

## Communication of Test Results

VHA EPRP FY2019Q1

## Study Purpose

- ☞ Expand the FY2018 pilot study to quarterly review (one pull list/quarter) for all facilities
- ☞ Review records for documentation of communication of test results to determine compliance with the VHA Communication of Test Results directive

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## Study Information

☞ CTR review will focus on eight tests:

- ☞ FOBT/FIT
- ☞ HCV
- ☞ Alpha-fetoprotein (AFP)
- ☞ Mammogram
- ☞ \*DEXA Scan
- ☞ \*Chest x-ray (CXR)
- ☞ \*CT Scan
- ☞ \*Pap/HPV

\*Tests with unknown results

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## Sample

- ☞ VHA will sample up to 5,000 records
- ☞ First pull list is to be sent on November 5
- ☞ Review will follow same schedule as other instruments

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## Pilot Indicators

Mnemonic	Description
Ctr20	% of Normal Test Results Compliant with Directive
Ctr21	% of Abnormal Test Results Compliant with Directive
Ctr22	% of ALL Test Results Compliant with Directive
Ctr23	% of ALL Test Results Communicated within 30 Days of Test Report
Will provide DACs and exit report to facilities.	

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## Data Collection Instrument

- ☞ Contains 108 questions
- ☞ September will be the study month for the first pull list
- ☞ The test results will be prefilled from the pull list for four tests
- ☞ There are additional questions to determine abnormal results for DEXA Scan, CXR, CT Scan, and Pap test
- ☞ The test date will be prefilled from the pull list for all tests
  - ☞ If the prefilled test date is incorrect, enter the correct date

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## Data Collection Instrument cont'd



- ☞ VHA will send a flag for records that have a My HealtheVet (MHV) premium account
- ☞ If MHV flag is present, certain questions will be prefilled

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## FOBT/FIT



- ☞ Q1 fobtnval (positive or negative value) and q2 fobtdt (FOBT/FIT date) will be prefilled.
- ☞ If the prefilled test report date is incorrect, enter the correct date that is documented in the medical record.

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## Q3 admfobt



- ☞ During the timeframe from (computer display fobtdt to fobtdt +7 days), was the patient admitted to an inpatient setting?
  1. Yes
  2. No
- ☞ **Intent:** exclude cases admitted to inpatient care at community (non-VA) or VA facility within 7 days after the test

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## Inpatient Admission (VHA or non-VHA)



- ☞ Includes acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care
- ☞ Suggested data sources: admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes

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## Q4 AFOBTACT



- ☞ During the timeframe from (computer display fobtdt to fobtdt + 7 days), did the ordering provider document the positive FOBT/FIT result required action?
  1. Yes, provider documented test result required action
  2. No, provider documented test result did not require action
  99. NO documentation that the test result required action

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## Q4 AFOBTACT



- ☞ **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent FOBT/FIT entered for FOBTDT**
- ☞ **Ordering provider** = physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.

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## Some examples of test result actions



- ☞ Starting treatment/medication
- ☞ Changing treatment/medication
- ☞ Referral/consult to any health care professional
- ☞ Follow up test
- ☞ Repeat test
- ☞ Patient education/counseling

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## Important points



- ☞ **The action must be linked to the positive FOBT/FIT result.**
- ☞ The action does not need to be implemented (e.g. the patient refuses the action, the action was deferred or postponed) in order to select value 1.
- ☞ **Please read the response options and answer accordingly.**
- ☞ **If there is no documentation regarding whether action is required for the positive FOBT/FIT result, select value 99.**

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## Positive FOBT/FIT Requiring Action (q5 afobtcom)



- ☞ During the timeframe from (computer display fobtdt to fobtdt + 30 days), was the positive FOBT/FIT result communicated to the patient by one of the following methods?
  - ☞ Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.**
  - ☞ Certified letter
  - ☞ Telehealth refers to real time clinic based video encounter between the patient and provider.
  - ☞ Telephone
  - ☞ Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.
    - 1. Yes 2. No

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## Q5 afobtcom Guidelines



- ☞ **Abstraction guidelines differ from communication of normal result or abnormal result not requiring action**
- ☞ **VHA Guideline information:** While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report.

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## Some examples of acceptable documentation



- ☞ Statements indicating test results were reviewed with the patient
- ☞ Notations in the care plan that medications/treatments/interventions/ consults were initiated/changed based on test results
- ☞ Statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results

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## Who May Communicate Results



- ☞ **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.

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## Q6 afobtcomdt



- ☞ Enter the **earliest** date the FOBT/FIT result was communicated to the patient.
- ☞ **If there is more than one attempt to communicate the positive FOBT/FIT result to the patient, enter the date of the earliest attempt.**
- ☞ If the date the encounter occurred is different than the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.
- ☞ **Entry of the correct date is essential to accurately reflect performance measurement.**
- ☞ **Suggested Data Sources:** PCE Outpatient Encounter, clinic notes, progress notes

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## Abnormal result not communicated timely (q7 nofobtcom)



- ☞ Intent of the question is to determine if there is a documented reason why the positive FOBT/FIT was not reported timely (i.e., within 7 days after test result date)
- ☞ During the timeframe from (computer display fobtdt to fobtdt + 14 days), is there documentation of a reason why the positive FOBT/FIT result was not communicated timely to the patient?
  1. Yes
  2. No

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## Q7 nofobtcom Definitions/Decision Rules



- ☞ **In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes.**
  - ☞ For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.
- ☞ If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select "1".

