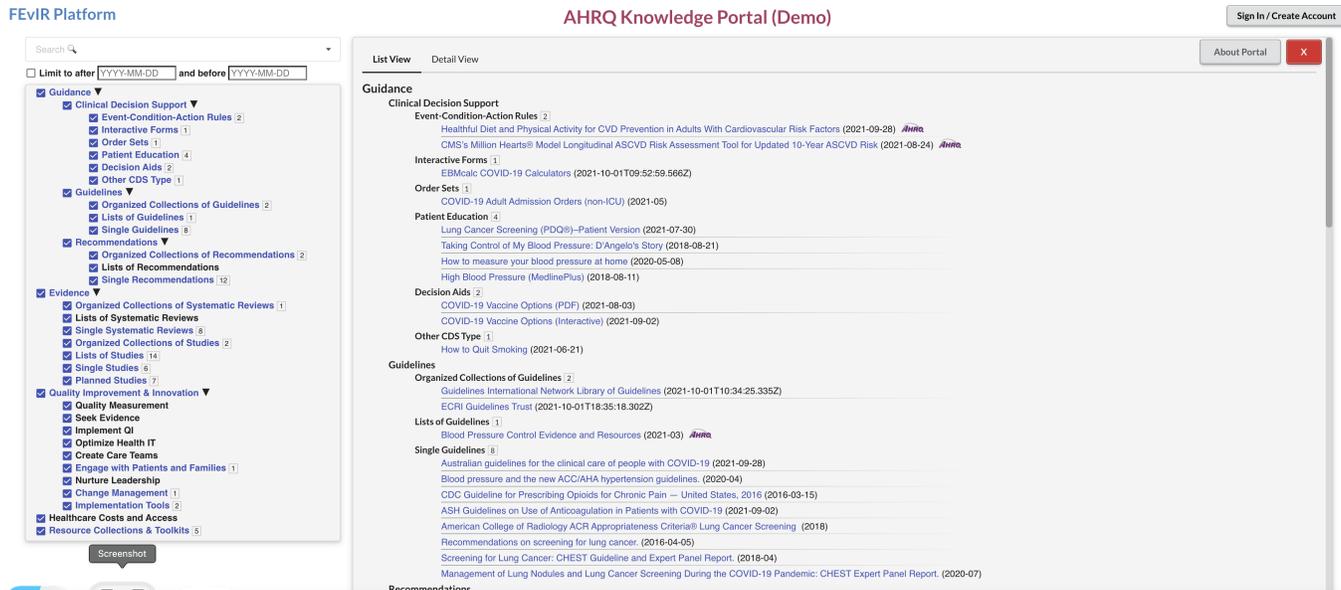


Work In Progress: AHRQ ACTS Knowledge Portal

Initial Working DRAFT for Stakeholder Input and Refinement

Note: This Knowledge Portal demo will illustrate the ability to access/display *computable* evidence and guidance on particular topics, such as can be done for COVID anticoagulation in the current ACTS [Recommendation Summary Browser demo](#). FHIR standards for evidence and citation resources can be used to gather this information (e.g., from [fevir.net platform](#)), for the ACTS demo.

A **DRAFT/under-development** version of the clickable demo is [here](#) (screenshot below); this will be integrated with another clickable demo [here](#). A draft document outlining considerations for evolving from the clickable demo to a production product is [here](#).



See this preliminary [ACTS Worksheet on AHRQ Assets](#) produced in early 2020 by Rich Boyce/University of Pittsburgh; begins to outline a taxonomy of AHRQ asset types, which types are available on which AHRQ websites, and specific assets pertinent to the Mae scenario.

Explore opportunities to leverage [guidance from NLM's Medline team about how to effectively use Medline](#); e.g., can/should we add at least a mention of leveraging Medline as outlined in this article as a component of functions this portal should ultimately address? Even if only mention this (including link to article above) in the 'Notes' companion to this document.

Portal Mockup demo notes

[Notes from 8/13/2021 ACTS Evidence/Guidance Computability Tool Requirements Project meeting](#)

20210813 Zoom Chat:

14:26:20 From Surbhi Shah : what about creating a repertoire of synonymous terminology
14:27:13 From Jerry Osheroff : Great, yes Surbhi - the idea is that there would be a 'thesaurus' that would be used to process entry terms - e.g., like google.

Added in "Full Text Search" field as (*Robust cross-references/thesaurus to enhance searches/shown to the user as predictive options as they type*)

14:27:54 From Surbhi Shah : exactly
14:55:15 From Jerry Osheroff : Tom - suggest we add "value sets" and 'quality measures' to the sort options/buckets.

Added as major sort fields at the bottom of the form

15:02:21 From Sandra Zelman Lewis : We also need to be sure to include (add?) date or currency and some form of quality rating for the artifacts.

Added at the top as - Sort Results by:

Publish Date / Release Date

20210813 Meeting Notes

Strong preference to remove the Top Line Nav links, as it will cause confusion / artificially limit the tool user

Recommendation to expand the functionality for guideline searches to include ability to filter studies that do/do not include a specified guideline

Recommendation for ability to tag data/artifact types, referencing the [ACTS Worksheet on AHRQ Assets](#) as an example.

Previous Notes

Show how mockup could *leverage a “future” Reference Implementation with FHIR / API standards etc., to demo evidence/guidance tool FAIRness*, and apply to use cases appropriate for each “actor” around the LHS cycle, who should need quick and easy access to the latest best evidence/guidance/tools etc. Maybe also put/display the patient/caregiver as a major actor in the center of LHS cycle or Demo Concept infographic?. Use cases/ actors could include:

- **Patient/ Caregiver** – Find latest recommendations / evidence / tools for *my condition, needs, goals*
- **Clinician (and demo shared decision making)** - Find latest recommendations for a *patient group*; understand disagreement among recommendations
- **Systematic Reviewer** - Identify *recommendation differences, assess evidence quality and identify gaps*
- **Guideline developer** - Find all *recommendations and rationale/evidence* related to the recommendation I'm developing
- **Guideline disseminator** - *Surface my recommendation(s)* for others to see and utilize
- **CDS developer/ implementer** - Identify evidence-based recommendations useful for *informing CDS intervention*
- **Other Actors that Gather, Analyze & Apply Data About Care Processes & Results, AND to Conduct Needed New Research:**
- **Measure developer** – find measures on a topic
- **Health systems executives?** – find how their performance on a target compares with others
- **Policy makers (Fed like CMS, and private)** – identify broad care gaps and opportunities to better put evidence and guidance into action
- **Researchers** – identify evidence gaps on a target that could be closed with additional research

Tie above to Mae Patient Journey and Marketplace (for app access) and Care plan (for tools to support plan execution) portions of concept demo
Show how CDS Connect Repository and Authoring Tool and the CEDAR API would interact with the Portal