PCOR CDS-LN Steering Committee Charter - DRAFT

Prepared By: Executive Steering Committee

Date: 7/8/2016

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A. Primary Functions

The AHRQ Patient-Centered Outcomes Research (PCOR) Clinical Decision Support (CDS) Learning Network (LN) Steering Committee (SC) plays a leading and supervising role on the project. The PCOR CDS-LN SC shall provide oversight to the PCOR CDS-LN project in its entirety with the primary purpose being to engage stakeholders to identify and foster opportunities to disseminate and incorporate PCOR findings into CDS to drive appropriate care and improve health outcomes. The PCOR CDS-LN SC will serve as the final deciding entity for issues that project teams cannot resolve without escalating to a higher level and therefore require adjudicating. The SC will monitor and review the project's status, as well as provide timely guidance for overcoming potential barriers.

The PCOR CDS-LN SC is responsible for providing direction, vision, and insight on long-term strategies to ensure the PCOR CDS-LN works toward the purpose outlined above and aligns with identified PCOR CDS scientific and stakeholder needs. Members of the SC ensure business objectives are being adequately addressed and the project remains on target. In practice, these responsibilities are carried out by performing the following functions:

- Providing guidance to support the completion of key deliverables
- Monitoring the project status at regular monthly SC meetings
- Voting and making final decisions
- Resolving project conflicts and disputes, reconciling differences of opinion and approach

SC Approval Responsibilities

The SC is responsible for approving major project elements such as:

- Prioritization of project objectives, strategies and outcomes
- Quality assurance for deliverables identified in the project Work Plan
- Verification of appropriate effort and expenditures
- Development of risk management strategies to address potential threats to the project's success
- Creation and management of workgroups designated to address specific issues

B. Membership

The SC consists of 12 members from the stakeholder groups represented below:
- EHR Vendors
- Clinicians and Care Delivery Organizations
- CDS Intervention Developers and Vendors
- PCOR Recommendations and Findings
- Patients and Families
- Payer
- Academic Clinical Practice
- CDS
- Standards
- Informatics
- Policy
- Implementation

There are two co-chairs and 4 SC members that comprise the Executive SC. The Executive SC will serve for a term of 4 years whereas members of the Non-Executive SC will serve for a term of 1 year (July 15th to July 14th of the following year), but no more than 2 years if re-nominated.

Role of a SC Member

Each of the SC members represent a stakeholder group that is critical to the success of the PCOR CDS-LN. It is intended that each SC member leverage her or his experiences, expertise, and insights as a member of their stakeholder groups. SC members are not directly responsible for managing project activities, but are encouraged to provide guidance, support and vision for those who do. Thus, individually, SC members should:
- Understand the strategic implications and outcomes of initiatives being pursued through project outputs
- Come to each meeting having read the pre-distributed materials and prepared to share experiences, expertise and insights
- Appreciate the significance of the project for all major stakeholder groups
- Be genuinely interested in the initiative and be an advocate for broad support for the project outcomes

Responsibilities of an SC Member

To fulfill the role, each member is expected to:
- Attend and actively participate in monthly SC meetings
- If for some reasons a person cannot attend the meeting, s/he is responsible for notifying the Research Program Manager (Melissa Callaham, mcallaham@rti.org) about his/her absence 24 hours in advance
- Provide honest and unbiased opinions on matters under consideration
- Review and comment on materials that are to be voted upon
- Record a vote on every issue that the SC votes upon
- Check adherence of project activities to standards of best practice
- Foster positive communications outside of the SC regarding the project's progress and outcomes

Replacement of existing members

If an SC member resigns their SC role, the remaining members will nominate a new candidate. For the SC positions that rotate yearly, the general membership will nominate new SC members by the stakeholder groups designated above and vote via an electronic survey no fewer than two months prior to the completion of the current SC's term. The nominees with the highest number of votes will be elected to the steering committee. If an individual is offered an SC membership but does not accept, then the SC may elect a candidate in their place by majority vote. If

