TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

July 23, 2024

Robert Otto Valdez, PhD, MHSA
Director, Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

Submitted via email: clinicaldecisionsupport@ahrq.hhs.gov

RE: CDS Connect RFI posted to the *Federal Register*

Dear Dr. Valdez,

On behalf of the Texas Medical Association (TMA) and our more than 57,000 physician and medical student members, we thank the Agency for Healthcare Research and Quality (AHRQ) for the opportunity to comment on the request for information (RFI) seeking input on strategies and approaches to advancing shareable, interoperable, and reusable clinical decision support (CDS) resources.

TMA is a private, voluntary non-profit association and is the largest state medical association in the nation. It was founded in 1853 to serve the people of Texas in matters of medical care, prevention and cure of disease, and improvement of public health. Today, its vision is "improving the health of all Texans."

TMA offers overarching ideas for consideration that we believe will bring value to CDS Connect users from the physician perspective. Our responses primarily speak to the following questions posed in the RFI:

- What areas of expertise are essential for potential partnering organizations to possess in a public private partnership (PPP) with AHRQ to grow and sustain CDS Connect?
- If submitting as a potential partnering organization, what are the organization's interests and expertise in CDS, health information technology, and/or healthcare modernization?
- What is the value of a platform like CDS Connect?
- What can be done to improve the value of CDS Connect to clinicians, patients, CDS developers, and other stakeholders?

It is important that all CDS Connect artifacts providing clinical guidance are peer reviewed by national specialty societies. TMA recommends partnering organizations be credible and nationally recognized in providing clinical guidance with evidence-based care standards leading to the best possible outcomes for patients treated. National medical specialty societies are good examples of these types of organizations. Physician informaticists also would be ideal reviewers.

Users should have assurance the information provided via CDS Connect is updated regularly with peer-reviewed, evidence-based information from national medical specialties giving users confidence they can trust the information provided. Additionally, CDS Connect should include a reference to the algorithm being used and a reference to the clinical guidelines and/or data supporting the algorithm.

Each CDS Connect artifact should prominently display the "date of last review" along with a list of reviewing organizations. At minimum, all CDS Connect artifacts should be reviewed annually. Some artifacts may require more frequent reviews as research is conducted and guidelines are updated. This oversight is critical so that users have confidence that the most up-to-date information is displayed.

When previewing the list of available CDS Connect artifacts, the list should have an indicator letting users know whether the CDS Connect artifact's current status is active, draft, experimental, or retired. Additionally, there should be a sort function allowing users, at minimum, to sort all artifacts by status, date of latest artifact update, and alphabetically by artifact title.

The CDS Connect tool should have a feedback loop available so users who identify incorrect or outdated information can quickly and easily, within their workflow, send information to AHRQ or the CDS Connect artifact's manager indicating problems, incorrect information, or suggestions for improvement. Additionally, a star rating system allowing physician users to rate the advice given by CDS Connect could help further by noting artifacts within the tool that need improvement.

CDS Connect artifacts have potential to be designed with artificial-intelligence (AI) agents allowing users and customers to make inquiries that will search all the active CDS Connect artifacts for an appropriate response. For example, the searches could be specified by specialty, disease, condition, or a host of other categories. This approach, if taken, would heighten the need for a feedback loop; for instance, if the AI agent returns queries with inaccurate responses, AHRQ or CDS Connect auditors could receive that feedback in real time. Additionally, AI-generated summaries should have references with links back to the source artifacts to ensure transparency and ease of verification. TMA's AI policy is included as an attachment to help guide the use of AI in the CDS Connect tools.

A standardized set of tested and proven CDS tools that are compatible and easy to integrate are valuable for electronic health record (EHR) vendors, preventing these vendors from having to develop the tools within their own software. Whenever possible, the CDS tools should be externally validated when published before widespread adoption. Sustainability comes from offering easy-to-implement valuable tools. Once the tools are proven, there is potential for making CDS Connect integration part of the EHR certification criteria.

