

Clinical Decision Support (CDS): Meeting the Meaningful Use Measures

Massachusetts Medicaid EHR Incentive Program

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Reminders: 2015 Edition CEHRT

- 2015 Edition CEHRT functionality is required to meet Stage 3 requirements
- The 2015 Edition CEHRT must be installed and used for the entirety of the EP's selected 90-day EHR reporting period
- If your EPs have not yet upgraded, start the process ASAP
 - If EPs don't upgrade to the 2015 CEHRT Edition before **October 3rd**, they won't be able to attest to Program Year 2019



The attestation deadline for
Program Year 2019 is
March 31, 2020

Agenda

- Purpose of This Webinar
- MU Objective: Clinical Decision Support (CDS) – Stage 3
- Strategies and Tips for Success
- Common Issues
- MU Supporting Documentation
 - Screenshots of CDS Interventions
 - CDS Explanation Letter
 - Global CDS Letter
 - Vendor Letter/Audit Log

Purpose of this Webinar

We want to help you:

- Meet the measures for MU Objective 3, Clinical Decision Support (CDS)
- Save time by getting it right the first time and avoid application recycling
- Ensure accuracy of your MU supporting documentation

At the end of this session, attendees will take away:

- Why Clinical Decision Support (CDS) is important
- Options and strategies for meeting the measures while minimizing potential issues
- Examples of approved CDS supporting documentation
 - Common EHR vendors

MU Objective: Clinical Decision Support (CDS) – Stage 3

Use clinical decision support (CDS) to improve performance on high-priority health conditions



Measures

1. Implement 5 CDS interventions related to 4 or more CQMs for the entire EHR reporting period
2. Enable and implement drug-drug & drug-allergy interaction checks for the entire EHR reporting period

Exclusion for Measure 2

Any EP who writes fewer than 100 medication orders during EHR reporting period

Strategies and Tips for Success

- Select and report CQMs that align with CDS interventions enabled in the EHR
 - EPs who have previously attested to MU must report on a 365-day reporting period for CQMs
 - EPs must report on at least 6 CQMs in MAPIR, at least 4 of which must relate to the EP's selected CDSRs
- If there are limited CQMs applicable to an EP's scope of practice, the EP should implement CDS interventions that 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 Measure 1

Strategies and Tips for Success, continued

- Have 1 vendor letter confirming enabled dates for both the 5 selected CDS alerts and the Drug-Drug/Drug-Allergy checks
- Confirm EP's total number of medication orders during the MU reporting period is 100+
 - EP can claim exclusion for Measure 2 (Drug-Drug and Drug-Allergy checks) if fewer than 100

Common Issues

- Practice defines CDS too narrowly
 - Not just alerts
 - Not just for physicians
- CEHRT does not have relevant CDS interventions implemented
- Alert fatigue; alerts ignored and not recorded
- After there is an alert, notification, or explicit care suggestion, follow-through implementation is lacking
- Obtaining proper supporting documentation
 - CEHRT functionality
 - Screenshots missing profile info and/or CDS enabled date
 - Audit logs/reports tracking CDS intervention history unavailable
 - EHR vendor engagement and support

Entering Data Into MAPIR

MAPIR Application

Attestation Tab > Meaningful Use > Objective 3: Clinical Decision Support

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

Measure 1: Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

*Did you meet this measure?

Yes No

Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure 2.

Yes No

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?

Yes No

CDS: MU Supporting Documentation for Stage 3

Upload Supporting Documentation

Measure 1

- EHR-generated screenshots of 5 CDS interventions dated within EHR reporting period and identifying both EP and organization
- Documentation showing that CDS interventions were enabled for the **entire EHR reporting period**
 - If screenshots don't display enabled dates, submit **either**
 - CEHRT audit logs with enabled dates, **or**
 - vendor letter confirming enabled dates and that EPs are unable to deactivate interventions
- Documentation showing interventions relate to 4 or more CQMs related to the scope of practice, **OR** a letter from EP's Supervisor or Medical Director explaining CDS's relationship to patient population and high priority conditions

** For global CDS implementations, you must also submit:*

- *Screenshot with practice name and enabled date*
- *Global CDS Letter on letterhead and signed by Medical Director confirming relevance to EP and including a list of all EPs using the CDS*

Measure 2

- Documentation from CEHRT identifying both EP & organization showing drug-drug and drug-allergy interaction checks were enabled for the entire reporting period

Example 1: Screenshot of alerts enabled in CEHRT

- Screenshot displays all relevant data elements to prove MU compliance: Vendor Name, EP Name, enabled CDSRs and Date.

