Q-1
*How will we define the scope and focus the standards workgroup to be as productive as possible?*

A-1

(Bob Greenes): First we need to find out who else would like to be involved. Then we will convene an initial teleconference to identify use cases and develop actions.

(Rachel Richesson): We have folks that were part of the Standards Workgroup at the July meeting, and we will be adding folks based on those who are interested in joining this workgroup. Interested folks can express interest in joining any MCBK workgroup by contacting us at: MCBK-Info@umich.edu.

Q-2
*How will you use/incorporate existing efforts that are working towards many of the same goals of MCBK?*

A-2

(Bob Greenes): We do not want to reinvent the wheel, we want to do complimentary work. We don’t have the manpower or resources to do this; the “we” has to be the broader community, we have to work with groups who care about these things.

Q-3
*What would be the use cases?*

A-3

(Rachel Richesson): These would need to come from our constituents; we welcome people to bring forward use cases, not only for the Standards workgroup, but for the other workgroups as well who will also be relying on use cases.

(Chris Shaffer): *Infrastructure Workgroup* We want to develop use cases that allow us to connect stakeholders to the framework components. In particular, we would like to identify use cases that are in implementation now, or, planned for implementation so that we can think about those and learn from them as we move along.

Q-4
*How much of this project will involve building infrastructure and developing standards as opposed to cataloguing and helping coordinate existing efforts?*

A-4

(Chris Shaffer): Yes, this is a really big challenge, I suspect that we’ll be doing more on the latter side with coordinating efforts and promoting people rather than building physical infrastructure. Developing standards is a question for the standards group but again, cataloging and organizing is more in line with what I see as the potential there, we don’t have a big grant to pay for building infrastructure.

Q-5
*How will the four tracks of this effort eventually be merged together? At what point do we decide that the four tracks need to be merged?*

A-5
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(Rachel Richesson): As you can see, there is a lot of potential overlap, or really, synergy across these groups. We have the four working groups, each with a set of co-chairs, and then each group has a liaison to the internal planning committee. There is also a steering committee – which all of the co-chairs are on - which has wide representation across various disciplines and perspectives. Our goal, at least initially, is to try to manage the communication for these groups centrally and so we can make sure that we are co-evolving nicely. While the structure and the number and types of groups may change over time, we at least have a plan for the short-term to coordinate these groups. We do expect synergy and cross-talk between the groups.

Q-6
What makes it hard for people to implement CBK right now? What kind of infrastructure is needed to make things easier?

A-6
(Chris Shaffer): The biggest challenge is lack of coordination across stakeholder communities. Everyone is doing things – to a certain extent - in isolation and one of the goals of this effort is to bring these communities together and see where there are patterns and overlapping interests and identify ways to encourage people to work together and not in silos.

Another big challenge is to find actual use cases that we can point to and say this is what we mean when we are talking about doing this work so that we can identify areas where there are actual boots on the ground work being done that we can use, not only as exemplars, but also examine and learn from.

(Chris Shaffer): This also aligns with Blackford Middleton’s comments in the chat pod where he is suggesting engaging EHR, and knowledge vendors / knowledge service vendors, which will also be critical stakeholders – as the implementers of CBK. This takes us out of the academic community and into the commercialization world which is challenging for some of us.

Q-7
Does the idea of usability and usability testing fall within the purview of the Policy workgroup, and, could you also describe the type of stakeholders that you would like to be part of your workgroup? Are you looking for someone specifically with policy experience, or, are you looking more broadly?

A-7
(Blackford Middleton): Usability is more of a concern of the technical infrastructure workgroup and vendors themselves; we didn’t see this as something that would be the main focus for this workgroup, but we are open to considering it.

As for who might be the ideal members of this workgroup, in the learning network trust framework document*, we identified nine actors. These include anyone basically involved at any point in the creation of the knowledge artifact, it’s translation, implementation, specification, knowledge curators, IT vendors, EHR vendors, knowledge services, knowledge providers, end users and the patients him/herself who are all impacted by whether or not these artifacts, payloads are working correctly and whether they are trustworthy.

(Jody Platt): There are some common topics popping up around privacy and security that we can engage around
as well along with related stakeholder groups. This may have been underemphasized during the presentation, but these represent key components related to trust as risk mitigators.

(Chris Shaffer): Agree about privacy and security - that will be a key stakeholder issue for technical infrastructure.

(Gunes Koru): I think this initiative should emphasize that we take information privacy and security seriously and are ready to deal with those issues head on.


