Electronic Prescribing, Clinical Decision Support, and Computerized Provider Order Entry

Presented by: Priscilla Clark with Myers and Stauffer LC

June 2020

AHCCCS
Arizona Health Care Cost Containment System

Electronic Prescribing, Clinical Decision Support, and Computerized Provider Order Entry

- Understand the Medicaid PI Program requirements for:

  - Objective 2: Electronic Prescribing (eRx)*

  - Objective 3: Clinical Decision Support (CDS)

  - Objective 4: Computerized Provider Order Entry (CPOE)**

- Understand the differences in objectives 2 - 4 between Program Year (PY) 2018 and 2019.

- Learn about the documentation requirements for objectives 2 - 4.

*Topic covered in "AHCCCS Program Year 2019 – Electronic Prescribing" presentation.

**Topic covered in "AHCCCS Program Year 2019 – Computerized Provider Order Entry" presentation.

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 a diagnostic code for a fall, or adverse drug event.

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:
  - o Computerized alerts and reminders for providers and patients;
  - o Information displays or links;
  - o Context-aware knowledge retrieval specifications that provide a standard mechanism to incorporate information from online resources (commonly referred to as Info Buttons);
  - o Clinical guidelines;
  - o Condition-specific order sets;
  - o Focused patient data reports and summaries;
  - o Documentation templates;
  - o Diagnostic support; or
  - o 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 eCQMs 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 eCQMs 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 eCQM.
- 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 Modified Stage 2 to Stage 3

Clinical Decision Support	2018	2019
Meaningful Use Objective	Objective 2, measure 1	Objective 3, measure 1
Meaningful Use Stage	Modified Stage 2	Stage 3

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

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

Documentation Examples

*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 Modified Stage 2 to Stage 3

Drug-Drug and Drug-Allergy	2018	2019
Meaningful Use Objective	Objective 2, measure 2	Objective 3, measure 2
Meaningful Use Stage	Modified Stage 2	Stage 3

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:
  - o Include the provider and/or practice name;
  - o Drug-drug and drug allergy interaction checks were enabled;
  - o Be clearly legible; and
  - o 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

*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

*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 2 Tip Sheet](#)
- [CMS Objective 3 Tip Sheet](#)
- [CMS CDS Tip Sheet](#)
- [CMS Objective 4 Tip Sheet](#)
- [Federal Final Rule - Modified Stage 2 and Stage 3](#)
- [AHCCCS Program Year 2019 – Electronic Prescriptions FAQ](#)*
- [AHCCCS Program Year 2019 – Clinical Decision Support FAQ](#)*
- [AHCCCS Program Year 2019 – Computerized Provider Order Entry FAQ](#)*
- [Documentation Retention Webinar](#)

*To access the AHCCCS Program Year 2019 – eRx, CDS, and CPOE FAQ click on the links above, then click the drop down arrow labeled "Educational Resources". The FAQ link is included under the "Tip Sheets" header.

Contact Information

Agency	Help With	Email	Phone
AHCCCS	PI Program	EHRIncentivePayments@azahcccs.gov	(602) 417-4333
Health Current	Educational Assistance & Support	ehr@healthcurrent.org	(602) 688-7210

Questions?

Thank You.