The screenshot shows the 'Measure Configuration' window in the CEHRT software. The window title is 'EHR Vendor' and it has a menu bar with options like File, Patient, Schedule, EMR, Billing, Reports, CCD, Fax, ePayment, Tools, Community, Meaningful Use, Lock, and Help. The interface is divided into a left sidebar with navigation options (Admin, Practice, Pam Beasley, Registry, Referrals, Messages, Documents, Billing) and a main content area. The main content area displays a table of measures with the following data:

Status	Measure Name	Numerator	Denominator
Disabled	Breast cancer screening - Breast cancer screening	NUMERATOR: Number of patients in denominator who had a mammogram (ordered or self-reported) within 24 months up to and including the last day of the reporting period	DENOMINATOR: Number of unique female patients with a visit in the reporting period, aged 40 and older
Enabled	Cervical cancer screening - Cervical cancer screening	NUMERATOR: Number of patients in denominator having had a Cervical cancer screening test (PAP test) within 36 months up to and including the last day of the reporting period	DENOMINATOR: Number of unique female patients age 18-64 with a visit in the reporting period
Enabled	Influenza vaccine (child) - Influenza Vaccination (Children)	NUMERATOR: Number of patients in denominator who received a flu shot since the most recent September 1	DENOMINATOR: Number of unique patients at least 7 months but less than 5 years of age, seen for at least one visit in the reporting period
Enabled	Influenza vaccine (high risk) - Influenza Vaccination (High Risk)	NUMERATOR: Number of patients in denominator who received a flu shot since the most recent September 1	DENOMINATOR: Number of unique patients at least 18 years but less than 49 years of age, who are in the high risk group, seen for at least one visit in the reporting period
Enabled	Influenza vaccine (high risk) - Influenza Vaccination (High Risk)	NUMERATOR: Number of patients in denominator who received a flu shot since the most recent September 1	DENOMINATOR: Number of unique patients at least 5 years but less than 17 years of age, who are in the high risk group, seen for at least one visit in the reporting period
Disabled	Influenza vaccine (over 50) - Influenza Vaccination (50 and over)	NUMERATOR: Number of patients in denominator who received a flu shot since the most recent September 1	DENOMINATOR: Number of unique patients ages 50 yrs and above seen for at least one visit in the reporting period
Enabled	Pneumococcal vaccine -	NUMERATOR: Number of patients in denominator who received the	DENOMINATOR: Number of unique patients seen for a visit in the reporting period who were age

The 'Pam Beasley' user is highlighted in the sidebar. A 'Print' button is visible at the bottom left of the table. The system clock at the bottom right shows 11:10 AM on 12/22/2017.

Example 2: Screenshot of alerts enabled in CEHRT

- EHR-generated screenshot of interventions identifying the EP, organization, enabled alerts and dates

Influenza Vaccine CMS-147

Allergies: No Known Alle... Health Maintena...
Need Interp: No

Provider Name
Organization Name

Health Maintenance

Postpone Remove Postpone Override Remove Override Document Past Immunization


New data from outside sources are available for reconciliation. Health Maint
Reconcile outside data on the chart. Medications Problems

Some patient topics are filtered. Load Filtered Topics

Due Date	Topic	Frequency	Date Completed
07/09/1978	Tobacco Cessation Counseling (1)	Sequential	
07/09/1980	PPSV23 (Pneumovax) (1)	Sequential	
07/09/1989	DTaP/Tdap/Td (1 - Tdap)	Sequential	
09/01/2018	INFLUENZA (1)	Sequential	10/26/2017
01/01/2019	DEPRESSION ANNUAL SCREEN (1)	Sequential	7/2/2018
10/08/2020	HYPERTENSION SCREENING (1)	Sequential	
06/20/2021	LIPID SCREENING	5 year(s)	6/20/2016

Example 3: MU Dashboard showing enabled alerts

- MU Dashboard displays EP's name, attesting organization, reporting period, and enabled interventions dated with CQMs.

James Bond, MD		Reporting period: 10/03/2017 - 12/31/2017	
National Provider Identifier (NPI) # 0000000000		Business Address (Business Listing ONLY) 100 North Drive Westborough, MA 01581	
Taxpayer Identification Number (TIN) # 0000000000		Business Email bond@masstech.org	
Measure		Status	
Clinical decision support rule 	a. Clinical decision support rule	Satisfied : EHR vendor enabled clinical decision support interventions related to the clinical quality measures listed below for the entire reporting period.	
	b. Implement drug/drug and drug/allergy interaction checks	Satisfied : EHR vendor enabled required functionality during reporting period.	
Clinical Quality Measure		Enrollment Date	
Controlling High Blood Pressure		12/19/2016	
Pneumonia Vaccination Status for Older Adults		12/19/2016	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up		12/19/2016	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		12/19/2016	
Use of Imaging Studies for Low Back Pain		12/19/2016	

