Composite- Minutes

Thursday, October 12, 2017 8:14 AM

Focus of the SCOPE of the Conceptual Model
Extending beyond the original scope of the use care

- External artifacts that at not
- API-Davide

SCOPE

- Bryn: HED or Clinical Reasoning
- Combining an artifact without content or not structure content
    - Identifier to associate the responses
    - Scrap the guidance based on the identifier
    - Great-we do not have that use case anywhere
        - Track the artifacts
        - Not the Structure of an Identifier
    - Presentation by xxxxx worked with Decananse and integration for CSD into their system
    - They were not interested in the CONTENT but interested in tracking multiple systems for evaluation.
    - DSS knowledge artifact or the modular identified.
        - CSD Provider-Drug Drug Interaction and it is XYZ
        - Registry of KNOWN MODULES and ways to relate that without describing the content of the artifact
        - Decision support from multiple sources and combing into the results to make sure they identifiy care gaps
    - Lorraine:
        - VA Authoring-Identifier has come up and how to we ID an identifier scheme
    - Bryn:
        - Share the behavior
        - ID Artifact to track responses to it in a more consistent environment
        - Very interested in taxonomy for describing the types of deviations from the guidelines that an artifact would have
            - Meta data-Artifact is derived from some other artifact or

reference
        - Further-Davide has done work into his area on the met a data side
        - What kinds of deviations they make.
        - DESCRIBE THE ARTIFACTS-Just in describing the behavior and how to understand at a more semantic level how to combine from multiple sources.
- Emory:
    - Attestation of the source material and the logic
    - What do they want to do exactly?
        - Source
        - Influence what exactly?
- Bryn:
    - How they deviate?
    - What ways was the artifact used to drive?
    - We cannot say much currently about the deviated?
    - Can ID how they used part of the criteria and ignored others in this context.
    - Those types of deviations when you are deriving from a Quality Measure
        - All we can say is they is they deviated
        - Davide work captures more detail of this.
- Emory:
    - Interesting
    - Document author cannot simply refer
    - Validate from a governance perspective that the
    - CDS rule is their signature
        - Mayo has derived or derivative work
        - Clinical content has to be accurate
            - KNART project
                - Being able to document fully the exact line or lines within a referenced journal article that a rule is based on.
                - Not referenced like a Bibliography and the exact line with inclusion and exclusion criteria.
    - Sounds like the presentation:
        - Incorporate the derived work
        - Annotate this particular derived work

        - This particular attestation statement
            - Derivative work
                - Attesting you have validate
                - Reference was valid
- Rebecca:
    - Claims
    - Provider
    - Quality Measure
    - Used the data used clinical decision support to see that if the metric was met or not met
    - Pulling data from multiple sources
    - Gap in how it was derived.
    - Tell the provider if the metric was met or they needed to act on it
    - Claims HER-Documentation and an error and it never occurred and they need to adjust the work.
    - They are not updating the guidelines and the quality measure are around Value Based Purchasing.
- Lorraine
    - Codify the guideline
- Bryn:
    - Quality measure space
        - Derived in some way
    - DS derived from the guideline as well or the Quality Measure or both
    - Sense
        - Characterizing the criteria
            - Numerator and added this constraint because it did not make sense for our institution
            - Deviation from the source material
- Robert Larry:
    - Awareness and effort going on right now
        - Pedigree of diploma (OMG)
        - Requirements of what that will look like?
            - How is an artifact?
                - Derived original source
                - Methods
                - Where did it come from
                - Chain of custody of the artifact

        - ◇ Started last month to develop these requirements
    - Emory
        - Providence issue
        - What is the characteristic of the data it is applied to?
    - Robert:
        - This is the work we are doing (OMG)
        - Variable sources of data validity
        - Represent the confidence you have in the information being provided.
    - Emory
        - What are the scope for the Conceptual Model
        - Initial
            - □ Clearly articulate -KNART representation of logic
            - □ Additional refinement -ECA-Should there be meta data be applied from data from this source or this type of source.
            - □ Evidence-In scope for discussion on where and how much of that meta data we want to refine.
            - □ Conversation at OMG.

- Lorraine:
    - Document the touch points
    - API for Knowledge bases that Davide is working on
- Scope, do we include the Measures in the Conceptual Model
    - Conceptual Model
        - Include
            - □ Incorporate these into the conceptual model

Emory:

- Do they break away measures from rules?
    - Rules to including calculations?

Bryn

- General agreement
- Measures in the program spaces HEDIS-all use a very specific measure structure that has well defined calculations in them.
- In the space in general, there are lots of vendors and tools and utilities that derive rules from those quality measures
    - Patient focused

    - Inversion of the measure logic

- A measure is a query that you expect results from
- Rule is a description of behavior will happen

- That is the part that makes a measure a very different class. I want a report

Emory:

- Reconcile that measures and rules
- Consistent with the artifacts already exist
    - ECA Rules
    - Doc Templates
    - Order Set
- Conceptual model clearly distinguish between measures and rules

Lorraine:

- Measure Resource

Bryn:

- Measure Resource-meta data has been harmonized across the plan definition and all the knowledge artifacts meet the same meta data structure
- HQMS specification itself and provides clear descriptions of what a measure is and it's format representation-Calculations in specific-Normative spec-

Emory:

- Floyd to provide material
- Limit scope to new TSS-Rules and Measure and NOT address predictive models in first version.

Lorraine:

- What is out of scope?
- Relationship of BPMN and might be something we care about.
    - Value

Emory:

- Workflow based and need to indicate
- Include workflow semantics within the

- Workflow as an artifact -Caviet and workflow is very prescriptive and has limited degree's of freedom. Knowledge artifact is more generally more
- Case Management notation
- Conceptual Model Clinical Artifacts

- Conceptual Model Clinical Artifacts
    - When does the KA describe the behavior
    - When does the KA describe the
    - Acceptable courses of behavior
- Case Management Notation
    - Goal
    - Course of Action toward that goal we will leave you the provider alone

Robert:

- How do we start using the KNARTS.
- Problem with the process-some are simple
- Clinical pathways can be elaborate
- Does the KNART can it consist of a process and a decision and a data model to support

Emory:

- Clinical Decision support artifact
- Names of knowledge that are being combined
- Suicide
    - Clinical specifications
    - Independent form operational artifacts
        - Acceptable and legal expectations_operational
        - Regulatory_contraints the diagnostic workup
    - Sometimes we try to create a KNART for all of those things
        - What are we addressing?
        - MD preferences add to the mix
- Discussion what is a boundary of the CDS
- Modeled separately.
- Bias we need to do that?

SCOPE

- Providance question in scope-Data Source
- Workflows

Out of Scope
Predictive Models-Stage 2

I can no longer hear.