APPENDIX 2: Improvement Activities

NOTE: For previously finalized improvement activities, we refer readers to the finalized Improvement Activities Inventory in Table F in the Appendix of the CY 2018 Quality Payment Program final rule (82 FR 54175) and in Table H in the Appendix of the CY 2017 Quality Payment Program final rule (81 FR 77818). Unless modified or removed in the CY 2019 Physician Fee Schedule final rule, previously finalized improvement activities continue to apply for the MIPS CY 2019 performance period and future years.

We refer readers to the CY 2018 Quality Payment Program final rule (82 FR 53569) for previously adopted criteria for nominating new improvement activities. We refer readers to section III.I.3.h.(4)(d)(i) of this final rule, where we are finalizing our proposals to add one new criterion and remove a previously adopted criterion. In addition, we refer readers to section III.I.3.h.(4)(d)(i) of this final rule where we clarify: (1) considerations for selecting improvement activities for the CY 2019 performance period and future years; and (2) the weighting of improvement activities. In the CY 2019 PFS proposed rule (83 FR 36359), for CY 2019 performance period and future years we proposed: six (6) new improvement activities; the modification of five (5) existing activities; and the removal of one (1) existing activity. These are discussed in greater detail below.

TABLE A: New Improvement Activities for the MIPS CY 2019 Performance Period and Future Years

Proposed Improvement Activity	
Proposed Activity ID:	**IA_AHE_7**
Proposed Subcategory:	Achieving Health Equity
Proposed Activity Title:	Comprehensive Eye Exams
Proposed Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must promote the importance of a comprehensive eye exam, which may be accomplished by providing literature and/or facilitating a conversation about this topic using resources such as the "Think About Your Eyes" campaign[84] and/or referring patients to resources providing no-cost eye exams, such as the American Academy of Ophthalmology's EyeCare America[85] and the American Optometric Association's VISION USA.[86] This activity is intended for: (1) non-ophthalmologists/optometrist who refer patients to an ophthalmologist/optometrist; (2) ophthalmologists/optometrists caring for underserved patients at no cost; or (3) any clinician providing literature and/or resources on this topic. This activity must be targeted at underserved and/or high- risk populations that would benefit from engagement regarding their eye health with the aim of improving their access to comprehensive eye exams.
Proposed Weighting:	Medium
Rationale:	This activity fills a gap as the Inventory does not currently contain an activity related to ophthalmology. Furthermore, we believe promoting and educating patients about the importance of a comprehensive eye exam can improve access to this service and, in turn, improve health status particularly for traditionally underserved populations or to those who are otherwise unable to access these important services. For these reasons, we believe this activity meets the inclusion criteria of an activity that could lead to improvement in practice to

[84]The Think About Your Eyes resource at http://thinkaboutyoureyes.com.
[85] The American Academy of Ophthalmology's EyeCare America resource at https://www.aao.org/eyecare-america.
[86] The American Optometric Association's VISION USA resource at http://www.aoafoundation.org/vision-usa/.

	reduce health care disparities. We proposed the weighting of this activity as medium because this activity may be accomplished by providing literature and/or facilitating a conversation with a patient during a regular visit. This task may be incorporated into a patient's regular visit with a relatively low investment of time or resources
Comments:	Several commenters supported the inclusion of this improvement activity. Commenters stated that the activity will have positive clinical impacts on patients. In addition, routine eye exams can identify both ocular conditions as well as other health problems, including serious conditions like brain tumors, thyroid disease, and pituitary tumors. Another commenter supported improvement activities that specifically promote health equity, the goal of this improvement activity. One commenter recommended this improvement activity not be finalized due to concern that comprehensive eye exams are not appropriate for most healthy populations and should only be targeted to those at risk. The commenter stated the improvement activity may lead to increases in unnecessary expenditures for public programs and low income patients.
Response:	We believe this improvement activity will have a positive impact on patient care and promote health equity. Regarding the commenter's concern that this improvement activity may lead to the provision of comprehensive eye exams for those who are not at risk, as stated in the description, "this activity must be targeted at underserved and/or high-risk populations that would benefit from engagement regarding their eye health with the aim of improving their access to comprehensive eye exams." Therefore, we believe that the improvement activity is appropriately targeted at populations with the highest risk for conditions that can be detected through a comprehensive eye exam. Additionally, since comprehensive eye exams are relatively low cost interventions and early detection of conditions that can be identified through an eye exam may reduce more costly treatment later, we believe this improvement activity will not unnecessarily increase expenditures for public programs and the target population.
Final Action:	After consideration of the public comments received, we are finalizing this improvement activity as proposed.
Finalized Improvement Activity	
Activity ID:	**IA_AHE_7**
Subcategory:	Achieving Health Equity
Activity Title:	Comprehensive Eye Exams
Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must promote the importance of a comprehensive eye exam, which may be accomplished by providing literature and/or facilitating a conversation about this topic using resources such as the "Think About Your Eyes" campaign[87] and/or referring patients to resources providing no-cost eye exams, such as the American Academy of Ophthalmology's EyeCare America[88] and the American Optometric Association's VISION USA.[89] This activity is intended for: (1) non-ophthalmologists/optometrist who refer patients to an ophthalmologist/optometrist; (2) ophthalmologists/optometrists caring for underserved patients at no cost; or (3) any clinician providing literature and/or resources on this topic. This activity must be targeted at underserved and/or high- risk populations that would benefit from engagement regarding their eye health with the aim of improving their access to comprehensive eye exams.
Weighting:	Medium
Proposed Improvement Activity	

