Medicaid Promoting Interoperability Program Stage 3
Eligible Professionals
Objectives and Measures for 2018

Objective 3 of 8

Updated: July 2018

Clinical Decision Support	
Objective	Implement clinical decision support (CDS) interventions focused on improving 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 five 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 four CQMs related to an EPs 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	**Measure 2** – Any EP who writes fewer than 100 medication orders during the PI reporting period.

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Definition of Terms

CDS – Health information technology 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.

Attestation Requirements

YES/NO/EXCLUSION

MEASURE 1:

- EPs must attest YES to implementing five CDS interventions related to four 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

- To meet Stage 3 requirements for a PI reporting period in 2018, all providers must use technology certified to the 2015 Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. A provider who has technology certified to the 2014 Edition **may not** attest to Stage 3.
- Providers should implement the CDS intervention at a relevant point in clinical workflows when the intervention can influence clinical decision making before diagnostic or treatment action is taken in response to the intervention.
- Well-designed CDS encompasses a variety of workflow optimized information tools, which can be presented to providers, clinical and support staff, patients, and other caregivers at various points in time. These may include but are not limited to: computerized alerts and reminders for providers and patients; information displays or links; context-aware knowledge retrieval specifications which provide a standard mechanism to incorporate information from online resources (commonly referred to as InfoButtons); clinical guidelines; condition-specific order sets; focused patient data reports and summaries; documentation templates; diagnostic support; and contextually relevant reference information. These functionalities may be deployed on a variety of platforms (that is, mobile, cloud-based, installed).
- The same interventions do not have to be implemented for the entire PI reporting period as long as the threshold of five is maintained for the duration of the PI reporting period.
- While the Office of National Coordinator on Health Information Technology 2015 Edition final rule specifies that the ‘‘CDS module’’ that is certified to the CDS standard must have certain capabilities to provide or enable CDS for provider use, it does not certify the supports or resources themselves.
- 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. These high priority conditions must be determined prior to the start of the PI reporting period in order to implement the appropriate CDS to allow for improved performance.
- Drug-drug and drug-allergy interaction alerts are separate from the five CDS interventions and do not count toward the five required for this first measure.

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Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (d)(3)(i)(A) and (B). For further discussion please see 80 FR 62838.
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.315(a)(9) and (a)(4).

Certification Standards and Criteria

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

Certification Criteria	
§170.315(a)(9) Clinical decision support	(i) CDS intervention interaction. Interventions provided to a user must occur when a user is interacting with technology. (ii) CDS configuration. (A) Enable interventions and reference resources specified in paragraphs (a)(9)(iii) and (iv) of this section to be configured by a limited set of identified users (e.g., system administrator) based on a user's role. (B) Enable interventions: (1) Based on the following data: (i) Problem list; (ii) Medication list; (iii) Medication allergy list; (iv) At least one demographic specified in paragraph (a)(5)(i) of this section; (v) Laboratory tests; and (vi) Vital signs. (2) When a patient's medications, medication allergies, and problems are incorporated from a transition of care/referral summary received and pursuant to paragraph (b)(2)(iii)(D) of this section. (iii) Evidence-based decision support interventions. Enable a limited set of identified users to select (i.e., activate) electronic CDS interventions (in addition to drug-drug and drug-allergy contraindication checking) based on each one and at least one combination of the data referenced in paragraphs (a)(9)(ii)(B)(1)(i) through (vi) of this section.

	(iv) Linked referential CDS. (A) Identify for a user diagnostic and therapeutic reference information in accordance at least one of the following standards and implementation specifications: (1) The standard and implementation specifications specified in §170.204(b)(3). (2) The standard and implementation specifications specified in §170.204(b)(4). (B) For paragraph (a)(9)(iv)(A) of this section, technology must be able to identify for a user diagnostic or therapeutic reference information based on each one and at least one combination of the data referenced in paragraphs (a)(9)(ii)(B)(1)(i), (ii), and (iv) of this section. (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)(9)(iii) of this section: (1) Bibliographic citation of the intervention (clinical research/guideline); (2) Developer of the intervention (translation from clinical research/guideline); (3) Funding source of the intervention development technical implementation; and (4) Release and, if applicable, revision date(s) of the intervention or reference source. (B) For linked referential CDS in paragraph (a)(9)(iv) of this section and drug-drug, drug-allergy interaction checks in paragraph (a)(4) of this section, the developer of the intervention, and where clinically indicated, the bibliographic citation of the intervention (clinical research/guideline).
170.315(a)(4) Drug-drug, drug-allergy interaction checks	(i) Interventions. Before a medication order is completed and acted upon during computerized provider order entry, interventions must automatically 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.

	(B) Limit the ability to adjust severity levels in at least one of these two ways: (1) To a specific set of identified users. (2) As a system administrative function.

Standards Criteria*	
§ 170.204(b) Reference source	Standard. 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
§ 170.204(b)(2) Implementation specifications	(2) HL7 Implementation Guide: Service-Oriented Architecture Implementations of the Context-aware Knowledge Retrieval (Infobutton) Domain, Draft Standard for Trial Use, Release 1 (incorporated by reference in §170.299).
§ 170.204(b)(3) Implementation specifications	(3) Standard. HL7 Version 3 Standard: Context Aware Knowledge Retrieval Application. ("Infobutton"), Knowledge Request, Release 2 (incorporated by reference in §170.299). Implementation specifications. HL7 Implementation Guide: Service-Oriented Architecture Implementations of the Context-aware Knowledge Retrieval (Infobutton) Domain, Release 1 (incorporated by reference in §170.299).
§ 170.204(b)(4) Implementation specifications	(4) Standard. HL7 Version 3 Standard: Context Aware Knowledge Retrieval Application ("Infobutton"), Knowledge Request, Release 2 (incorporated by reference in §170.299). Implementation specifications. HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton), Release 4 (incorporated by reference in §170.299).

** Note: Additional standards criteria may apply. Review the ONC 2015 Edition Final Rule for more information.*