



# Clinical Decision Support Program Year 2020

# Clinical Decision Support

- Understand the Medicaid PI Program requirements for Objective 3: Clinical Decision Support (CDS)
- Understand the difference in objective 3 between Program Year (PY) 2019 and 2020.
- Learn about the documentation requirements for objective 3.



## Objective 3 – Clinical Decision Support

# Clinical Decision Support

- **Objective:** Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
- An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions.



## Objective 3, measure 1

# Objective 3, measure 1: Clinical Decision Support

- **Measure 1:** Implement five CDS interventions related to four or more eCQMs at a relevant point in patient care for the entire PI (EHR) reporting period. Absent four electronic clinical quality measures (eCQMs) related to an EP's scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.
- **CDS Definition:** 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.

# Clinical Decision Support

- While many providers may associate CDS with pop-up alerts, alerts are not the only method of providing support. CDS can be provided in various ways including, but not limited to:
  - Interruptive activities such as “pop-up” alerts;
  - Information displays or links (such as InfoButton); or
  - Targeted highlighting of relevant data.
- There is no definitive or comprehensive list of what can constitute CDS. Certain types of CDS that would meet the meaningful use definition include support for public health report and patient safety reporting.
- A CDS tool could inform a provider that a patient has a reportable condition. It could then provide a template to ensure that the information necessary to complete reporting is captured and/or provide pre-populated forms needed to make the report.
  - For example, entering adverse drug events, lifestyle factors, environmental & public health issues, social determinants of health and goals for care.

# Clinical Decision Support

- CDS may not necessarily occur at the point of care, or may not target the EP. Instead CDS may be more appropriately directed toward the office staff responsible for populating and submitting report forms.
- CDS in the form of documentation templates and order sets not only helps EPs remember to complete safety event reports, but it may also help them capture the data they need to do so.
  - In this case, the CDS could be explicit—such as, “here is a template for public health [or safety] reporting.” Alternatively, the CDS may simply be incorporated into general templates, perhaps by adding important safety data into high-risk order templates.
  - For example, anticoagulant orders or respirator use.

# Clinical Decision Support

- 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 that provide a standard mechanism to incorporate information from online resources (commonly referred to as Info Buttons);
  - Clinical guidelines;
  - Condition-specific order sets;
  - Focused patient data reports and summaries;
  - Documentation templates;
  - Diagnostic support; or
  - Contextually relevant reference information.
- These functionalities may be deployed on a variety of platforms (e.g., mobile, cloud-based).

# Clinical Decision Support

- EPs 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.
- The same interventions do not have to be implemented for the entire PI (EHR) reporting period as long as the threshold of five is maintained for the duration of the PI (EHR) reporting period.

# Clinical Decision Support

- If there are limited eQMs 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 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 (EHR) reporting period in order to implement the appropriate CDS to allow for improved performance.
- CDS interventions are not required to be related to the same eQMs that an EP has chosen to report. The CDS intervention should be aimed at prospectively advancing the same clinical goal or guideline promoted by the eQM.
- Drug-drug and drug-allergy interaction alerts are separate from the five CDS interventions and do not count toward the five required for measure 1.

# Changes from PY 2019 to 2020

- No changes occurred between PY 2019 and 2020.

# Clinical Decision Support Exclusions

- **Exclusion:**
  - EP is not required to submit data or meet the measure.
  - EP must submit documentation of how he/she met the exclusion.
- **Exclusion for Objective 3, Measure 1 CDS Interventions:**
  - No allowable exclusions available
  - EPs must meet the measure

# Documentation for Clinical Decision Support

- Documentation submitted should:
  - Include the provider and/or practice name;
  - Five CDS interventions related to four or more eCQMs\* were enabled;
  - Be clearly legible; and
  - Reflect the date the requirement was met during the PI (EHR) reporting period.
- For example, screen shots from the CEHRT or vendor letters to support the five CDS rules were enabled.

\*Absent four eCQMs related to an EPs scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.