EHR vendors that subscribe to the CDS Connect tools should be provided updates in real-time so the most up-to-date clinical information is made available to users.

TMA appreciates the opportunity to provide feedback on the strategies and approaches to advancing shareable, interoperable, and reusable CDS resources. Any questions may be directed to Shannon Vogel, associate vice president of health information technology, by emailing shannon.vogel@texmed.org or calling (512) 370-1411.

Sincerely,

G. Ray Callas, MD
President
Texas Medical Association

Attachment: TMA's Augmented Intelligence Policy

TMA's Augmented Intelligence Policy

Augmented Intelligence in Health Care: The Texas Medical Association supports the use of augmented intelligence (AI) when used appropriately to support physician decision-making, enhance patient care, improve administrative functions, and improve public health without reducing the importance of physician decision-making. Augmented intelligence should also be used in ways that reduce physician burden and increase professional satisfaction. Sufficient safeguards should be in place to assign appropriate liability inherent in augmented intelligence to the software developers and not to those with no control over the software content and integrity, such as physicians and other users. Ultimately, it is the physician's responsibility to uphold the standard of care.

The Texas Medical Association adopts the following principles for augmented intelligence in health care:

1. Augmented intelligence should be the preferred health care term over artificial intelligence as it should be used to augment care by providing information for consideration. Augmented intelligence, whether assistive or fully autonomous, is intended to co-exist with human decision-making and should not be used to replace physician reasoning and knowledge.
2. Physicians should not be mandated to use augmented intelligence without having input or feedback into how the tool is used either individually or as a medical staff.
3. Augmented intelligence must not replace or diminish the patient-physician relationship.
4. Algorithms developed to augment user intelligence must be designed for the benefit, safety, and privacy of the patient. TMA should research opportunities to place practicing physicians on public and private panels, work groups, and committees that will evaluate products as they are developed.
5. Sellers and distributors of augmented intelligence should disclose that it has met all state and federal legal and regulatory compliance with regulations such as, but not limited to, those of HIPAA, the U.S. Department of Health and Human Services, and the U.S. Food and Drug Administration.
6. Use of augmented intelligence, machine learning, and clinical decision support has inherent risks. Legal and ethical responsibility for the use and output of these products must be assumed by, including but not limited to, developers, distributors, and users with each entity owning responsibility for its respective role in the development, dissemination, implementation, and use of products used in clinical care.
7. Users should have clear guidelines for how and where to report any identified anomalies. Additionally, as with all technology, there should be a national database for reporting errors that holds developers accountable for correcting identified issues.
8. Before using augmented intelligence, physicians and all users should receive adequate training and have educational materials available for reference, especially in instances where the technology is not intuitive and there are periods of nonuse.
9. Physicians should inquire about whether the AI used is a "continuously learning system" versus a "locked system." A locked system gives a predictable output, whereas a continuous learning system will change over time.
10. Algorithms and other information used to derive the information presented as augmented intelligence to physicians and other clinicians should:
    a. Be developed transparently in a way that is accessible, explainable, and understandable to clinicians and patients and details the benefits and limitations of the clinical decision support, and/or augmented intelligence;
    b. Have reproducible and explainable outputs;
    c. Function in a way that promotes health equities while eliminating potential biases that exacerbate health disparities;

d. Use best practices for user-centered design that allows for efficient and satisfactory use of the technology;
e. Safeguard patient information by employing privacy and security standards that comply with HIPAA and state privacy regulations;
f. Have a feedback loop that allows users who identify potential safety hazards to easily report problems and malfunctions as well as opportunities to report methods for improvements; and
g. Contain a level of compatibility to allow use of information between hardware and software made by different manufacturers.

11. Medical students and residents need to learn about the opportunities and limitations of augmented intelligence as they are prepared for future medical practice.
12. TMA will advocate, through legislation or regulation, for payment to physicians for utilization of artificial intelligence tools that have additional cost or require additional time.
13. Recognizing the rapid pace of change in augmented intelligence, it is important to continually assess and update TMA's principles at regular intervals (JR 8 2022; amended Res. 405 2024).