[87]The Think About Your Eyes resource at http://thinkaboutyoureyes.com.
[88] The American Academy of Ophthalmology's EyeCare America resource at https://www.aao.org/eyecare-america.
[89] The American Optometric Association's VISION USA resource at http://www.aoafoundation.org/vision-usa/.

Proposed Activity ID:	**IA_BE_24**
Proposed Subcategory:	Beneficiary Engagement
Proposed Activity Title:	Financial Navigation Program
Proposed Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must attest that their practice provides financial counseling to patients or their caregiver about costs of care and an exploration of different payment options. The MIPS eligible clinician may accomplish this by working with other members of their practice (for example, financial counselor or patient navigator) as part of a team-based care approach in which members of the patient care team collaborate to support patient- centered goals. For example, a financial counselor could provide patients with resources with further information or support options, or facilitate a conversation with a patient or caregiver that could address concerns. This activity may occur during diagnosis stage, before treatment, during treatment, and/or during survivorship planning, as appropriate.
Proposed Weighting:	Medium
Rationale:	We believe there is the possibility for improved outcomes when financial navigation programs are in place, such as reducing patient anxiety about costs and improved access to care for underserved populations. For these reasons, we believe this activity meets the inclusion criteria of an activity that could lead to improvement in practice to reduce health care disparities. We proposed the weighting of this activity as medium because the activity may be accomplished by providing literature and/or facilitating a conversation with a patient during a regular visit. This task may be incorporated into a patient's regular visit with a relatively low investment of time or resources.
Comments:	Several commenters supported the inclusion of this improvement activity. One commenter noted that this improvement activity may be challenging for clinicians, especially those in smaller practices who have difficulty accessing cost of care data and should therefore be weighted as high. Another commenter provided support for the inclusion of this improvement activity as proposed because this improvement activity is likely to have a large impact on patients with serious illnesses who are at high risk for medical debt and its related problems, and recommended we remain flexible in the members of the patient care team that can provide financial navigation services.
Response:	As explained in section III.I.3.h.(4)(d)(i)(C) of this final rule, the weighting of "medium" is in accordance with our policy, as high weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being and/or is of high intensity, requiring significant investment of time and resources. We do not believe accessing cost of care data requires a significant investment of time and resources, even for smaller practices, and therefore, we do not believe a high weighting is warranted. We appreciate the supportive comment that this improvement activity will have an impact on patients with serious illnesses who are at risk for medical debt. Regarding the comment that we remain flexible in the members of the patient care team that can provide financial navigation services, the activity description states that the MIPS eligible clinician may meet this improvement activity by working with other members of the patient care team, including financial counselors or patient navigators and we intend to continue this flexibility.
Final Action:	After consideration of the public comments received, we are finalizing this improvement activity as proposed.
Finalized Improvement Activity	
Activity ID:	**IA_BE_24**
Subcategory:	Beneficiary Engagement
Activity Title:	Financial Navigation Program
Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must attest that their practice provides financial counseling to patients or their caregiver