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## Communication of *Normal* Results



- ☞ Two questions exist to capture communication of normal results
- ☞ Q8 fobtdt: During the timeframe from (computer display fobtdt to fobtdt + 30 days), did the patient have a face to face encounter with a physician/APN/PA?
  1. Yes
  2. No

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## Definitions/Decision Rules Q8 fobtdt



- ☞ If there is medical record documentation that the patient had a face to face encounter with a physician/APN/PA during the specified time frame, enter value 1.
- ☞ **Please Note:** The encounter should be with a provider from the same specialty as the ordering provider (e.g. member of the team or a covering provider). If the encounter is with a provider with a different specialty than the ordering provider (e.g. ordering provider is primary care and encounter provider is psychiatry), there should be documentation regarding the test result in order to select 1 for this question.

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## Q9 fobtdt



- ☞ Enter the earliest date of the face to face encounter with a physician/APN/PA.
- ☞ **If the patient had more than one face to face encounter with a physician/APN/PA during the specified time frame, enter the date of the earliest encounter.**
- ☞ If the date the encounter occurred is different than the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.

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## Q10 nfobtcom



- ☞ During the timeframe from (computer display fobtdt to fobtdt + 30 days), was the FOBT/FIT result communicated to the patient by any of the following methods?
  - ☞ My HealtheVet Premium account
  - ☞ Letter - does not have to be sent by certified mail.
  - ☞ Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters
  - ☞ Telehealth refers to real time clinic based video encounter between the patient and provider.
  - ☞ Telephone
- 1. Yes
- 2. No

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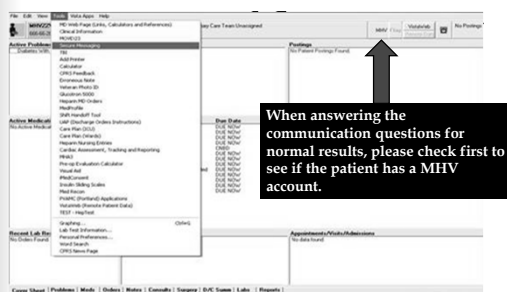
## For *normal* test results



- ☞ If MHV flag is present, question 10 nfobtcom will be prefilled as 1 (yes)

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## MyHealtheVet (MHV)



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## Q10 nfobtcom Guidelines



- ☞ This question is applicable to normal test results and abnormal test results with documentation that action was not required or no documentation action was required.
- ☞ **The documentation must indicate an attempt was made to communicate the test result to the patient; the attempt does not have to be successful and the specific test does not have to be noted.**

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## Who can communicate results?



- ☞ **Staff that may communicate test results include but are not limited to:**
  - ☞ Physician, APN (NP or CNS), physician assistant (PA)
  - ☞ registered nurse (RN) or licensed practical/vocational nurse (LPN/LVN)
  - ☞ pharmacist
  - ☞ psychologist
  - ☞ social worker
  - ☞ other staff as deemed appropriate by the medical facility

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## Acceptable Documentation



- ☞ Examples include:
  - ☞ attempted to contact patient by phone and left voice message to return call
  - ☞ statements indicating test results (the test result does not have to be noted) were reviewed with the patient;
  - ☞ notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results
  - ☞ statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results
  - ☞ Letter sent to patient stating lab results normal

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## Q11 nfobtcomdt



- ☞ Enter the **earliest** date the FOBT/FIT result was communicated to the patient.
- ☞ If there is more than one attempt to communicate the FOBT/FIT result to the patient, enter the date of the earliest attempt.

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## Last two FOBT/FIT questions



- ☞ Pertain to health care staff and method used to notify patient of FOBT/FIT result
- ☞ **Q12 fobtpro:** Which health care staff communicated the FOBT/FIT result to the patient?
  1. Physician, APN (NP, CNS), PA
  2. Registered Nurse (RN)
  3. Licensed Practical (Vocational) Nurse (LPN/LVN)
  4. \*All other (e.g., medical support assistant, pharmacist)
  5. My HealtheVet premium account

\*Other staff as deemed appropriate by the medical facility

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## Q13 fobtmeth



- ☞ What method was used to notify the patient of the FOBT/FIT result?
  1. Certified letter
  2. Face to face encounter
  3. Letter (not certified)
  4. My HealtheVet Premium account
  5. Secure messaging
  6. Telehealth (clinic based video)
  7. Telephone (including Audiocare)
  8. Other (e.g., fax)

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## Q13 fobtmeth Guidelines



- ☞ **If more than one method was documented to communicate test result to the patient (e.g., telephone attempt and subsequent certified letter), enter the earliest method documented.**
- ☞ Telehealth refers to real time clinic based video encounter between the patient and provider.
- ☞ Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.