Q-8
Have you thought about any specific strategies to engage different associations or societies and their agendas so that they can see our shared interests and disseminate this work about mobilizing computable biomedical knowledge?

A-8
(Jerry Perry): I have been working very closely with the Association of Academic Health Sciences Libraries and am on their board. I have been leveraging my board representation to bring forth interest in this particular topic. It may not be obvious to some of my partners and colleagues in the library sciences community about what their roles might be or what their interests might be, but I see them as being many, and critical. Thus, Chris Shaffer’s participation as well as others within our community of interest being involved in the first public meeting. I think it will be really helpful and important for us to leverage existing networks, and to me, that largely includes associations and societies. We have a responsibility to create collateral that markets and promotes the different ways that we can be engaged in this space. I am hopeful that this includes teaching and learning opportunities since many of us reside within the Academy and the teaching/learning mission is really close to our hearts and is really a lot about what we are about. Leveraging the example mentioned earlier about the Association of Academic Health Sciences Libraries, trying to get programming within our space that surfaces CBK and talks about the value proposition will be an important strategy that we can use. If we can create collateral in the form of digital learning objects that can be shared, and I don’t mean that ironically, but that can be shared in various communities of interest, especially in those for whom the relevancy, their immediacy, may not be immediately clear. I think that provides a great opportunity.

Q-9
What should be the criteria in selecting use cases according to your opinion?

A-9
(Chris Shaffer): Identifying the criteria for selecting use cases will be a challenge and we’ll probably need to get a group together to figure this out. In particular, we’ll want use cases that are going to demonstrate what we are trying to figure out here, and, that are practical and pragmatic and are either being implemented now, or, planned to be implemented in the very near future – not just theoretical use cases for 2-5 years from now. I’m sure there will be a lot more criteria, so hopefully, folks will consider joining the technical infrastructure workgroup to help us figure out how to do that.
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Q-10
Where does this initiative fit in with the CMS efforts to promote interoperability which have had some unintended consequences of too much data and too little actionable information.

A-10
(Blackford Middleton): I have shared the link to the HHS, ONC, CMS .pdf document** that refers to their strategy on how to reduce physician burden related to the use of Health IT and EHR. It is a great litany of all of the problems along with possible ways to mitigate the issues. This is centrally one of the ways that we can reduce physician burden by improving access to and use, at least in the clinic context - the purview here is much more broad – but at least in the clinic context, facilitating data flow and knowledge flow that is much more supportive of clinical care.


Q-11
Are there any clear boundaries to what we mean by knowledge or knowledge artifacts? Does it cover everything from a patient demographic datum to HL7 standards to common data models, to electronic phenotypes, to study protocols, to publication metadata, to knowledge synthesized by analyzing published papers (etc., etc.)?

Or, (adding to the above question) does knowledge represent formalized knowledge models as represented in ontologies, etc.?

To me all of the above are candidates for knowledge artifacts to include in the discussion.

A-11
(Rachel Richesson): I would like to reiterate that we are talking about computable, executable kinds of knowledge. So we’re not talking about data, or specific data types or protocols or electronic versions of paper documents, but rather, things that are executable. So the electronic phenotypes could fit into that category, I could see algorithms and that is one activity that the standards group had looked at in terms of how to catalog these.

Q-12
I’d to understand how MCBK fits aligns with and contributes to that and how MCBK as an organization differentiates itself from EHR vendors, providers, and payers. What are the achieved and potential outputs of the MCBK organization?

A-12
As described in our manifesto, we see widely-available and interoperable computable biomedical knowledge ("CBK") as the key to scaled, efficient dissemination of the most current health care knowledge. By extension, we believe that CBK used in this way has the power to improve healthcare quality, cost, and experience and reduce disparities. As a movement--and potentially, in the future as an organization--we are neither exclusively payer, vendor, nor provider, but rather, representatives of these and beyond: a community of stakeholders who
understand the importance of shifting knowledge representation into machine-executable models and promote its development in an inter-operable fashion.

**General Comments/Information**

The Infrastructure group may be interested in the CDC RFI for a National Testbed Collaborative effort.

CDC’s RFI link: [https://www.fbo.gov/index?s=opportunity&mode=form&id=0b8114d292da3b41cb026365bc743679&tab=core& cview=0](https://www.fbo.gov/index?s=opportunity&mode=form&id=0b8114d292da3b41cb026365bc743679&tab=core& cview=0)


We look forward to your continued involvement as part of the MCBK Community and to working with you to enable the delivery of comprehensive and updated biomedical knowledge at the point-of-care.

Thank You!

The Mobilizing Computable Biomedical Knowledge Community