Scope discussion

Identification of artifacts in a multisystem environment

Capture the type of derivation of one artifact from another – what happened when you localized or derived, eg a decision support artifact from a quality measure

Author must be able to validate that the artifact is appropriate

Need precise references to be able to cite support for assertions

Is there a way to incorporate fine grained references with in the derived work

Effort going on in OMG on Pedigree and Provenance

Robert encouraging connecting with that effort

Emory - two concepts

Derivation of provenance across derivative works

What is the characteristic of the data that the rule or guideline is being applied to?

Characteristic – what is the source of the data? Measured? Provider assessed? Patient supplied?

Initial step more clearly articulate the implication of provenance both for the knowledge artifact and for the provenance of the data that the rule is applied to.

Eg – ECA – this rule should only be applied to data with this source, or confidence level.

Include touch points with other efforts such as provenance work and API4KB

Include measures and other items included in the clinical reasoning fhir work

Bryn – given the clearly identified requirements from the measures space

HQMF is normative now, metadata has been identified

Measure resource based on the HQMF v3 resource, in the same way that the Plan Definition resource used the HeD knowledge document

Is a measure distinct from a rule?

Measures in the regulatory program space use a specific measure structure that has well defined calculation methods.

In the space in general, there are vendors deriving rules from the quality measures. Differentiate from the rule associated with a measure and the measure itself

Measure is a query you expect results from

Rule is a description of behaviour

Reconcile the distinction between measures and rules in a way that is consistent with the current artifact types of the specification

Confer with Floyd offline to bring definitions and material forward

Should we limit the scope of this pss to ellucidating the distinct between rules and measures? What about workflow and predictive models?

The relationship of artifacts to clinical workflow and a care context

Include workflow semantics in the conceptual model

Workflow itself is an artifact, caveat – it is very prescriptive and has limited degrees of freedom.

Knowledge artifact in general has many greater degrees of freedom, aligns better with CMNN and DMN – open or closed world distinction

Discuss the relationship to case management and to decision management

Sometimes we conflate a clinical decision support artifact with –

Three domains of knowledge

Clinical pathways based on differential diagnosis

Operational knowledge artifacts and guidelines

Legal or regulatory requirements / constraints

Sometimes we combine those three axes of content. Add in patient preference

Boundary of a CDS artifact vs an implementation of a CDS artifact within a clinical context

Reconcilining conceptual knowledge around rules and measures in scope

Workflow in scope

Provenance of both data and artifacts in scope

Brynn – good scope boundary is artifacts we can currently represent in boundary of