Sample Template: Letter of Explanation

- CDS interventions must relate to 4 or more CQMs related to the EP's scope of practice
 - *if reported CQMs do not relate to enabled CDSRs, submit a letter from EP's Supervisor or Medical Director explaining CDSR's relationship to patient population and high priority conditions*
- Global CDS Letter on letterhead and signed by Medical Director confirming relevance to EP and including a list of all EPs using CDS



PEDIATRIC ASSOCIATES

100 NORTH DRIVE

WESTBOROUGH, MA 01581

<date>

To Whom It May Concern:

The chosen Clinical Decision Support Rules (CDSRs) were used by the following providers:

1. <name> NPI # <number>
2. <name> NPI # <number>
3. <name> NPI # <number>
4. <name> NPI # <number>

The CDSRs listed below were chosen because <add explanation of how the selected interventions relate to high-priority health conditions>

- CDSR #1 <descriptive name>
- CDSR #2 <descriptive name>
- CDSR #3 <descriptive name>
- CDSR #4 <descriptive name>
- CDSR #5 <descriptive name>

If you have any questions, please feel free to contact me at the phone number below.

Thank you.

A stylized, handwritten signature in black ink.

Medical Director
000-000-0000

Note: This is a fictional example

Example: Audit log showing alerts were enabled

- If screenshots don't display enabled dates, submit **either CEHRT audit logs** with enabled dates, **or** a vendor letter confirming enabled dates and that EPs are unable to deactivate interventions

MeasureId	Enabled/Disabled	User Name	Modified Date
101-OI	Enabled		
1010-CX	Enabled		
1023-CT	Enabled		
1023-CTP	Enabled		
201-DT	Enabled		
211-CM	Enabled		
300-CE	Enabled		
301-CE	Enabled		
310-CX	Enabled		
322-CT	Disabled		
330-CT	Disabled		
350-B	Enabled		
350-BP4P	Enabled		
350-CE	Enabled		
359-CM	Enabled		
361	Enabled		
363-B	Enabled		
363-BP4P	Enabled		
363-CM	Enabled		
363-P4P	Enabled		
400-CT	Enabled		
401-CT	Enabled		

101-OI	Patient's See Assigned PCG
1010-CX	Chlamydia Screening
1023-CT	Sexual History Taken
1023-CTP	Sexual History Taken
201-DT	Smoking Status
211-CM	Smoking Cessation Intervention
300-CE	BP Control in HTN (140/90)
301-CE	Antithrombic tx (IVD or DM)
310-CX	Body Mass Index
322-CT	Cholesterol screen (genl pop)
330-CT	Cholesterol control (genl pop)
350-B	LDL control (high risk)
350-CE	LDL testing (high risk)
359-CM	A1C testing
361	A1C control (< 7%)

Example: Vendor Letter confirming dates alerts were enabled

- If screenshots don't display enabled dates, submit **either** CEHRT audit logs with enabled dates, **or** a **vendor letter** confirming enabled dates and that EPs are unable to deactivate interventions

EHR Vendor

EHR Incentive Program – Verification Letter

EHR Vendor _____ has verified the status of the practice in support of the EHR Incentive Program. As part of this verification, Vendor _____ confirms that the practice is an active customer to Vendor _____ and their account is in a positive financial status.

Date of Issue :	December 26, 2017
Client Name :	Practice Name Licensed Provider/s: Pam Beasley, NP James Halpert, MD
Current Version :	10.0 (V10 is 2014 ONC-ATCB certified EHR Technology)
Date Of Upgrade :	Client Upgraded to: Version 10 on April 14, 2014.
Reporting Period :	2017 September 02, 2017 to November 30, 2017
ONC CHPL Product Number for V10 Complete EHR :	CHPL
CMS EHR Certification ID for V10 Complete EHR :	1314E0
CDSS :	CDSS logs are available in the V10 _____. If the start date is empty, it indicates that the specific CDSS alert was enabled before the practice got upgraded to V10. If the status of the CDSS was changed, the username and the modified date show up on the logs. The CDSS alerts are at practice level and if enabled, they are enabled for all the providers and all the patients (that meet the alert criteria).
Drug-Drug/Allergy Interaction :	Drug-Drug/Allergy interaction is turned on by default when the V10 was installed. The provider has the ability to select the level of severity of a drug interaction that will trigger the interaction window to pop up.

EHR Vendor Representative: Creed Bratton Date: December 26, 2017

Client Representative: Pam Beasley, NP Date: 1/8/18

Example: Drug-Drug & Drug-Allergy

- Documentation from CEHRT identifying both EP & organization showing drug-drug & drug-allergy interaction checks were enabled for the entire reporting period
 - Typically a screenshot showing drug-drug & drug-allergy interaction checks were enabled for the entire reporting period, or a vendor letter confirming the enabled dates



Questions

Questions?

Contact Us



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