Questions from CDS for Pain Management Webinar January 15, 2020

1) Is there a way to download the slides from the Zoom app or will the slides be distributed some other way?

     Answer: Slides will be sent to registered attendees as well as posted to the Learning Network Website pccds-ln.org.

2) Where is this dashboard from?

     Answer: You can access the dashboard at AHRQ's CDS Connect repository here: https://cds.ahrq.gov/cdsconnect/artifact/factors-consider-managing-chronic-pain-pain-management-summary.

3) Is it possible to consider implementing this through a Health Information Exchange?

     Answer: The solution advanced in the RTI led project is not being designed for use with an HIE. However, with modifications, he MyPAIN component could conceivably be triggered and populated from data contained in a HIE. An association with a specific EHR would also be required to invoke and use the PainManager component which is designed to be used in the context of an office visit. The CDS solution being developed by the Medstar led team is not designed for use with an HIE.

4) How is patient privacy maintained using the dashboard? How many providers can access (read) patient data simultaneously?

     Answer: Only the provider with a treatment relationship should see the patient's data in the dashboard. They will receive a notice that the info is available in the Dashboard.

5) How were the clinical partners for the RTI project selected?

     Answer: RTI spoke with a variety of potential partners and there were various factors including CDS4CPM's fit with their organizational goals as well as sites' clinical & informatics expertise and availability over the 2-year project period.

6) Which pain scale is being used for patient assessment within the application?

     Answer: We are (RTI) narrowing down on either PROMIS short form or PEG. The MedStar project is using PROMIS pain-related measures including items for pain intensity, pain interference, and pain behavior.

7) What underpins the selection of this pain scale versus other scales?

     Answer: Includes clinical utility, project scope, and licensing. For these issues and more we have a great team of clinicians and informaticians to weigh in!

8) How were you able to bring together the multidisciplinary team? It's always difficult to bring all players together.

     Answer: Yes, it is always hard to bring together multidisciplinary teams as described in both projects. There is no special advice, just a lot of effort put into meetings, email, and calls, and other methods of communication leading up to the kick-offs (and continuing during the projects)

9) Will the solutions presented be available for non-epic sites in the future?

> **Answer:** The solutions should be available as standard-based shared artifacts, usable at any site. However, implementation at specific sites will almost always require additional work to localize

10) What specific methods or protocols are being used for the stakeholder interviews, workflow analyses, usability testing etc. Are these instruments/protocols from the literature and validated? or are they developed by MedStar?

> **Answer:** We believe Dr. Miller addressed these issues after you left the meeting, we hope her subsequent slides (along with cited references) address your question. Any additional requests for references may be directed to Robin Littlejohn at MedStar Health Robin.A.Littlejohn@medstar.net.

11) I'd love to get some literature references on the methods and concepts used in the scientific discovery and data visualization process.

> **Answer:** Please see the literature references in the concluding slides of the slide deck. Any additional requests for references may be directed to Robin Littlejohn at MedStar Health Robin.A.Littlejohn@medstar.net.

12) Are there specific plans to bring in information from a PDMP? It was sort of glossed over in the talk.

> **Answer:** The RTI led team plans to make some PDMP data available in the PainMananger component being developed. That said, significant challenges exist when it comes to pulling in PDMP data with regard to state regulations, costs to access state data or APIs, and support for standard-based interaction. The level of information will vary between the two healthcare sites in the RTI led project. Vanderbilt will not pull in PDMP data to PainManager, but University of Chicago will.