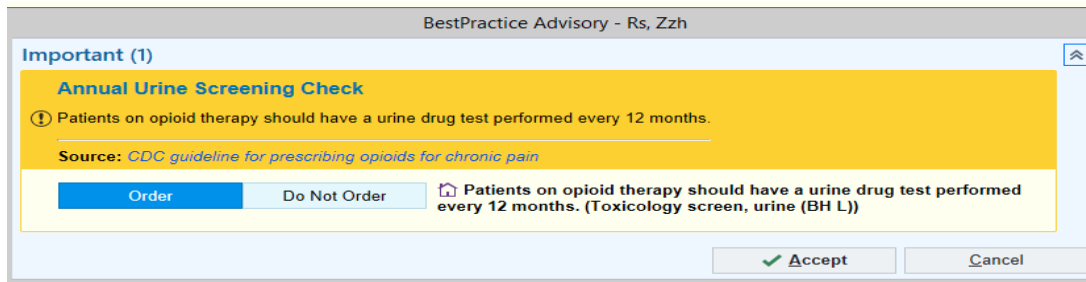
Setup the environment to support CQF-Ruler

Install CQF-Ruler and required dependencies

Internal validation of CQF-Ruler installation

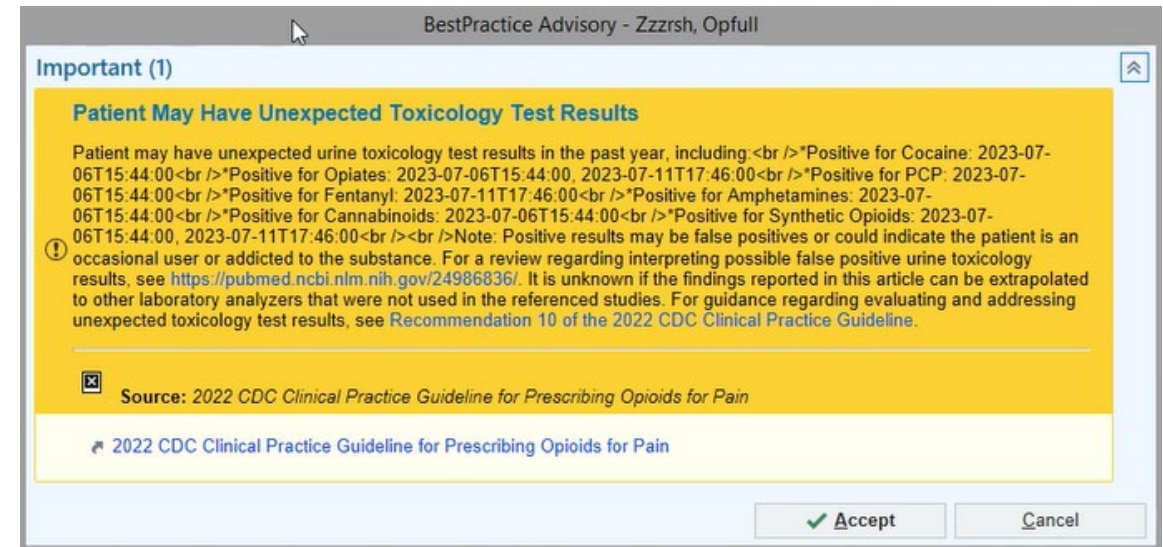
Rec. 10 CDS Alert Displays

- CDS alert displays when prescriber signs order for opioid AND
no urine drug screen results are available in last one year
- Recommends user order urine drug screen
- Link to CDC opioid prescribing guideline
- Urine drug screen order is pre-selected to be placed when alert is accepted.



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- Moved to 2022 guidelines
- Additional logic to include alert for **unexpected UDS result**: Cocaine, PCP, Opiates, Fentanyl, Synthetic opioids, Amphetamine, THC

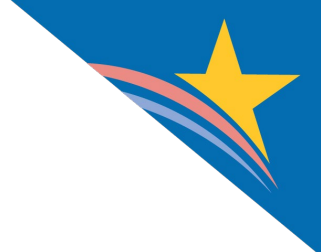


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Lessons Learned

1. Packaging test patients and script in CQF instruction reduces local time
2. The depth of local skills and time commitment needed is reduced.
3. Multiple systems undergoing asynchronous upgrades adds to the complexity.
4. Vendor and SME engagement is critical for early progress.
5. CDS Hooks is emerging standard. Will continue to mature.
6. Knowledge updates reviewed and developed centrally. Local focus on retesting and performance assessment.

Shareable CDS can reduce time taken to deploy CDS
>> expedite guideline adoption.



Discussion



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for Health Information Technology

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Phone: 202-690-7151



Health IT Feedback Form:

<https://www.healthit.gov/form/healthit-feedback-form>



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