	about costs of care and an exploration of different payment options. The MIPS eligible clinician may accomplish this by working with other members of their practice (for example, financial counselor or patient navigator) as part of a team-based care approach in which members of the patient care team collaborate to support patient-centered goals. For example, a financial counselor could provide patients with resources with further information or support options, or facilitate a conversation with a patient or caregiver that could address concerns. This activity may occur during diagnosis stage, before treatment, during treatment, and/or during survivorship planning, as appropriate.
Weighting:	Medium
Proposed Improvement Activity	
Proposed Activity ID:	**IA_BMH_10**
Proposed Subcategory:	Behavioral and Mental Health
Proposed Activity Title:	Completion of Collaborative Care Management Training Program
Proposed Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must complete a collaborative care management training program, such as the American Psychological Association (APA) Collaborative Care Model training program available as part of the Centers for Medicare & Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI),[90] available to the public,[91] in order to implement a collaborative care management approach that provides comprehensive training in the integration of behavioral health into the primary care practice.
Proposed Weighting:	Medium
Rationale:	Collaborative care management approaches to integrating behavioral health into primary care practice have been associated with significant improvements in mental health symptom acuity and adherence to treatment in the short- to mid-term.[77 78 79] In addition, this activity meets the inclusion criteria of an activity that is likely to lead to improved beneficiary health outcomes. We proposed the weighting of this activity as medium because participation in a training program consists of online reading, attending webinars, or other one-time or short-term activities, which, though beneficial, do not require substantial time or effort by clinicians.
Comments:	Several commenters provided general support for the new improvement activities. A few commenters supported the inclusion of this improvement activity.
Response:	We appreciate the comments of support for this improvement activity.
Final Action:	After consideration of the public comments received, we are finalizing this improvement activity as proposed.
Finalized Improvement Activity	
Activity ID:	**IA_BMH_10**
Subcategory:	Behavioral and Mental Health
Activity Title:	Completion of Collaborative Care Management Training Program
Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must complete a collaborative care management training program, such as the American Psychological Association (APA) Collaborative Care Model training program available as part of the Centers for Medicare & Medicaid Services (CMS)

[90] Centers for Medicare & Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI) information at https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/.

[91] American Psychological Association (APA) Collaborative Care Model training program information at https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-trained.

	Transforming Clinical Practice Initiative (TCPI),[92] available to the public,[93] in order to implement a collaborative care management approach that provides comprehensive training in the integration of behavioral health into the primary care practice.
Weighting:	Medium
Proposed Improvement Activity	
Proposed Activity ID:	**IA_CC_18**
Proposed Subcategory:	Care Coordination
Proposed Activity Title:	Relationship-Centered Communication
Proposed Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must participate in a minimum of eight hours of training on relationship-centered care[94] tenets such as making effective open-ended inquiries; eliciting patient stories and perspectives; listening and responding with empathy; using the ART (ask, respond, tell) communication technique to engage patients, and developing a shared care plan. The training may be conducted in formats such as, but not limited to: interactive simulations practicing the skills above, or didactic instructions on how to implement improvement action plans, monitor progress, and promote stability around improved clinician communication.
Proposed Weighting:	Medium
Rationale:	There is currently not an activity in the Inventory that addresses communication between patients and clinicians; this proposed activity would help fill a gap. We believe that this proposed activity meets the inclusion criteria of an activity that is likely to lead to improved beneficiary health outcomes based on research citing the importance of relationship-centered care to patient safety. [81] We proposed the weighting of this activity as medium because participation in an eight hour training on relationship-centered care, though beneficial, does not require substantial time or effort by clinicians.
Comments:	A few commenters supported the inclusion of this improvement activity. One commenter recommended this activity be weighted high due to the potential for the training to be burdensome to clinicians.
Response:	As stated in section III.I.3.h.(4)(d)(i)(C) of this final rule, the weighting of "medium" is in accordance with our policy, as high weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being and/or is of high intensity, requiring significant investment of time and resources. We do not believe relationship-centered trainings that can be completed in a minimum of eight hours is a significant investment of time and resources and therefore does not warrant a high weighting.
Final Action:	After consideration of the public comments received, we are finalizing this improvement activity as proposed.
Finalized Improvement Activity	
Activity ID:	**IA_CC_18**
Subcategory:	Care Coordination
Activity Title:	Relationship-Centered Communication
Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must participate in a minimum of eight hours of training on relationship-centered