# Documentation Examples

Provider Name: [REDACTED]

Chart: MARY TESTPATIENT (99)

**Vital Signs**

Date/time taken: 12/10/2019 03:35:28 PM

Temp method:  Tympanic  Oral  T/A  Skin  Axillary  Rectal

Temperature: [REDACTED]

BP systolic: [REDACTED]

BP diastolic: [REDACTED]

BP method:  Sit/Stand  Supine

Pulse (heart rate): [REDACTED]

Respiratory rate: [REDACTED]

**Growth Measurements**

Measure date: 12/10/2019 00:00 Age in months: 54.8

Measurement	English	Metric	Percentile
Stature:	41.00 in	104.14 cm	
Weight:	55 lb	24.948 kg	High
Head circumference:	[REDACTED] in	[REDACTED] cm	
Body mass index (BMI):	23		High
Weight for stature:			High

Comment: [REDACTED]

This CDS rule relates to CMS069

\*Ensure documentation includes the items listed on slide 14 and is dated appropriately.

# Documentation Examples



795 Horsham Road  
Horsham, PA 19044  
P 215 657 7010  
nextgen.com

October 22, 2019

[Redacted]

RE: Clinical Decision Support

To Whom It May Concern:

This letter is to provide additional information regarding Clinical Decision Support (CDS) rules, including drug/drug and drug/allergy interaction checks within NextGen® Enterprise EHR (formerly, NextGen® Ambulatory EHR) as utilized by the below providers:

Provider Name	Reporting period
[Redacted]	August 1, 2015 – October 29, 2015

NextGen® Enterprise EHR is an ONC-certified EHR. Using our certified EHR technology, your organization implemented Drug Utilization Review (DUR), including drug/drug and drug/allergy interaction precautions, as required under the CDS specification published by the Centers for Medicare and Medicaid Services.

In addition, the above listed providers had access to other clinical decision support capabilities native to their software environment, including but not limited to:

- Drug/condition precautions (*displays by default*)
- Geriatric and Pediatric drug precautions (*can be disabled only with System Admin access*)
- Medication dosing guidelines (*cannot be disabled*)
- Alerts for abnormal vital signs (*cannot be disabled*)
- Links to resources from Problems/Diagnoses, Medications, Procedures and Orders modules (*default links shipped with software can only be removed from System Admin; other links can be added or removed from Preferences/Utilities*)
- Order sets based on condition (*default order sets are native to UI; additional order sets can be added by practice*)
- Due and Past-due Immunizations (*cannot be disabled*)
- Lab result alerts (*age and condition-specific cannot be disabled*)
- Health Promotion Plan (*condition-specific cannot be disabled*)

\*Ensure documentation includes the items listed on slide 14 and is dated appropriately.



## Objective 3, measure 2

## Objective 3, measure 2: Drug-Drug & Drug-Allergy Interaction Checks

- **Measure 2:** Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire PI (EHR) reporting period.

# Changes from PY 2019 to 2020

- No changes occurred between PY 2019 and 2020.

# Exclusions

- **Exclusion:**
  - EP is not required to submit data or meet the measure.
  - EP must submit documentation of how he/she met the exclusion.
- **Exclusion for Objective 3, Measure 2 CDS Drug-Drug & Drug-Allergy:**
  - Number of medication orders criteria

# Exclusions for Drug-Drug & Drug-Allergy Interaction Checks

- **Measure 2** – An EP may take an exclusion for measure 2 if the EP writes fewer than 100 medication orders during the PI (EHR) reporting period.

# Exclusion Documentation for Drug-Drug & Drug-Allergy Interaction Checks

- **Exclusion Documentation**

- Writes fewer than 100 permissible prescriptions.
  - The CEHRT dashboard shows that the EP wrote fewer than 100 medication orders during the PI (EHR) reporting period; or
  - Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 medication orders.

# Documentation for Drug-Drug & Drug-Allergy Interaction Checks

- Documentation submitted should:
  - Include the provider and/or practice name;
  - Drug-drug and drug allergy interaction checks were enabled;
  - Be clearly legible; and
  - Reflect the date the requirement was met during the PI (EHR) reporting period.
- For example, screen shots from the CEHRT or vendor letters to support drug-drug and drug-allergy interaction checks were enabled.

# Documentation Examples

The screenshot displays the EHR interface for a patient named MARY TESTPATIENT (99). The 'Encounters' table shows the following data:

Date	Progress
02/26/2019	Chief Complaint: cough
05/31/2018	Chief Complaint: Here for P...
01/12/2016	Chief Complaint: ADD manit...
01/12/2016	Chief Complaint: Initial ADD...

The 'System Preferences' dialog box is open, showing the 'Special' tab. The 'E-prescribing interaction checking' section is circled in red, with the following settings:

- Med/allergy: All (dropdown), Allow user override (checkbox)
- Med/med: All (dropdown), Allow user override (checkbox)
- Med/disease: All (dropdown), Allow user override (checkbox)

The 'Prescription Diagnosis Required' section has 'None' selected.

