Medicaid Promoting Interoperability Program Modified Stage 2
Eligible Professionals
Objectives and Measures for 2018

Objective 2 of 10

Updated: July 2018

Clinical Decision Support	
Objective	Use clinical decision support (CDS) to improve performance on high-priority health conditions.
Measure	Eligible professionals (Eps) must satisfy both of the following measures in order to meet the objective: **Measure 1** – Implement 5 CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire Promoting Interoperability (PI) reporting period. Absent 4 CQMs related to an EP's scope of practice or patient population, the CDS interventions must be related to high-priority health conditions. **Measure 2** – The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.
Exclusion	For the second measure, any EP who writes fewer than 100 medication orders during the PI reporting period.

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Definition of Terms

Clinical Decision Support – Health information technology (HIT) functionality that builds upon the foundation of an EHR to provide persons involved in care processes with general and person-specific information, intelligently filtered and organized, at appropriate times, to enhance health and health care.

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Attestation Requirements

YES/NO/EXCLUSION

MEASURE 1:

- EPs must attest YES to implementing 5 CDS interventions related to 4 or more CQMs at a relevant point in patient care for the entire PI reporting period.

MEASURE 2:

- EPs must attest YES to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.

EXCLUSION:

- For the second measure, any EP who writes fewer than 100 medication orders during the PI reporting period.

Additional Information

- If there are limited CQMs applicable to an EP's scope of practice, the EP should implement CDS interventions that he or she believes will drive improvements in the delivery of care for the high-priority health conditions relevant to their specialty and patient population.
- Drug-drug and drug-allergy interaction alerts are separate from the 5 CDS interventions and do not count toward the 5 required for this first measure.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.22 (e)(2)(i) and (ii). For further discussion please see 80 FR 62795.
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.314(a)(8) and (a)(2).

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

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Certification Criteria	
§170.314(a)(8) Clinical decision support	(i) Evidence-based decision support interventions. Enable a limited set of identified users to select (i.e., activate) one or more electronic CDS interventions (in addition to drug-drug and drug-allergy contraindication checking) based on each one and at least one combination of the following data: (A) Problem list; (B) Medication list; (C) Medication allergy list; (D) Demographics; (E) Laboratory tests and values/results; and (F) Vital signs. (ii) Linked referential CDS. (A) EHR technology must be able to: (a) Electronically identify for a user diagnostic and therapeutic reference information; or (b) Electronically identify for a user diagnostic and therapeutic reference information in accordance with the standard specified at § 170.204(b) and the implementation specifications at § 170.204 (b)(1) or (2). (B) For paragraph (a)(8)(ii)(A) of this section, EHR technology must be able to electronically identify for a user diagnostic or therapeutic reference information based on each one and at least one combination of the following data referenced in paragraphs (a)(8)(i)(A) through (F) of this section: (iii) CDS configuration. (A) Enable interventions and reference resources specified in paragraphs (a)(8)(i) and (ii) of this section to be configured by a limited set of identified users (e.g., system administrator) based on a user's role. (B) EHR technology must enable interventions to be electronically triggered: (a) Based on the data referenced in paragraphs (a)(8)(i)(A) through (F) of this section. (b) When a patient's medications, medication allergies, and problems are incorporated from a transition of care/referral summary received pursuant to paragraph (b)(1)(iii) of this section. (c) Ambulatory setting only. When a patient's laboratory tests and values/results are incorporated pursuant to paragraph (b)(5)(i)(A)(1) of this section.

	(iv) Automatically and electronically interact. Interventions triggered in accordance with paragraphs (a)(8)(i) through (iii) of this section must automatically and electronically occur when a user is interacting with EHR technology. (v) Source attributes. Enable a user to review the attributes as indicated for all CDS resources: (A) For evidence-based decision support interventions under paragraph (a)(8)(i) of this section: (a) Bibliographic citation of the intervention (clinical research/guideline); (b) Developer of the intervention (translation from clinical research/guideline); (c) Funding source of the intervention development technical implementation; and (d) Release and, if applicable, revision date(s) of the intervention or reference source. For linked referential CDS in paragraph (a)(8)(ii) of this section and drug-drug, drug-allergy interaction checks in paragraph(a)(2) of this section, the developer of the intervention, and where clinically indicated, the bibliographic citation of the intervention (clinical research/guideline).
170.314 (a)(2) Drug-drug, drug-allergy interaction checks	(i) Interventions. Before a medication order is completed and acted upon during computerized provider order entry (CPOE), interventions must automatically and electronically indicate to a user drug-drug and drug-allergy contraindications based on a patient's medication list and medication allergy list. (ii) Adjustments. (A) Enable the severity level of interventions provided for drug-drug interaction checks to be adjusted. Limit the ability to adjust severity levels to an identified set of users or available as a system administrative function.

Standards Criteria	
§ 170.204(b) Reference source	HL7 Version 3 Standard: Context-Aware Retrieval Application (Infobutton) (incorporated by reference in § 170.299).
§ 170.204 (b)(1) or (2). Implementation specifications	HL7 Version 3 Standard: Context-Aware Retrieval Application (Infobutton) (incorporated by reference in § 170.299). (1) Implementation specifications. HL7 Version 3 Implementation Guide: URL-Based Implementations of

	the Context-Aware Information Retrieval (Infobutton) Domain, (incorporated by reference in § 170.299). (2) Implementation specifications. HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide, (incorporated by reference in § 170.299).