Da Vinci Clinical Advisory Council Members

Mission

The Da Vinci Project Clinical Advisory Council's (CAC's) mission is to provide strategic clinical insight and guidance to the Da Vinci Steering Committee (SC) and Program Management Office (PMO) to ensure program outputs stay aligned with goals of reducing administrative burden, improving transparency and simplifying access to and use of critical data in workflow for providers and payers to satisfy regulatory requirements and improve patient outcomes. Key to the Council's role is to ensure that pragmatism and real-world experience is applied to the priorities, strategies and decision making processes across Da Vinci's outputs.

Membership and Meetings

The CAC shall have two co-chairs (initially appointed by Da Vinci) and annually determined by the members of the CAC starting in the first quarter of 2021. At least one co-chair will continue for the following year to provide continuity of leadership. All members of the CAC shall be clinicians (e.g., physicians, nurses, pharmacists) that have a understanding of information technology and its impact on clinical workflows and practice. The membership shall include practicing providers as well as clinical informaticists. The initial members shall be selected by the Da Vinci PMO and approved by the SC. The CAC shall determine its own method of expansion and replacement of its members with approval by the PMO and SC. The CAC shall have no fewer than 10 and no more than 20 members, including the co-chairs. The CAC will ensure meaningful diversity, equity and inclusion across the council participants through active recruitment and ongoing balancing efforts.

The CAC shall hold calls at least once per month and meet physically at least once a year. The physical meeting shall be at a location that is mutually agreeable to a majority of the members. It is up to the CAC members to determine the actual call and physical meeting frequency.

At least one CAC co-chair shall attend at least one SC meeting per month to coordinate CAC activities with the overall Da Vinci direction.

The CAC shall use the private Da Vinci Confluence site to document agendas for all meetings, meeting discussions and decisions and to support ongoing discussion regarding current topics as needed between meetings.

Charter

The CAC is responsible for working with the SC and PMO to review, modify as necessary, and validate the goals for and specifics of Da Vinci work products to improve patient care, reduce provider burden and enable the exchange of appropriate information between patients, providers and payers.

The CAC shall recommend and support Da Vinci participation in professional society meetings where appropriate.

CAC members shall make the SC and PMO aware of issues that will impact Da Vinci's successful creation and deployment of FHIR-based standards, implementation guides and workflows to support interoperability between the various Da Vinci stakeholders and other member of the healthcare community.

CAC members shall actively review and advise the SC and PMO on the following:

- industry direction / needs in relationship to Da Vinci priorities
- use case priorities
- use case clinical requirements (e.g., content and workflow)
- perspective on the impact of regulatory activity on clinicians, provider, payer and vendor community

PMO and CAC Chairs will ensure consistent feedback cycle between the CAC and SC on actions and the resolution of guidance and inputs provided.

The CAC shall help to identify Clinical Advisors to review the various Da Vinci use cases and encourage them to participate in the Da Vinci use case development process.

The CAC shall support the objectives of Da Vinci which are to:

- Develop and deploy *unique payer-provider and provider-provider interoperability solutions by focusing on implementation guidance with supporting reference implementations that will promote industry-wide adoption of standards that support value-based care, data access, and exchange.*
- Provide open, available artifacts for public use. All public information, documents, tools and site access will be shared across Da Vinci and the implementation community.
- Share information, documents, tools and site access within the defined areas of mutual interest and cooperate under professional standards of business practice.

CAC Members

Nancy Beale, MSN, RN-BC	Beale and Associates LLC
Qammer Bokhari, MD	AdventHealth
Christopher DeFlitch, MD	Penn State Health
Becky Fox, MSN, RN-BC	Atrium Health
Thomas Giannulli, MD	American Medical Association
Joshua Johnson, PharmD	Clearstone Solutions
Steven Lane, MD, MPH, cochair	Sutter Health
Holly Miller, MD	Med Allies
Frank Opelka, MD	American College of Surgeons
Michelle Schreiber, MD	CMS
Walter Suarez, MD, MPH	Kaiser Permanente
Steven Waldren, MD, cochair	American Academy of Family Physicians

As one of its inaugural activities, the council provided guidance and input into high level guiding principles for Da Vinci implementation guides. View the Guiding Principles.

Read the press release announcing council.

Are you a clinician and interested in getting involved in Da Vinci use cases? Please contact Joceyln Keegan, Da Vinci program manager, at jocelyn.keegan@pocp.com.