

Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures Measure 5 of 16

Stage 2

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Clinical Decision Support Rule	
Objective	Use clinical decision support to improve performance on high-priority health conditions.
Measure	<ol style="list-style-type: none">1. Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency.2. The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
Exclusion	No exclusion.

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Definition of Terms

Clinical Decision Support – 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.

Attestation Requirements

YES/NO

Eligible hospitals and CAHs must attest YES to implementing five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.

Eligible hospitals and CAHs must attest YES to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Additional Information

- If none of the CQMs are applicable to an eligible hospital or CAH's patient population, the eligible hospital or CAH should implement a CDS interventions that he or she believes will to drive improvements in the delivery of care for the high-priority health conditions relevant to their patient population. be effective in improving the quality, safety, or efficiency of patient care.
- CMS will not issue additional guidance on the selection of appropriate clinical decision support rules for Stage 2 Meaningful Use. This determination is best left to the eligible hospital or CAH taking into account their workflow, patient population, and quality improvement efforts.
- The need for inclusion of attributes for each CDS intervention also applies to drug-drug and drug-allergy interventions as well as interventions based on self-generated evidence.
- Drug-drug and drug-allergy interaction alerts cannot be used to meet the meaningful use objective for implementing one clinical decision support rule. Eligible hospitals and CAHs must implement one clinical decision support rule in addition to drug-drug and drug-allergy interaction checks period in order to implement the appropriate CDS to allow for improved performance are separate from the 5 clinical decision support interventions and do not count towards the 5 required for this first measure. In order to meet this objective and measure, an eligible hospital or CAH must use the capabilities and standards of CEHRT at 45 CFR 170.314(a)(8) and (a)(2).

Certification and Standards Criteria

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

Certification Criteria	
§ 170.314(a)(8) Clinical Decision Support	<p>(i) Evidence-based decision support interventions. Enable a limited set of identified users to select (i.e., activate) one or more electronic clinical decision support interventions (in addition to drug-drug and drug-allergy contraindication checking) based on each one and at least one combination of the following data:</p> <ul style="list-style-type: none">(A) Problem list;(B) Medication list;(C) Medication allergy list;(D) Demographics;(E) Laboratory tests and values/results; and(F) Vital signs. <p>(ii) Linked referential clinical decision support.</p> <ul style="list-style-type: none">(A) EHR technology must be able to:<ul style="list-style-type: none">(1) Electronically identify for a user diagnostic and therapeutic reference information; or(2) 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 data referenced in paragraphs (a)(8)(i)(A) through (F) of this section.

(iii) Clinical decision support 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:

(1) Based on the data referenced in paragraphs (a)(8)(i)(A) through (F) of this section.

(2) 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.

(3) 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)(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 clinical decision support resources:

(A) For evidence-based decision support interventions under paragraph (a)(8)(i) 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 clinical decision support 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).

(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.

(B) Limit the ability to adjust severity levels to an identified set of users or available as a system administrative function.

170.314 (a)(2)
Drug-drug,
drug-allergy
interaction
checks

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 V3 IG: URL-Based Implementations of Context-Aware Information Retrieval (Infobutton) Domain; or HL7 V3 IG: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide.