EPRP Update

3Q FY2017

Changes and Reminders

- As usual, a new quarter brings some changes to the questions and rules in some EPRP instruments as well as changes to scoring for some measures
- This presentation will review those changes as well as provide some reminders about important aspects of review
- Please have the question sets available as you review the slides since not all highlighted changes are included in this presentation

GENERAL ABSTRACTION REMINDERS

Accurate Data collection

- We can't over-emphasize the importance of providing accurate data to VHA
- For that to happen, we must apply the abstraction rules consistently
- The following slides provide some reminders about good abstraction practices

Read the Rules

- The definition/decision rules are your guide to collecting accurate information
- As you know….sometimes the rules change
  - Changes sometimes occur based on study interval or discharge date
  - This can be confusing, especially when the changes occur in the middle of the quarter
- **The abstraction software always has the rules applicable to the record you are abstracting so it is critical to read and follow those rules**
  - **You can press F1 to expand the rules for easier reading**

f2

- In addition to the definition/decision rules, you have access to another valuable resource in the software, the **Frequently Asked Questions**
  - If you have a question, chances are someone else may have already asked it and the answer may be in the FAQs
- If an FAQ is available for a particular question, a red **F2** appears at the top of the page in the software
  - Press F2 to view the available FAQ(s)
- You can also access FAQs from the Module Menu and from the Main menu

Clear Questions

- You can help us provide better answers to your questions if we know exactly what you are asking
- When calling or emailing, let us know precisely which question has you puzzled
  - For example, tell us you need help with tobtxcoun from the Global instrument or tuconsel from CGPI
  - If we guess which question you are asking about, we may steer you wrong

Focus on the question

- We all know that sometimes it is difficult to determine how to answer a question given the documentation in the medical record
- It is easy to start thinking about what passes or fails the measure and lose sight of the intent of the question
- It may help to take a step back, re-read the question and think about which answer value best applies
- Remember that the scoring takes care of itself and you should focus on answering the questions accurately, not what passes or fails

Changes

- Let's move ahead with a look at the changes to the questions, rules, and exit reports/scoring
- We will start with Global Measures

GLOBAL MEASURES

Time Parameters

- There are only two changes in the Global Measures instrument, but they are very important to note
- A warning has been added to two questions
  - Dectm (time of decision to admit)
    - If the date and time of decision to admit is <=10 minutes or >=720 minutes after the date and time of arrival, you will be prompted to recheck your answer to make certain it is correct
  - Edctm (time of ED departure)
    - If the date and time of ED departure is <=10 minutes or >=720 minutes after the date and time of arrival, you will be prompted to recheck your answer to make certain it is correct

ED times

- It is important that you do not ignore the warning, but do take time to recheck your entry
- **If you find that the times you enter consistently trigger the warning, please ask your Regional Manager to review some cases with you to be sure you are abstracting correctly**
  - If you are abstracting correctly, it will be helpful to us to know why your times are outside the parameters

Correct Visit

- It is critical that you select the correct ED visit when abstracting **arrival date and time**
- It is not uncommon to see a scenario such as this:
  - Patient has an ED visit and is discharged home
  - Patient returns to the ED later the same day or the following day
  - Patient is subsequently admitted to acute inpatient care
- During quality checks we have noted that sometimes the arrival date and time of the first ED visit was entered rather than correctly entering the arrival date and time of second visit, i.e. the visit that resulted in admission
  - **Please abstract carefully when there are multiple ED visits**

Observation Only

- The Global Measures review includes only cases that were admitted to acute inpatient care
  - Occasionally your pull list may have a case that was only observation status and never admitted to inpatient care
    - Review the record carefully to determine if the case was an acute inpatient admission
    - Observation only cases should not be reviewed; ask your Regional Manager to make the record blank
  - And remember that admissions that are to a service other than acute inpatient care, such as Blind Rehab or Respite care, should not be reviewed

Global Measures SCoring

- Four Global Measures will no longer be scored and have been removed from the Exit Report
  - tob 30: Tobacco Use Treatment Provided
  - tob 50: Tobacco Use Treatment Provided at Discharge
  - sub 30: Alcohol Use Brief Intervention Provided
  - sub 50: Alcohol and Other Drug Use Disorder Treatment
    Provided at Discharge
- There are no other changes to Global Measures scoring

Inpatient Medication Reconciliation

- There are some significant changes in the Inpatient Medication Reconciliation module
- The importance of reviewing these changes carefully and applying the rules correctly as you abstract cannot be overstated

EMLR

- q1 is new
- Upon admission or during the 24 hours after admission, is there documentation of an Essential Medication List for Review (EMLR) in the medical record?
  - **The intent of the question is to determine if the facility is utilizing the Essential Medication List for Review (EMLR) which is a health summary component enhancement for CPRS.**
  - **The EMLR is used to pull the components necessary for medication review in order to generate a complete medication list.**
- In order to answer "1" it is only necessary to see documentation that the facility utilized the EMLR for medication review.

EMLR

- The EMLR is an alphabetic list of the patient's prescriptions that includes these components:
- **Active VA Prescription(**s) *from the VAMC which generates the EMLR*
- **Remote Active VA Prescription(s)** *from another VAMC or DoD facility*
- **Non-VA medication(s)**

(continued next slide)

Components of EMLR

- **Recently Expired VA Prescription(s)**:
  - **Must** include prescriptions that have expired in the last 90 days.
  - *May* include prescriptions that have expired in the last 180 days.
  - **MUST NOT** include prescriptions that expired greater than 180 days (e.g., expired VA prescriptions in the last 210 days).
    - *Sites using objects pulling "MRP – Medication Reconciliation" or "Other meds dispensed in last year" are exempt from this rule.
- **Recently Discontinued VA Prescription(s)**
  - **Must** include prescriptions that have been discontinued in the last 90 days.
  - *May* include prescriptions that have been discontinued in the last 180 days.
  - **MUST NOT** include prescriptions that were discontinued greater than 180 days (e.g., discontinued VA prescriptions in the last 210 days).
    - *Sites using objects pulling "MRP – Medication Reconciliation" or "Other meds dispensed in last year" are exempt from this rule.

EMLR

- The EMLR must also include
  - **Pending Medication Order(s)** where relevant (e.g. where patient is being seen by multiple providers in the same day)
- Suggest data sources for finding documentation of the EMLR include the following progress notes
  - clinical pharmacy note
  - ED documentation
  - EMLR note
  - H&P
  - intake note
  - medication reconciliation note
  - pre-operative anesthesia note
  - essential medication list for review.

EMLR

- If the facility is utilizing the EMLR (emlr=1) you will skip the next question, revptmed, and go on to the next appropriate question or to the end of the module as applicable
- If emlr=2, you will go to question 2 revptmed
- This question has some important changes to review
  - There are changes to the rules for the components that must be included, which are the same as those noted in the EMLR question

Medication list Components

- Important points to note:
- **Active VA Prescription(s):**
  - "local" is no longer required
- **Recently Expired VA Prescription(s)**: (no longer says "range")
  - **Must** include prescriptions that have expired in the last 90 days.
  - *May* include prescriptions that have expired in the last 180 days.
  - **MUST NOT include prescriptions that expired greater than 180 days** (e.g., expired VA prescriptions in the last 210 days).
    - *Sites using objects pulling "MRP – Medication Reconciliation" or "Other meds dispensed in last year" are exempt from this rule.

Medication list components

- Important Points (continued)
- Recently Discontinued VA Prescription(s) (no longer says range)
  - **Must** include prescriptions that have been discontinued in the last 90 days.
  - *May* include prescriptions that have been discontinued in the last 180 days.
  - **MUST NOT include prescriptions that were discontinued greater than 180 days** (e.g., discontinued VA prescriptions in the last 210 days).
    - *Sites using objects pulling "MRP – Medication Reconciliation" or "Other meds dispensed in last year" are exempt from this rule.

Additional Rules

- For Remote Active VA Prescriptions, documentation that "Remote Data Down" is acceptable to answer "1".
- Remember that you are still looking for documentation that within 24 hours after admission the clinical staff reviewed the patient's list of medications and/or a medication list for review with the patient/caregiver

Inpatient med Rec

- There are no changes to the remaining inpatient medication reconciliation questions
- There are some changes to scoring and the exit report

Inpatient MeDication Reconciliation Scoring

- Mrec42: Scoring now includes a check for the new question, emlr. The case will pass if emlr=1
- The exit report descriptions of the medication list components have been revised to match the wording in the question
  - mrec42a: Active VA Prescriptions
  - mrec42d: Recently Expired VA Prescriptions
  - mrec42e: Recently Discontinued VA Prescriptions

Delirium Risk

- Please note the important changes in the Delirium Risk questions
- There is a change to the definition/decision rules for questions 1-5 (docdel, dochgms, doconf, docorient, rskdeli)
  - **You are no longer restricted to looking at documentation in the assessment/plan section of the H&P; rather the entire H&P may be used as a source**

New Delirium Questions

- There are two new questions in the Delirium Risk module
- Q6 delimh
- **Was there documentation of any other term(s) or description(s) in the History and Physical that would indicate a recent mental status change, patient confusion or delirium?**
  - **Examples of terms include but are not limited to:**
    - Changes in ability to focus or control attention
    - Changes in ability to engage in self care
    - Changes in ability to communicate and/or evidence of confusion
    - New evidence of disorientation (e.g., does not know current date)

Enter Terms

- If you answer yes to question 6, you will enter as free text the other term(s) or description(s) that would indicate a recent mental status change, confusion or delirium
- There are no scoring changes associated with the question changes
- The only change to FE81 is the addition of an exclusion for patients age <65

HBIPS

New Questions

- Several new questions have been added to HBIPS to collect restraint and seclusion data to assist with validation of VHA self-reported data
- Please review the questions carefully and ask questions as needed to be sure you are answering accurately

Restraint and Seclusion

- q24 resevent
- Is there documentation of a physical restraint event during the patient's psychiatric hospitalization?
  - **A physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement**

Physical Restraints

- **Examples of physical restraint include but are not limited to:**
  - 2 point restraint
  - 4 point restraint
  - 5 point restraint
  - Body nets
  - Mittens for the purpose of preventing intentional self-harm
  - Wrist-to-waist restraints
  - Soft wrist restraints
  - Manual holds
  - Stapling
  - Jarvis
  - Leather restraints
  - Devices that serve multiple purposes such as a Geri chair or side rails, when they have the effect of restricting a patient's movement and cannot be easily removed by the patient, constitute a restraint.

Suggested Data sources

- **Review the medical record for documentation of a restraint event anytime during the hospital stay**
- **Suggested data sources:**
  - Licensed independent practitioner orders
  - nursing flow sheet
  - nursing notes
  - observation sheets
  - physician orders
  - progress notes
  - psychiatric notes
  - restraint monitoring form
  - restraint/seclusion flowsheet
  - restraint/seclusion notes, scanned notes (VistA Imaging)
  - therapist notes

Restraint event

- If no restraint event is found, you will proceed to a question about a seclusion event
- If there was a physical restraint event, you will go to the next question in that series

event start and end

- In questions 25-27 you will enter the date the restraint event occurred and time the restraints were initiated and discontinued
- A patient may have multiple restraint events during the psychiatric hospitalization
- This information is abstracted once for each day on which a restraint event (*Event Type 1*) occurs during the patient's psychiatric hospitalization
  - **When an event (*Event Type*) begins and ends on different dates (crosses midnight) this is considered 2 separate events; therefore, both dates must be documented in order to determine the total amount of time associated with each *Event Date*.**

Restraint event times

- **Restraint Event start and end time must be entered as hour and minute (UMT).**
  - For **start times** that include "seconds," remove the seconds and record the time as is (e.g., 15:00:35 would be entered as 15:00).
  - For **end times** that include "seconds," round up to the next full minute (e.g., 15:00:35 would be entered as 15:01).
  - Enter 99:99 when either the start or stop time of *Event Type* 1 (physical restraint) event is missing or unable to be determined from the medical record

Change of event type

- If a patient is in physical restraint(s) (*Event Type 1*) and then placed into seclusion (*Event Type* 2), the time for *Event Type* 1 (physical restraint(s)) STOPS. The initiation of *Event Type* 2 (seclusion) stops the time for *Event Type* 1 (physical restraint(s)).

Location of documentation

- **The intent of question 28 is to verify whether documentation of the restraint event is located in the specified data sources**
- Please review all data sources carefully and **select ALL sources** where documentation of the restraint event including date and time was found
  - Be sure to choose your answers carefully as many of the note titles have only slight differences
- If restraint event documentation is found in a location not listed, answer "yes" to value 20 "other."

Location of restraint documentation

- 1. Behavioral Restraint Flowsheet
- 2. Incidental note
- 3. Initial Restraint Application Assessment
- 4. Mental Health Restraint note
- 5. Nurse Restraint note
- 6. Nursing Release from restraint/seclusion note
- 7. Nursing Restraint Assessment note
- 8. Nursing Restraint Initial and Reassessment note
- 9. Nursing Restraint Initiation Note
- 10 Nursing Restraint/Seclusion Note
- 11. Physician Orders
- 12. Physician Release from Restraint/Seclusion note
- 13. Physician Restraint/Seclusion note
- 14. Restraint/Seclusion Interdisciplinary note
- 15. Restraint/Seclusion note
- 16. Restraint Discontinued note
- 17. Restraint Flowsheet
- 18. Restraint/Seclusion Removal/Debriefing Note
- 19. Scanned note/flowsheet
- 20. Other

Seclusion Event

- Q29 asks if there is documentation of a seclusion event during the patient's hospitalization
- **A seclusion event is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.**
- **The seclusion event may be documented as "seclusion," but should ideally include more descriptive information**

Seclusion

- **Examples of seclusion include but are not limited to:**
  - Manually or electronically locked doors
  - One-way doors
  - The presence of staff proximal to the room preventing exit or the threat of consequences if the patient leaves the room
- **Exclude:**
  - Time-out
  - Quarantine due to infectious disease

Seclusion Events

- The seclusion event questions mirror the restraint questions
- You will collect the date of the event and the time the event was initiated and discontinued
  - If a patient is in *Event Type* 2 (seclusion) and then placed into *Event Type* 1 (physical restraint(s)), the time for *Event Type* 2 (seclusion) STOPS. The initiation of Event Type 1(physical restraint(s)) stops the time for *Event Type 2* (seclusion)
- You will also select the location (q33) where the seclusion event was documented in the record

HBIPS Changes

- There are no measures associated with the restraint and seclusion data collection and thus no DACs
- There are no other changes to the HBIPS instrument
- There are no changes to the HBIPS scoring or exit report

VTE

- There are no changes to the VTE instrument or scoring

Enhancement

- Per request of facility liaisons, the study interval has been added to the exit report header information for GM, HBIPS, HOP, and VTE

HOP

- Warnings have been added to two HOP questions in an effort to improve data reliability
  - Provcontm (time of first direct personal exchange)
    - If the date and time of first direct personal exchange is **<=10** minutes or **>= 120 minutes** after the date and time of arrival, you will be prompted to recheck your answer to make certain it is correct
  - Edctm (time of ED departure)
    - If the date and time of ED departure is **<=10 minutes** or **>=240 minutes** after the date and time of arrival, you will be prompted to recheck your answer to make certain it is correct

Warnings

- It is important that you do not ignore the warning, but do take time to recheck your entry
- **If you find that the times you enter consistently trigger the warning, please ask your Regional Manager to review some cases with you to be sure you are abstracting correctly**
  - If you are abstracting correctly, it will be helpful to us to know why your times are outside the parameters

HOP Exit Report

- There are no changes to the HOP scoring or exit report

CGPI

CGPI Changes

- There are changes to several CGPI modules
  - Core
  - Mental Health
  - PI
  - OP Med Recon
- No changes to CVD, DM, Shared and Validation

Core Module

- References to ICD-9 codes in two Core module questions have been removed since the look back timeframe has passed
  - obesdx
  - uicode

Mental Health Module

- Q1 dementdx2
- The definition/decision rules have a clarification
  - **The problem list or health factors may be used to perform an initial search for the diagnosis of dementia or other condition associated with dementia;**
    - **however, the documentation of the applicable ICD-10-CM code must be found in association with an inpatient or outpatient encounter during the past year.**
- Applicable codes have some changes; the requirements for some primary + secondary codes have been removed
  - **A8100, A8101, A8109, A812, A8189, A819, F0150, F0151, F0280, F0281, F0390, F0391, F1027, F1997, G231, G300, G301, G308, G309, G3101, G3109, G3183, G903**

modsevci

- There are also some changes to q4 modsevci
- Psychologist has been added as a clinician
- References in the rules to *chronic*, severe cognitive impairment were changed to **moderate or** severe cognitive impairment

Prevention Module

- **There are two kinds of pneumococcal vaccines in the United States:**
  - Pneumococcal conjugate vaccine (PCV 13 or Prevnar 13®)
  - Pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax23®)
- The previous pneumococcal pneumonia vaccine questions have been replaced by new questions about administration of PCV13 and PPSV23
- You will also enter the location and date of the documentation in the medical record

PCV13

- q6 pcvvac
- At any time, not later than the study end date, did the veteran receive the **PCV13** pneumococcal vaccination, either as an inpatient or outpatient?
  - 1. received **PCV13** pneumococcal vaccination from VHA
  - 3. received **PCV13** pneumococcal vaccination from private sector provider
  - 98. patient refused **PCV13** pneumococcal vaccination
  - 99. no documentation patient received **PCV13** pneumococcal vaccination

pcvvac

- **Only documentation of the PCV13 or** Prevnar 13® **vaccine is acceptable for this question.**
- **At a minimum the year of the PCV13 vaccination must be documented.**
- Historical information obtained by telephone by a member of the healthcare team and entered in a CPRS progress note is acceptable
- **Patient refusal** = each time it was offered, patient stated he/she states he does not want the **PCV13** vaccination

pcvdt

- If you answer 1 or 3 to pcvvac, you will enter the date of the PCV13 pneumococcal vaccination
- If only the year is known, enter 01 for month and day

lpcvvac

- In question 8 you will select the location where the PCV13 pneumococcal vaccination was found in the medical record and enter the date of the documentation
- **The intent of this question is to verify whether PCV13 or** Prevnar 13® **vaccination documentation is located in the data source.**
- **The priority list of data sources is not representative of abstraction guidelines (i.e., Verify PCV13 documentation found in clinical reminders/health factors/health summary in the medical record.)**

lpcvvac

- **Locations**
  - 1. PCE Immunizations
  - 2. BCMA/MAR
  - 3. Immunization Health Summary
  - 4. Health Factors/Clinical Reminder
  - 5. Clinic/progress/Immunization note
  - 6. Scanned notes
  - 7. Other
- Starting with location #1, PCE Immunization, check to see if documentation of PCV13 is found in this data source.
  - If yes, enter the date of documentation.
  - If no, look in location #2 BCMA/MAR

Ipcvvac

- Remember in question 8 you are looking for the date of documentation, which may be different from the date of vaccine *administration*

PCV13 Allergy

- If pcvvac is answered 98 (refusal) or 99 (not done) you will skip to question 9, allerpcv
- Is there documentation that the patient had a **severe** allergic reaction (e.g., anaphylaxis) to a PCV13 pneumococcal vaccine component?

PPSV23

- Questions 10-13 are the same as the PCV13 questions except the intent is to determine if the patient received the **PPSV23 (Pneumovax 23®, Pnu-Imune 23®) or pneumococcal (Pneumovax) vaccination,** the date, and location of documentation, or allergy to PPSV23

Mammogram

- There are some changes to the mammogram series of questions namely a new question and the associated skip changes
- q48 (tomomam) was added to collect data about 3D mammograms
  - You will only get the this question if you answer "no" to q47 mamgram2
    - Remember, if only tomosynethesis or 3D mammgraphy was done in the required timeframe, do not answer "yes" to mamgram2

3D Mammography

- Three-dimensional (3D) mammography, also known as digital breast tomosynthesis (DBT) is a type of digital mammography in which x-ray machines are used to take pictures of thin "slices" of the breast from different angles and computer software is used to reconstruct an image

Q48 (tomomam)

- Does the medical record contain the report of a 3D mammogram (tomosynthesis mammogram) performed for this patient during the timeframe from (computer to display stdybeg – 27 months to stdyend)?
- In order to answer "1", the medical record must document that 3D or tomosynthesis mammogram was performed

OP Medication Reconciliation

- The changes to the OP Medication Reconciliation module mirror those already noted in the slides about inpatient med recon
  - q2 emlropt asks if there is documentation of an EMLR in the record
  - The changes in question 3 optmed include wording changes and additional guidance regarding recently expired medication and recently discontinued medications
  - As always, it is important to look carefully at these changes as you abstract so as to answer correctly

CGPI Exit Report and Scoring Changes

- There is one new measure for CGPI
  - p32: Breast Screen age 50-74 (includes 3D mammogram)
  - Either a diagnostic mammogram or a 3D mammogram in the proper timeframe passes the measure
- Mrec41 includes a check for emlropt; if this question is answered yes, the measure is passed
  - The measure descriptions of the medication list components on the exit report have been changed to match the wording in the question/rules
- Scoring for the pneumococcal immunization measures (p1 and p1s) now utilizes the new questions (pcvvac, allerpcv, ppsvac, allerppsv)

CGPI Exit Report and Scoring changes

- The influenza vaccination measures (p25h, p26h and p19s) will appear on the CGPI exit report in 3Q and will be scored beginning with the April study interval (2nd pull list)
- Please see the 3Q CGPI exit report guide for more details about the new/changed measures

HBPC

HBPC Changes

- There are several changes to the HBPC instrument including retired questions replaced by new questions and changes to existing questions and rules

Medication management

- There is a change to the definition/decision rules in the medication management questions, q9 admmed, and q10 medrev3
- Medications include prescribed, OTC, **and dietary supplements (such as a vitamin, mineral, herb or other botanical, amino acid, concentrate, metabolite, constituent, and/or extract),** topical and systemic medications from VA and non-VA providers as noted in the record.

Medication education

- A similar change is found in the definition of a new medication in the rules for newmedrx
  - A new medication is defined as any VA prescription, non-VA prescription, OTC, ***dietary** supplement **(such as a vitamin, mineral, herb or other botanical, amino acid, concentrate, metabolite, constituent, and/or extract), topical, systemic**, or PRN medications that have been prescribed by a VA or non-VA provider (or started by the patient/caregiver) at this visit or during the time period between this visit and the next most previous HBPC visit where medication reconciliation was performed by a HBPC physician/APN/PA, pharmacist, RN, or LPN
  - *A dietary supplement is a product intended for ingestion that contains a dietary ingredient intended to add further nutritional value to (supplement) the diet

Newmedrx exclusions

- There are some revisions to the exclusions for newmedrx
- For the purpose of this question, exclude **pending medications**, medical and diagnostic test supplies (e.g., glucometer strips, gauze, syringes, etc.), **and meal supplement or tube feeding.**

mededcon

- There are several changes to this question and to the associated rules
- During the time frame (computer to display medrecdt – 10 days to medrecdt + 10 days), did a physician/APN/PA, pharmacist, RN, LPN, or ***Registered Dietitian (RD)** provide education on the new medication(s) prescribed/added to the patient/caregiver to include:
  - **A Registered Dietitian (RD) may provide medication education on dietary supplements**
  - **You will find that RD has also been added to the other questions in the medication education series**

mededcon

- There are also some wording changes in the required components to clarify the goal of medication education
  - 16a. Medication **name** and reason for use
  - 16b. How to administer the medication **and how often/when to take it**
  - 16c. **Potential** side effects
  - 16d. How to monitor **the response to** the medication

mededcon

- **While this question allows for a 10 day window, the goal of medication education is to provide education to the patient/caregiver at the time the new medication is prescribed/added and at least prior to the patient taking the new medication**

carefolo

- Q26 carefolo: follow up for the positive caregiver strain screen
- There are a couple of clarifications to the rules
  - You do not need to find documentation of all of the interventions listed in the rules; documentation of **ANY** of the interventions is sufficient to answer yes
  - Documentation of an **offer of** some of the interventions is sufficient

Cognitive Impairment

- The changes to dementdx2 and modsevci as described in the CGPI slides are applicable in HBPC as well
  - See the highlighted changes

Pneumococcal Vaccination

- As in CGPI, the previous pneumococcal vaccination questions have been removed and are replaced with new questions about PVC13 and PPSV23
- The questions are the same as those in CGPI however the location of documentation questions are not included in HBPC

HBPC Scoring and Exit Report changes

- The mnemonic descriptions for hc37a, b, c, and d have been revised to match the question wording
  - hc37a: Medication name and reason for use
  - hc37b: How to administer the medication and how often/when to take it
  - hc37c: Potential side effects
  - hc37d: How to monitor the response to the medication
- The influenza measures have been added to the report and will be scored with the April study interval
  - hc46 Influenza vaccination age 18-64
  - hc47 Influenza vaccination age 65 and greater
  - hc48 influenza vaccination refused

3QFY2017

- Thank you for taking time to carefully review the 3Q instrument and scoring changes
- Please feel free to ask questions about anything that you need to clarify