C. Meetings

The SC will meet on a monthly basis for 90 minutes and will provide guidance to all governance, scientific, and other elements critical to achieving PCOR CDS-LN goals. The Principle Investigator and SC co-chairs will facilitate

the SC meeting. Except as otherwise agreed upon by the SC, regular meetings of the SC shall be held on the second Wednesday of every month from 2:30-4:00 EST. A written notice of any regular meeting shall be communicated by email to all Representatives at least five (5) days prior to such meeting. The PI and co-chairs will be responsible for providing these materials (see below re: meeting agendas). Special meetings of the SC may be held at any time at the request of any two (2) Representatives, provided that written notice of such special meeting shall be provided to all Representatives at least fourteen (14) calendar days prior to the date of such meeting, and shall contain the time, date and purpose of the meeting. A Representative shall be considered present for a meeting if he or she participates by telephone conference call so that all Representatives participating in the meeting can hear each other simultaneously. Committee resolutions may be adopted without a meeting if set forth in writing and signed by all of the Representatives.

Chairperson; Record of Proceeding

The SC co-chairs will designate who is the meeting chair prior to the start of each meeting. The meeting chair will bear primary responsibility for directing each portion of the meeting prior to each meeting. The steering committee co-chairs will be responsible for setting the agenda with the input of the executive steering committee, facilitating the meeting, and managing all official actions that are called during the meeting. The SC co-chair not serving as the meeting primary leader for any given meeting will function as the second chair. One RTI staff support person shall be designated to serve as the clerk of that meeting and make a written record of the proceedings. Within a reasonable time after each meeting, the record for that meeting shall be circulated for the review of the Representatives and shall be approved (or modified, if appropriate) within thirty (30) days of the date of the meeting.

Quorum

A quorum of the SC at any meeting shall exist when 75% of Representatives are present at the meeting.

Voting

Any decision or action of the SC shall require the affirmative vote of at least a quorum. Quorum is defined as 75% or more PCOR CDS-LN SC members. In the event of a tie vote, a second vote will be held, allowing steering committee members to recast their votes. If the second vote is a tie, the discussion will be tabled until the next meeting.

The Representatives may vote by proxy. A proxy is defined as one that receives the right to vote for a SC "Representative" in this "Representative's" absence from the meeting. For a proxy to be approved, such Representative must give notice and receive approval from SC Chairs 24 hours before the next meeting.

Meeting Agenda

Prior to each meeting, the co-chairs will develop an agenda which will be distributed to the SC members 5 days prior to the meeting. Any requests to include a topic on the agenda should be sent to Melissa Callaham at mcallaham@rti.org 10 days prior to the convening of the meeting. The meetings will cover project updates, workgroup reports and other key strategic areas needed to be addressed by the PCOR CDS LN initiative.

Inputs to the SC

- Decisions on stakeholder requirements
- Individual or combined teams issues
- Workgroup reports
- Council guidance
- Deliverables for approval
- Alternative technologies and platform decisions

Outputs of the SC

- General guidance to achieve the vision and strategies of the PCOR CDS LN goals that builds on the foundational inputs
- Ratification of all decisions requiring steering committee approval (i.e. deliverables, timelines, functionalities)
- General advisory role on timeline and budgets

D. Appendix 1. List of PCOR CDS-LN SC Members

Table 1. List of Executive PCOR CDS-LN SC Members

Area of Expertise	First Name	Last Name	Organizational Affiliation
Academic Clinical Practice, CDS, Standards, Informatics, Policy	Blackford	Middleton	Apervita
CDS, Standards, Implementation, Policy	Jerry	Osheroff	TMIT Consulting
CDS, Standards, Policy, Informatics	Robert	Greenes	Arizona State University
Standards, Academic Informatics	Kensaku	Kawamoto	University of Utah
PCOR, Policy, Standards	Edwin	Lomotan	AHRQ
Informatics, Standards, Policy	Barry	Blumenfeld	RTI