[92] Centers for Medicare & Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI) information at https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/.
[93] American Psychological Association (APA) Collaborative Care Model training program information at https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-trained.
[94] Nundy, S. and J. Oswald (2014). "Relationship-centered care: A new paradigm for population health management." Healthcare 2(4): 216-219.

	care[95] tenets such as making effective open-ended inquiries; eliciting patient stories and perspectives; listening and responding with empathy; using the ART (ask, respond, tell) communication technique to engage patients, and developing a shared care plan. The training may be conducted in formats such as, but not limited to: interactive simulations practicing the skills above, or didactic instructions on how to implement improvement action plans; monitor progress; and promote stability around improved clinician communication.
Weighting:	Medium
Proposed Improvement Activity	
Proposed Activity ID:	**IA_PSPA_31**
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Patient Medication Risk Education
Proposed Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must provide both written and verbal education regarding the risks of concurrent opioid and benzodiazepine use for patients who are prescribed both benzodiazepines and opioids. Education must be completed for at least 75 percent of qualifying patients and occur: (1) at the time of initial co-prescribing and again following greater than 6 months of co-prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.
Proposed Weighting:	High
Rationale:	This activity addresses the Meaningful Measures priority area of Prevention and Treatment of Opioid and Substance Use Disorders[96] and addresses the role of clinicians in management of concurrent prescriptions, a topic that is not currently represented in the Inventory. We believe this activity meets the inclusion criteria of an activity that is likely to lead to improved beneficiary health outcomes due to the prevalence of opioid and substance abuse disorders and the medical consequences of mismanagement of concurrent benzodiazepine and opioid prescription.[97] We proposed the weighting of this activity as high because it addresses a public health emergency[98] and may reduce preventable health conditions related to opioid abuse. High weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being, as explained in the CY 2017 Quality Payment Program final rule (81 FR 77194). We also refer readers to our clarifications regarding weighting at section III.I.3.h.(4) of this final rule. According to the CDC, about 63,000 people died in 2016 of a drug overdose, and well over half of them are attributed to opioids.[99] Additionally, according to the 2016 National Survey on Drug Use and Health (NSDUH), 11.8 million individuals ages 12 and older misused any opioid (that is, prescription and/or illicit opioids) and 11.5 million

[95] Nundy, S. and J. Oswald (2014). "Relationship-centered care: A new paradigm for population health management." Healthcare 2(4): 216-219.

[96] Meaningful Measures Framework information available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html.

[97] McClure, F. L., Niles, J. K., Kaufman, H. W., & Gudin, J. (2017). Concurrent Use of Opioids and Benzodiazepines: Evaluation of Prescription Drug Monitoring by a United States Laboratory. Journal of Addiction Medicine, 11(6), 420–426. http://doi.org/10.1097/ADM.0000000000000354.

[98] Department of Health and Human Services. (2018) "HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis" Available at https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html.

[99] Hedegaard, H., Warner, M., & Miniño, A. M. (2017). NCHS Data Brief No. 294. Center for Disease Control and Prevention National Center for Health Statistics. Available at https://www.cdc.gov/nchs/products/databriefs/db294.htm.

	individuals misused prescription opioids. Of those who misused opioids, 2.1 million individuals meet the criteria for an opioid use disorder.[100] Since providing education regarding the risks of concurrent opioid and benzodiazepine use directly addresses the opioid epidemic, we believe this improvement activity meets our considerations for high-weighting.
Comments:	Several commenters supported the inclusion of this improvement activity. A couple commenters supported the improvement activity's high weighting due to it being part of addressing the increase in opioid drug use, abuse, and overdose deaths. Other commenters provided general support for new improvement activities that address the opioid crisis. Two commenters stated that there is a lack of evidence on when the risks of concurrent opioid and benzodiazepine prescribing outweigh the benefits and likewise when the benefits outweigh the risks.
Response:	We appreciate the comments of support for this improvement activity. We also appreciate the commenters who stated there is a lack of evidence on when the risks of concurrent opioid and benzodiazepine prescribing outweigh the benefits. However, this improvement activity does not require MIPS eligible clinicians to alter their prescribing protocol, except to provide written and verbal education regarding the known risks.
Rationale:	After consideration of the public comments received, we are finalizing this improvement activity as proposed.
Finalized Improvement Activity	
Activity ID:	**IA_PSPA_31**
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Patient Medication Risk Education
Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must provide both written and verbal education regarding the risks of concurrent opioid and benzodiazepine use for patients who are prescribed both benzodiazepines and opioids. Education must be completed for at least 75 percent of qualifying patients and occur: (1) at the time of initial co-prescribing and again following greater than 6 months of co-prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.
Weighting:	High
Proposed Improvement Activity	
Proposed Activity ID:	**IA_PSPA_32**
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support
Proposed Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must utilize the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain[101] via clinical decision support (CDS). For CDS to be most effective, it needs to be built directly into the clinician workflow and support decision making on a specific patient at the point of care. Specific examples of how the guideline could be incorporated into a CDS workflow include, but are not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.

