

Florida Medicaid
Promoting
Interoperability Program

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July 9, 2019

Meaningful Use Objective: Clinical Decision Support (CDS)

Program Year 2019 – Basics



All providers have a minimum 90 day EHR reporting period



All providers attest to Stage 3 requirements



Providers must have 2015 certified technology



Clinical Quality Measures (CQMs):

First time attesting to Meaningful Use (MU): 90 days

2nd or later years: Full year reporting

Must report one outcome or priority CQM

Stage 3 Meaningful Use Objectives

- Protect Electronic Protected Health Information (ePHI)
- Electronic Prescribing
- Clinical Decision Support (CDS)
- Computerized Provider Order Entry (CPOE)
- Patient Electronic Access to Health Information
- Coordination of Care through Patient Engagement
- Health Information Exchange
- Public Health and Clinical Data Registry Reporting

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_2019.pdf

Clinical Decision Support 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 (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's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions
- Exclusion: None

Measure 2

- The EP has **enabled and implemented the functionality** for drug-drug and drug allergy interaction checks for the entire EHR reporting period
- Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period

CDS – Additional Information Highlights

- Implemented 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 EHR reporting period as long as the threshold of five is maintained for the duration of the EHR reporting period.
- If there are limited CQMs 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.

CDS - More

- 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 InfoButtons);
 - Clinical guidelines;
 - Condition-specific order sets;
 - Focused patient data reports and summaries;
 - Documentation templates;
 - Diagnostic support; and contextually relevant reference information.
- These functionalities may be deployed on a variety of platforms (e.g., mobile, cloud-based, installed).

Reporting CQMs for PY2019

- Returning participants must report on a one-year CQM reporting period
- First-time MU must report on a 90-day CQM reporting period
- Required to report on any six eCQMs related to their scope of practice.
 - In addition, Medicaid EPs are required to report on at least one outcome measure.
 - If no outcome measures are relevant to that EP, they must report on at least one high-priority measure.
 - If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.

CQM Outcome Measures

Measure Title	CMS eCQM ID	Measure Description
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	CMS133v7	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	CMS132v7	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence
Children Who Have Dental Decay or Cavities	CMS75v7	Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period
Depression Remission at Twelve Months	CMS159v7	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event

CQM Priority Measures

Measure Title	CMS eCQM ID	Measure Description
Anti-Depressant Medication Management	CMS128v7	Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.
Breast Cancer Screening	CMS125v7	Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer
Chlamydia Screening for Women	CMS153v7	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	CMS136v8	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	CMS137v7	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v8	Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v7	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.

2015 CEHRT Implementation



- 2015 Edition CEHRT **did not** have to be implemented on January 1, 2019.
- However, functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 edition criteria.

Contacts and Resources



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