## Modified Stage 2 Meaningful Use: Objective #2 – Clinical Decision Support Massachusetts Medicaid EHR Incentive Payment Program

July 7, 2016

Today's presenter:

Al Wroblewski, PCMH CCE, Client Services Relationship Manager



This presentation was current at the time it was presented, published or uploaded onto the web. This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage attendees to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



# The attestation deadline for Program Year 2015 is August 14, 2016



- What is Meaningful Use (MU) Objective #2 all about?
- Steps to meet MU Objective #2
  - 1. Do the right thing
  - 2. Select Clinical Decision Support (CDS) interventions to be used
  - 3. Utilize CEHRT to automate CDS interventions
  - 4. Focus on consistent implementation
  - 5. Ensure Certified EHR Technology (CEHRT) can generate supporting documentation
  - 6. Create, capture, and retain supporting documentation
- Attesting for MU Objective #2
- Common Issues
- Questions and Answers



## What is MU Objective #2 all about?



#### What is MU Objective #2 all about?





Clinical Decision Support	
Objective	Use clinical decision support to improve performance on high-priority health conditions.
Measures	<ul> <li>EPs must satisfy both of the following measures in order to meet the objective:</li> <li>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's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.</li> <li>Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</li> </ul>
Exclusion	For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.
Alternate Objective	<ul> <li>For an EHR reporting period in 2015 only, an EP who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of Measure 1:</li> <li><b>Objective:</b> Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule.</li> </ul>
Alternate Measure	Measure: Implement one clinical decision support rule.



#### **Clinical Decision Support - Attestation Requirements**

- MEASURE 1 Yes, 5 clinical decision support interventions related to 4 Clinical Quality Measures (CQMs) have been implemented
- ALTERNATE OBJECTIVE AND ALTERNATE MEASURE 1 Yes, Eligible Professionals (EPs) scheduled to attest to Stage 1 have implemented 1 clinical decision support rule
- MEASURE 2 **Yes**, drug-drug and drug-allergy checks were enabled and implemented for the entire EHR reporting period
- EXCLUSION Any EP who writes fewer than 100 orders during the EHR reporting period



#### **Clinical Decision Support – Additional Information**

- If CQMs that apply to EP's scope of practice are limited, implement interventions that drive improvements in care delivery for relevant high-priority health conditions
- Drug-drug and drug-allergy interaction alerts are in addition to clinical decision support rules



## Steps to meet MU Objective #2



### Meeting MU Objective #2

## 1. Do the right thing



- The **right information** (evidence-based guidance, response to clinical need)
- To the **right people** (entire care team, including patient)
- Through the **right channels** (e.g., EHR, mobile device, patient portal)
- In the **right intervention formats** (e.g., order sets, flow-sheets, dashboards, patient lists)
- At the **right points in workflow** (for decisionmaking or action)



#### Meeting MU Objective #2

- 2. Select CDS interventions and format to be used, such as:
  - a) Computerized alerts and reminders for providers and patients
  - b) Clinical guidelines
  - c) Condition-specific order sets
  - d) Focused patient data reports and summaries
  - e) Documentation templates
  - f) Diagnostic support
  - g) Contextually relevant reference information



#### 3. Utilize CEHRT to automate CDS interventions





#### 4. Focus on consistent implementation



# 5. Ensure CEHRT can generate supporting documentation



#### Meeting MU Objective #2

- 6. Create, capture, and retain supporting documentation
  - Attestation purposes vs. audit purposes



# Attesting for MU Objective #2



#### Attesting for MU Objective #2

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

**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'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.  $\bigcirc$  Yes  $\bigcirc$  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? O Yes O No



### Attesting for MU Objective #2

#### Supporting Documentation requirements

#### Measure 1:

- Screen prints of 5 CDS interventions generated from CEHRT dated within the selected EHR reporting period. The screen prints must display profile information about the EP & facility/organization.
- Documentation that shows how the 5 CDS interventions relate to four or more CQMs related to the EP's scope of practice. Absent the four CQMs, a letter from the EP or EP's Supervising MD, Clinical Director or Medical Director is required, explaining how the selected interventions relate to the EP's patient population and high-priority health conditions.
- If an organization has multiple EPs and has selected Global CDS interventions that are used by all EPs across all specialties, a screenshot with the practice name and enabled date is required along with a letter confirming the CDS intervention's relevance to the attesting EPs.
- If the screenshot does not display the enabled date, either a) submit a copy of the certified EHR system's audit log showing the selected CDS interventions were enabled for the entire EHR reporting period, or b) provide a Vendor letter stating when the alerts were enabled and confirming that providers do not have the ability to deactivate an alert.



#### Attesting to MU Objective #2

#### Supporting Documentation requirements, continued

#### **Alternate Measure:**

 EPs who select the alternate measure are required to upload a screen print of 1 CDS intervention generated from the certified EHR system dated within the selected EHR reporting period.

#### Measure 2:

 Documentation from CEHRT showing the EP enabled and implemented drug-drug and drug-allergy interaction checks for the entire EHR reporting period. The screen prints must display profile information about the EP & facility/organization.



## **Common Issues**



### Common Issues: Objective #2





- Practice defines CDS too narrowly
  - Not just alerts
  - Not just for physicians
- CEHRT does not have relevant CDS interventions
- Alert fatigue
- After there is an alert, notification or explicit care suggestion, follow-through implementation is lacking
- Getting proper documentation



# Questions?



- <u>CMS 2015 Program Requirements page</u>
- MeHI Medicaid EHR Incentive Program page
- MeHI 2015 Supporting Documentation Requirements Guide
- CMS Clinical Decision Support Tipsheet



## **Contact Us**

MASSACHUSETTS eHEALTH INSTITUTE



# 🍥 mehi.masstech.org 🛛 🔕 1.855.MassEHR

ehealth@masstech.org **v** Follow us @MassEHealth

Thomas Bennett Client Services Relationship Manager (508) 870-0312, ext. 403 <u>tbennett@masstech.org</u> Brendan Gallagher Client Services Relationship Manager (508) 870-0312, ext. 387 gallagher@masstech.org

Al Wroblewski, PCMH CCE Client Services Relationship Manager (508) 870-0312, ext. 603 wroblewski@masstech.org