[100] Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017). Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration NSDUH Data Review. Available at https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm.
[101] CDC Prescribing Guidelines resource at https://www.cdc.gov/drugoverdose/prescribing/guideline.html.

Proposed Weighting:	High
Rationale:	This activity addresses the Meaningful Measures priority areas of Prevention and Treatment of Opioid and Substance Use Disorders and Transfer of Health Information and Interoperability[102]. Electronic tools like CDS can assist clinicians in preventing adverse patient outcomes. We believe this activity meets the inclusion criteria of an activity that is likely to lead to improved beneficiary health outcomes due to the prevalence of opioid and substance abuse disorders and evidence of CDS supporting improved outcomes and patient safety.[103] We proposed the weighting of this activity as high because it promotes interoperability and addresses a public health emergency and may reduce preventable health conditions related to opioid abuse. High weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being, as explained in the CY 2017 Quality Payment Program final rule (81 FR 77194). We also refer readers to our clarifications regarding weighting at section III.I.3.h.(4) of this final rule. According to the CDC, about 63,000 people died in 2016 of a drug overdose, and well over half of them are attributed to opioids.[104] Additionally, according to the 2016 National Survey on Drug Use and Health (NSDUH), 11.8 million individuals ages 12 and older misused any opioid (that is, prescription and/or illicit opioid) and 11.5 million individuals misused prescription opioids. Of those who misused opioids, 2.1 million individuals meet the criteria for an opioid use disorder.[105] Since providing education regarding the risks of concurrent opioid and benzodiazepine use directly helps to addresses the opioid epidemic, and use of CDS addresses CMS's policy focus on Promoting Interoperability,[106] we believe this improvement activity meets our considerations for high-weighting.
Comments:	Several commenters supported the inclusion of this improvement activity. A couple commenters provided general support for new improvement activities that address the opioid crisis. Two commenters noted that the CDC Guideline for Prescribing Opioids for Chronic Pain are "for primary care physicians prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care," and that including this improvement activity may exacerbate a tendency for specialists to use the Guideline for patient populations for which it is not intended.
Response:	Clinicians may meet this improvement activity by appropriately adhering to the CDC Guideline for Prescribing Opioids for Chronic Care and should pick activities applicable to their clinical practice and patient population.

[102] Centers for Medicare & Medicaid "Meaningful Measures Framework" resource available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html.

[103] Hummel, J. Office of the National Coordinator for Health Information Technology (2013) "Integrating Clinical Decision Support Tools into Ambulatory Care Workflows for Improved Outcomes and Patient Safety" at https://www.healthit.gov/sites/default/files/clinical-decision-support-0913.pdf.

[104] Hedegaard, H., Warner, M., & Miniño, A. M. (2017). NCHS Data Brief No. 294. Center for Disease Control and Prevention National Center for Health Statistics. Available at https://www.cdc.gov/nchs/products/databriefs/db294.htm.

[105] Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017). Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration NSDUH Data Review. Available at https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm.

[106] Centers for Medicare & Medicaid Services "Promoting Interoperability (PI)" resource available at https://www.cms.gov/Regulations-andGuidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/.

Final Action:	After consideration of the public comments received, we are finalizing this improvement activity as proposed.
Finalized Improvement Activity	
Activity ID:	**IA_PSPA_32**
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support
Activity Description:	In order to receive credit for this activity, MIPS eligible clinicians must utilize the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain[107] via clinical decision support (CDS). For CDS to be most effective, it needs to be built directly into the clinician workflow and support decision making on a specific patient at the point of care. Specific examples of how the guideline could be incorporated into a CDS workflow include, but are not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.
Weighting:	High

[107] CDC Prescribing Guidelines resource at https://www.cdc.gov/drugoverdose/prescribing/guideline.html.