Findings from Technical Framework WG
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TechFWG initial steps

- Broad, multi-stakeholder engagement
- Review OAP scenarios and HIT interventions
- Identify barriers, facilitators, remaining challenges, required actions
- Refine matrix on barriers and facilitators
- Focus especially on needed actions
- Prioritize next steps, seek stakeholder commitment
TechFWG deliverables

- Matrix of barriers, facilitators, and remaining challenges
- Needed actions → to feed into OAPWG action plan
- Development of a white paper based on these recommendations
Six categories for further action to implement CDS

- Regulatory Environment
- Data Integration
- Scalability
- Business Case
- Effective & Useful CDS
- Care Planning & Coordination
Regulatory Environment

- **Barriers:**
  - Federal, state, and at times even institutional regulations and/or limitations on prescribing, confidentiality, and PDMP data

- **Facilitators:**
  - Initiatives that connect PDMPs from across states (e.g. PMP InterConnect) and state regulations requiring e-prescribing of controlled substances can facilitate access to PDMP information

- **Needed Actions:** Advocate to address conflict and overlap between federal, state, and local regulations regarding controlled substances
  - Federal: unify regulations on a national level according to the evidence base
  - State: encourage voluntary coordination
  - Local: define and share cohesive evidence-based guidelines that incorporate federal and state regulations
Data Integration and Summarization

▪ **Barriers:**
  – Capture, availability, format, matching, access to (both read & write), capture, visualization, and quality of relevant source data can be restrictive or limited

▪ **Facilitators:**
  – Opioids are an important use case with sufficiently constrained scope to be achievable and serve as a guide for other areas

▪ **Needed Actions:** Define data needs and interoperability requirements with achievable goals tied to clinical needs
  – Federal: fund the development of a set of data needs and a set of consolidated requirements specifications for interoperability (e.g. use a process like IHE) and research on visualization best practices
  – Providers and patients: facilitate improved data quality by giving patients access to update their own data
  – Vendors: test and verify architecture and standards for semantic interoperability in an iterative fashion
Scalability

- **Barriers:**
  - Assuming data are available, tools to scale (e.g. SMART on FHIR or CDS Hooks) are nascent and need to be localized

- **Facilitators:**
  - Emerging repositories to support the availability of CDS artifacts (e.g. CDS Connect), as well as ongoing maturation of relevant standards and their support

- **Needed Actions:** Reach agreement on desired CDS at scale and develop specifications and implementations accordingly
  - Federal: need an authoritative body agree to and to promote human-readable and computer-interpretable guidelines; fund research on best implementation strategies for desired CDS
  - Professional societies: develop and provide clinical endorsement of guidelines on opioid use and pain management and encourage widespread adoption of technical framework to support this
  - Vendors: support approaches for centrally managed CDS that ensures trust attributes are adhered to
Business Case

- **Barriers:**
  - Incentives of today are not aligned with needs and cost/ROI has yet to be clearly established for CDS

- **Facilitators:**
  - Value-based care initiatives (across all stakeholders) may provide needed incentives

- **Needed Actions:** Establish and promote business case including through incentives across stakeholder groups to improve pain & opioid management
  - CMS and other payers: incentivize achievement of quality goals and best practices while mitigating unintended consequences
  - Federal or state: support and incentivize the implementation of CDS solutions
  - All stakeholders: improve performance and cost of CDS
Effective and Useful CDS

- **Barriers:**
  - How to make effective CDS in general and specifically for opioids still requires more insights

- **Facilitators:**
  - There is significant knowledge regarding CDS and usability best practice approaches
  - Simple behavioral nudges may be effective as well

- **Needed Actions:** Identify CDS success factors
  - Government: fund research
  - Researchers: continue research on the most effective approaches to improving care using CDS
  - Users: provide the necessary input to ensure that CDS platforms meet user-centered design goals
  - Vendors: identify effective CDS and best practices and share broadly
Care Planning and Coordination

▪ **Barriers:**
  – The complexity of patient care requires a shared understanding (and modeling) of the care planning process, including any integrated data available, among all care providers

▪ **Facilitators:**
  – The scale and impact of the opioid crisis could enable agreement on common approaches to coordination and treatment

▪ **Needed Actions:** Develop an approach to cross-institutional care planning to facilitate coordination
  – Federal: provide funding for cross-institution demonstration projects; incentivize value-based care
  – Researchers: develop a body of evidence to guide the dynamic care planning process
  – Standards: develop, pilot, and refine standards for care planning and coordination
Next Steps and Breakout

- Breakout: **refine analysis** and recommendations for action
- **Harmonize** with OAPWG findings
- Finalize and publish **white paper**
- Potentially submit peer-reviewed **manuscript**
- Overall direction beyond above steps to be determined by **Patient-Centered CDS Learning Network Steering Committee**
Summary for SC

- Actions needed in six areas
  - Advocate to address conflict and overlap between federal, state, and local regulations regarding controlled substances
  - Define data needs and interoperability requirements with achievable goals tied to clinical needs
  - Reach agreement on desired CDS at scale and develop specifications and implementations accordingly
  - Establish and promote business case including through incentives across stakeholder groups to improve pain & opioid management
  - Identify CDS success factors
  - Develop an approach to cross-institutional care planning to facilitate coordination
- What will it take to pursue these?
For more on the TechFWG, please contact Kensaku Kawamoto at kensaku.kawamoto@utah.edu and/or Laura Marcial at lmarcial@rti.org.

For updates on future events and activities of the PCCDS-LN please check out our website at www.pccds-ln.org

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