

# 2020-09-25 CoP Meeting Notes

Date: September 25th, 2020

Time: 12pm ET

## non-MITRE Attendees

Name	Organization
Cassandra O'Connell	Alliance
Keri Reardon	Alliance
Steven Piantadosi	Alliance
Monica Bertagnolli	Alliance
Angela Kennedy	ASCO
Randi Kudner	ASTRO
Tarun Kumar	Cancer Insights
Anil Nair	CancerLinQ
Wendy Blumenthal	CDC
Susan Stiles	Cerner
Brian Gardner	Cerner
Robinette Renner	CIBMTR
Lorraine Doo	CMS
John Methot	Dana-Farber Cancer Institute
Donna Rivera	FDA
Laura Eldon	Flatiron
Kunal Joshi	Foundation Medicine
Amanda Kunz	Foundation Medicine
Donella Bateman	Foundation Medicine
Peter Yu	Hartford HealthCare
Ariel Carmeli	Harvard
Tiffany Tuedor	Harvard
Kerry Rowe	Intermountain Healthcare
Roger Mueller	Mayo Clinic
Donna Powell	NCCN
Amanda Visnick	NCCN
Evelyn Handel	NCCN
Wendy Ver Hoef	NCI CBIIT/Samvit Solutions
Nikola Cihoric	niAnalytics
Kim Ball	POCP
Trevor Pugh	Princess Margaret Cancer Centre
Gregory Simon	Simonovation, LLC
Dinesh Kotak	TPMG

Melanie Hullings	UTSW
Shilpa mahatma	Vizlitics
Sharon Hensley Alford	Vizlitics
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## Action items

- CoP October 2020 Meeting: October 30th from 12-1pm ET
- Reach out to [Anthony DiDonato](mailto:@adidonato@mitre.org) via email [@adidonato@mitre.org](mailto:@adidonato@mitre.org) if you would like to participate on future calls!

## Planned Agenda Topics

ICAREdata Project Updates by Keri Reardon and Steven Piantadosi, Alliance.

Health economics of mCODE™ and CodeX™ by Rob Lieberthal.

### Meeting Minutes

Anthony DiDonato, mCODE CodeX Community Lead, kicked off the meeting with an overview of the CoP, mCODE, CodeX and with announcements.

Steve Bratt, the HL7 FHIR CodeX Project Lead, welcomed attendees and provided an update on CodeX. The American Cancer Society Cancer Action Network, the CDC, and niAnalytics are now CodeX members.

### ICAREdata Project Updates - Keri Reardon and Steven Piantadosi, Alliance:

- [ICAREdata = Integrating Clinical trials And Real-world Endpoints data](#)
- The ICAREdata project includes many partners such as MITRE, Alliance, NCI, FDA, and ASCO.
- The goal is to contribute to a learning health system.
- Only 3% of patients enroll in clinical trials. Additionally, the data submitted to clinical trials is submitted through Case Report Forms (CRFs). CRFs only contain a small portion of the patient's data. However, if data for clinical trials came straight from the EHR, more data could be included in research.
- Key focuses for the study:
  - Low burden on data collection
  - Patient outcome data
    - Typically, outcome data is found in a physician's note and is unstructured. However, this data is important for clinical trials.
  - Standardization
  - Foundational
- The current phase of the the study includes 3 clinical trials. In this phase, data for the trials are recorded in two different methods and the results will be compared.
  1. mCODE data found in the EHR
    - a. Currently focusing on CancerDiseaseStatus and TreatmentPlanChange.
  2. Traditional method - CRFs.
- The current trials are for brain metastasis, metastatic colorectal cancer, and metastatic prostate cancer.
- The team is currently looking for additional clinical trials and clinical sites to partner with.
  - To partner, it is not a huge IT lift.

## Health economics of mCODE™ and CodeX™ - Rob Lieberthal, MITRE:

- Economics can impact patient outcomes. For examples, patient can choose not to take medication, not go to the doctor, and it can be bad for mental health.
- Through mCODE, outcomes can improve and cost can be reduced, leading to higher value in cancer care.
- There are many different treatment combinations and pathways for cancer. NCCN guidelines cut down on the pathways, but there are still many. By having mCODE-enabled patient records, research on the effectiveness of these treatments will be able to be done more effectively.
- One CodeX use case is focused on prior authorization.
  - Prior authorization pathways can be automated through mCODE, which will allow for rich, high-quality data to be easily sent.
  - Insurance companies will be able to receive mCODE data elements faster and approve/deny treatment, which will increase speed of care and cut cost.
- By having comparative, mCODE records for cancer patients, more research can be conducted, leading to a higher survival rate.

## Q&A

Q: Can you show how Epic was configured to collect the outcome data?

A: If you're at an Epic installation and want to learn more, reach out to Keri Reardon and Dr. Piantadosi. Additionally, you can reach out to Epic Beacon contact. There is an mCODE team at Epic who can help. Additionally, the presentation for next month's CoP will be on the Epic installation.

## MITRE Attendees

Name	Organization
Mark Kramer	MITRE
Anthony DiDonato	MITRE
Nicole Ng	MITRE
Miranda Chan	MITRE
May Terry	MITRE
Caroline Potteiger	MITRE
Rob Lieberthal	MITRE
Michelle Casagni	MITRE
James O'Connor	MITRE
Greg Shemancik	MITRE
George Neyarapally	MITRE
Robert Dingwell	MITRE
Andre Quina	MITRE
Sharon Sebastian	MITRE
Zeshan Rajput	MITRE
Salim Semy	MITRE
Beverly Wood	MITRE