Key Takeaways

- Eligible providers (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) must satisfy both Clinical Decision Support (CDS) measures in order to meet the objective in 2015, 2016, 2017, 2018, and beyond.
- For 2015, Stage 2 EPs, EHs, and CAHs are required to implement five CDS interventions aligned to Meaningful Use (MU) clinical quality measures (CQMs) or related to improving high priority health conditions.
- In 2015, Stage 1 EPs have the option of implement one CDS rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.
- In 2016, 2017, and 2018, EPs, EHs, and CAHs are required to implement and utilize five CDS interventions aligned to MU CQMs for a full calendar year.
- In 2016-2018, EPs and EHs must enable and implement drug-drug and drug allergy interaction checks for the entire EHR reporting period (each full calendar year.) Any EP who writes fewer than 100 medication orders in a reporting period are excluded from this measure.
- CMS clarifies that “CDS interventions” are not only interruptive alerts and notifications.

2015-2017 Clinical Decision Support Objective

Use clinical decision support to improve performance on high-priority health conditions.

CDS Measure 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 EP, EH, or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

- 2015 Alternative Measure 1
  - For an EHR reporting period in 2015 only, an EP, EH, or CAH who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of Measure 1:
• Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.
  o Measure: Implement one clinical decision support rule

**CDS Measure 2**

The EP, EH or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.
  • Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

**2018 and Beyond Clinical Decision Support Objective**

Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

**CDS MU 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 EHR reporting period. Absent four CQMs related to an EP, EH, or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

**CDS MU Measure 2**

The EP, EH, or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
  o Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period is excluded.

**Analysis—What Qualifies as a Clinical Decision Support Intervention for Stage 2 and Stage 3?**

To meet the Meaningful Use Objective, the five CDS interventions must meet the CMS definition of “CDS.” For CMS, CDS encompasses a variety of workflow optimized information tools which can be presented to providers, clinical and support staff, patients, and other caregivers at relevant points of time. This includes
  • interruptive alerts
  • notifications
  • explicit care suggestions
  • 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)
    o Use of the InfoButton will not count as a separate CDS intervention, but rather would be a supporting part of the one CDS of which it is a part.
The five CDS interventions must take place at the “relevant point of care.” The relevant point of care is defined as, “when the intervention can influence clinical decision making before diagnostic or treatment action is taken in response to the intervention.”

**Analysis-Stage 3 CDS and Outcome-Based Clinical Quality Measures**

To support the movement to payment for value, CMS recommends EHs and EPs implement CDS interventions that relate to care quality improvement goals and a related outcome driven clinical quality measure.

- A process measure determines provider adherence to best practice. An outcome measure determines the impact of adherence to care delivery on patient. Examples of Outcome measures include:
  - Reduced Length of Stay
  - Reduced Re-Admissions
  - Fewer Hospital Acquired Conditions and Medication-Related Adverse Events
  - Fewer Hospital Admissions due to Chronic Conditions
  - Reduced Morbidity and Mortality associated with Chronic Conditions
    - Diabetes and Hypertension Control
    - Early detection and improved mortality resulting from cancer and infectious disease screenings
- For some specialty hospitals and specialists, MU will not include CQMs that are outcome measures related to their scope of practice. Those EHs and EPs should implement a CDS intervention related to a CQM process measure.
- CDS interventions DO NOT have to align with CQMs that are being reported to meet the CQM criteria of Meaningful Use Stage 3

**Analysis- Maintaining 5 CDS Interventions for the Full Year**

CMS clarified that a reasonable amount of down time can be expected to update CDS interventions during the year. CMS regards five CDS interventions to be a minimum. Provided there are at least five CDS alerts are always active through the full year, EPs and EHs will meet the measure. This allows EPs and EHs that utilize well over 5 alerts to regularly update and adjust CDS portfolios in response to evolving patient population needs.

**Resources**

- Executive Overview
- HIMSS Fact Sheets