This screenshot supports that the provider had drug-drug interactions enabled during the PI (EHR) reporting period.

\*Ensure documentation includes the items listed on slide 23 and is dated appropriately. For example, the screen shot could include the toolbar on the bottom right of the screen to show the date the screen shot was taken. The date needs to be within the PI (EHR) reporting period.

# Documentation Examples

Provider Name [REDACTED] Patient: MARY TESTPATIENT (99) Sex: F DOB: 05/15/2015 Age: 4

CE MANAGEMENT BILLING ADMIN TOOLS PERSONALIZE HELP

Tasks Send Message Address Book Superbill Document Mgmt Medical Records School/Camp Forms Encounter Templates Well Visit Templates Medication Favorites Care Plans Pharmacies Phrases Diagnosis Codes Procedure (CPT) Codes Reference Data

Schedule Chart: MARY TESTPATIENT (99) Enc: MARY TESTPATIENT (99)

Flag as incomplete

Contact constraints include confidential

Visit Info CC/HPI/ROS Problem List Allergies Medications Immunizations History Risk Assess Surveys (1) Vitals/Growth Implantables Narr Exam Detail Exam

### Medications

Affirm "No Meds" Mark Reviewed Print Med List Interactions Validate Med History Refresh

New Refill Edit Delete Send Print Lexi  Current meds only  Extra notes  Include EFR 0

	Start Date	Chronic	Status	Prescription	Refills	Days	Suppl	DAW	End Date	DX	-Prv-	Purpose	Pharmacist Note
<input type="checkbox"/>	01/26/2019	Y	ADDED	Flovent Diskus D Device 250									ed - to
<input type="checkbox"/>	01/12/2016	Y	PRINTED	Advair Diskus Di Device 250-50 m									ed - to
<input type="checkbox"/>	09/17/2010	Y	SENT	Advair Diskus Di Device 100-50 m									ed - to
<input type="checkbox"/>	12/10/2000	Y	PRINTED	Singular 4mg chewable tablet: Take one at	5		N					Demo (Med - unf	
<input type="checkbox"/>	03/28/2019	N	DELIVER	Polytrim drops 10,000 unit- 1 mg/mL	0	5	N	04/02/2019				Susan F Med - to	test :) DE

test :)

Prescription count: 18

Warning

! This patient has medication allergies:  
AMOXICILLIN - hives 1/99  
V14.0 HISTORY ALLERGY TO PENICILLIN

OK

\*Ensure documentation includes the items listed on slide 23 and is dated appropriately.



# Audit Findings

# What Happens During an Audit?

- All providers that receive a Medicaid PI incentive payment could potentially be selected by AHCCCS for post-payment audit.
- If selected, AHCCCS post-payment analysts will conduct a thorough review of the documentation attached to the EP's attestation in ePIP to determine if it meets the program requirements.
- AHCCCS may have follow-up questions or make additional documentation requests.

# Common Audit Findings

- Failure to provide sufficient documentation for eRx, CDS, and CPOE objectives.
- The CEHRT dashboard does not show the PI (EHR) reporting period or EP name.
- Failure to maintain proper documentation and practice no longer has access to the CEHRT.
- Supporting documentation does not have the appropriate dates.
- Including data for the entire practice in the reported CEHRT report rather than data for the individual EP.

# Resources

- [CMS Objective 3 Tip Sheet](#)
- [CMS CDS Tip Sheet](#)
- [Federal Final Rule - Modified Stage 2 and Stage 3](#)
- [AHCCCS Program Year 2020 – Clinical Decision Support FAQ\\*](#)
- [Documentation Retention Webinar\\*\\*](#)

\*To access the AHCCCS Program Year 2020 – CDS FAQ, click on the link above, then click the drop down arrow labeled “Educational Resources”.

\*\*An updated Documentation Retention webinar for PY 2020 is planned for November 5, 2020.

# Contact Information

Agency	Help With	Email	Phone
AHCCCS	PI Program	<a href="mailto:EHRIncentivePayments@azahcccs.gov">EHRIncentivePayments@azahcccs.gov</a>	(602) 417-4333
Health Current	Educational Assistance & Support	<a href="mailto:ehr@healthcurrent.org">ehr@healthcurrent.org</a>	(602) 688-7210

Questions?

Thank You.