Table 2. List of Non-Executive Steering Committee Members

Area of Expertise	First Name	Last Name	Organizational Affiliation
EHR Vendors	Leigh	Burchell	Allscripts/EHRA
Clinicians and Care Delivery Organizations	Christopher	Longhurst	University of California, San Deigo
CDS Intervention Developers and Vendors	Scott	Weingarten	Cedars Sinai/ Stanson Health
PCOR Experts	Barbara	McNeil	Harvard Medical School
Patients and Families	Pat	Mastors	Patients' View Institute
Payer	Geoffrey	Crawford	Anthem, Inc./AHIP

E. Appendix B RACI Matrix

RACI Matrix for the Patient Centered Outcomes Research Clinical Decision Support Learning Network (PCOR CDS-LN)

RACI Definitions:
- R – Responsible ("The Doer")

The "doer" is the individual(s) who actually complete the task. The "doer" Is responsible for action/implementation. Responsibility can be shared. The degree of responsibility is determined by the individual with the "A".
- A – Accountable/sign off ("The Buck Stops Here")

The accountable person is the individual who is ultimately answerable for the activity or decision. This includes "yes" or "no" authority and veto power. Only one "A" per row.
- C – Consult/two way ("In the Loop")

The consult role is individual(s) (typically subject matter experts) to be consulted prior to a final decision or action. This is a predetermined need for two-way communication. Input from the designated position is required.
- I – Inform/one way ("Keep in the Picture")

This is individual (s) who needs to be informed after a decision or action is taken. They may be required to take action as a result of the outcome. It is a one-way communication.

Above definitions taken from:
Smith ML, Erwin J. Role & Responsibility Charting (RACI) [Internet]. Available
from: https://pmicie.starchapter.com/images/downloads/raci_r_web3_1.pdf

Responsibilities of PCOR CDS-LN Committees, Councils, and Ops Team:

The PCOR CDS-LN Steering Committee ("Steering Committee") consists of 12 members with two co-chairs and is responsible for approving findings and making recommendations in line with AHRQ's goals of: engaging stakeholders, identifying barriers and facilitators to PCOR CDS in clinical settings, formulating recommendations, and effectively disseminating knowledge from the PCOR CDS-LN back to the community and the public. Toward those goals, the Steering committee will guide the activities of two supporting bodies (the PCOR CDS council and assigned workgroups).

The PCOR CDS-LN Council consists of 15 - 30 participants and is the primary forum for Stakeholders to engage in collaborative research-related discussion, consensus building, and decision making. The council is convened on a monthly basis to decide the best course of action to promote and grow the PCOR CDS-LN. Council members are drawn from the PCOR CDS-LN's membership and serve 1 year terms.

The PCOR CDS-LN Workgroups are established and driven by the identified needs of the steering committee, council, and general membership related to integrating PCOR CDS in clinical settings, and address specific issues and concerns of the PCOR CDS-LN. Work groups are led by an individual approved by the steering committee. Workgroups produce and present a progress report at a frequency deemed necessary by The Steering Committee for its consideration. Beginning in Year 1, four separate workgroups will be formed to cover: 1) **Barriers and**

Facilitators, which is to make recommendations regarding the use of PCOR-enabled CDS; 2) **Dissemination**, which advises on publicizing PCOR CDS-LN findings; 3) **Technical Standards**, which addresses HL7 harmonization and PCOR/clinical quality measure [CQM] integration; and 4) **Evaluation**, which oversees evaluation activities of the PCOR CDS-LN. A **Sustainability** workgroup will be formed beginning in Year 2.

The AHRQ Project Officer is ultimately accountable to AHRQ on all matters related to the grant. However, from a project perspective is considered to be a consultant on all areas of the RACI grid below.

The RTI Operations Team builds and caries out the operational activities necessary to establish and support the PCOR CDS-LN collaboration infrastructure, initial environmental scan, and conduct the evaluation efforts.

	Steering (Executive) Committee	Council	Workgroups	AHRQ Project Officer	RTI Operations Team	PI
Governance	A	I	I	C	R	R
Strategy	A	C	I	C	R	R
Project/Ops Mgmt	C	C	I	C	R	A
Work Products	A	C	R	C	R	R
Budget	C	C	I	C	R	A