| **Topic** | **Stage 2 Final Rule** | **Former Stage 3 Objective** | **Updated Stage 3 Objective** | **Question** | **Response** |
| --- | --- | --- | --- | --- | --- |
| **Improving quality of care and safety** |
| **Clinical Decision Support** | **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.**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.  | **Objective:** Use clinical decision support to improve performance on high priority health conditions**Measure:** 1. Implement 15 CDS interventions or guidance related to 5 or more CQMs. **The 15 CDS interventions should include 2 or more** interventions in each of the following areas:
	1. Preventive care
	2. Chronic disease management
	3. Appropriateness of lab/rad
	4. Advanced medication CDS
	5. Accuracy or completeness of the problem list
2. Enable **drug-drug and drug-allergy interaction checks**

**Certification Criteria**1. Ability to track CDS triggers
2. Ability to flag preference-sensitive conditions and provide decision support materials for patients
3. Check for a maximum dose /weight based calculation
4. Use of structured SIG standards
5. Consume external CDS interventions
6. Use info in systems to support maintenance of lists
 | Demonstrate use of multiple CDS interventions that apply to quality measures **in at least 4 of the 6 NQS domains.** Recommended interventions (flexible to innovation):* Preventive care
* Chronic disease management (e.g., diabetes, coronary artery disease)
* Appropriateness of lab and radiology orders
* Advanced medication-related decision support (e.g., renal drug dosing)
* Improving the accuracy/completeness of the problem list
* Drug-drug and drug-allergy interaction checks
* CDS applied to capture shared decision making

CEHRT should have the functionality to enable intervention tools such as (the intention is not to be overly prescriptive, but to encourage innovation in these areas):1. Ability to track CDS triggers
2. Ability to flag preference-sensitive conditions and provide decision support materials for patients (IOM list of CDS flags)
3. Capture appropriate care goals to encourage shared decision making
4. Check for a maximum dose /weight based calculation
5. Use of structured SIG standards
6. Consume external CDS interventions
7. Use info in systems to support maintenance of lists

**Related work that can inform: S&I HealtheDecisions, HITSC Clinical Quality WG** | **Implementation WG:** How do these policies get translated to certification criteria and auditing? How would this impact certification criteria and test script auditing? |  |