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## Remaining questions



- ☞ The same question order and guidelines apply to:
  - ☞ HCV (q14 -26)
  - ☞ AFP (q27-39)
- ☞ Mammogram, DEXA scan, CXR, CT scan, and pap test: will answer additional questions to capture abnormal results and test performed outside of VHA (only applies to mammogram).

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## Mammogram



- ☞ The result and date of the report will be prefilled (q40 mamval and q41mamdt).
- ☞ **Q42 nonvamam:** Is there documentation that the mammogram was performed outside of VHA?
  1. Yes
  2. No
- ☞ Answer "yes" if the mammogram was performed outside VHA (fee basis or private sector).
- ☞ If yes, the record is excluded from the remaining mammogram questions.

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## Q45 amamcom



- ⌘ Note: documentation of communication of results may also be found in radiology report
- ⌘ Additional examples include interventions/consults that were initiated based on test results such as breast ultrasound done immediately following a suspicious mammogram or patient was referred for biopsy after an abnormal mammogram

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## Q50 nmamcom



- ⌘ Note: documentation of communication of results may also be found in radiology report
- ⌘ Reminder to check VistA imaging for scanned in letters

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## DEXA Scan (Bone Density Test)



- ⌘ Q54 dexdt will contain the prefilled DEXA Scan date
- ⌘ Q55 dexval: For the DEXA Scan on (computer to display dexdt) was the reported result a **T-score of -2.5 or lower (abnormal)**?
  1. Yes
  2. No
- ⌘ **For purposes of this study, a T-score of -2.5 or lower is abnormal.** For example, a T-score of -2.8 is reported; select value 1.
- ⌘ If the reported T-score is **-2.4 or higher**, select value 2. For example, T-score reported is -1; select value 2.

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## Q58 adexcom, q63 ndexcom



- ⌘ Note: documentation of communication of results may also be found in radiology report

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## Chest X-ray (CXR)



- ⌘ Computer will prefill q67 cxrdt
- ⌘ Q68 cxrval: For the CXR on (computer to display cxrdt) was the result reported as abnormal?
  1. Yes
  2. No

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## Q68 cxrval Guidelines



- ⌘ CXR results may be found under Imaging Results tab and noted as Verified - Abnormal.

DATE/TIME	TEST NAME	STATUS	COMPLETE	VERIFIED
07/06/2005 13:55	SPINE THORACIC 4 OR MO...	Verified	Complete	1327 [x]
07/06/2005 09:42	FOOT 3 OR MORE VIEWS	Verified	Complete	3144 [x]
12/07/2004 12:49	CT THORAX W/O CONTR	Verified - Abnormal	Complete	1180 [x]
09/14/2004 13:10	CT THORAX W/O CONTR	Verified	Complete	2836 [x]

- ⌘ If CXR documentation is noted as verified - abnormal, select value 1.

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## Q68 CXR Guidelines cont'd



- œ Abnormal results may also be documented using Equivalent Radiology codes 1001 – Significant abnormality attention needed or 1003 – Possible malignancy. If either code is documented, select value 1.
- œ If there is NO documentation indicating the results were abnormal, select value 2.

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## Q71 acxrcom



- œ Note: documentation of communication of results may also be found in radiology report
- œ Additional example includes interventions/consults that were initiated based on test results such as chest CT done immediately following a suspicious chest x-ray

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## CT Scan



- œ Computer will prefill CT scan date in q80 ctsdt
- œ Q81 ctsval: For the CT Scan on (computer to display ctsdt) was the result reported as abnormal?
  1. Yes
  2. No
- œ Same abstraction guidelines as CXR question.

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## Q84 actscom and Q89 nctscm



- œ Note: documentation of communication of results may also be found in radiology report

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## Pap Test – last section of questions



- œ Computer will prefill the date the pap test was collected (Q93 papdt)
- œ If the date is incorrect, please enter the correct collection date
- œ Q94 paprptdt: Enter the date of the pap test report.
- œ Suggested data source: pathology reports

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## Q95 papval



- œ For the pap test reported on (computer display paprptdt), was the result reported as abnormal (or one of the following)?
  - œ atypical squamous cells of undetermined significance (ASCUS)
  - œ atypical squamous cells cannot exclude a high-grade squamous intraepithelial lesion
  - œ low grade squamous intraepithelial lesions, high grade squamous intraepithelial lesions
  - œ squamous cell carcinoma
  - œ atypical glandular cells
  - œ endocervical adenocarcinoma in situ
  - œ adenocarcinoma
    1. Yes
    2. No

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## Q95 papval Guidelines



- œ For the purposes of this study, abnormal pap test results include documentation that the result was 'abnormal' or any of the results noted on the previous slide.
- œ If the Pap test results are reported as abnormal or one of the descriptions listed, select value 1.
- œ If the Pap test results are reported as normal or negative, select value 2.

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## Q96 hpvtest



- œ In association with the pap test reported on (computer display paprptdt), was a HPV test result reported?
  1. Yes
  2. No
- œ A HPV test is usually obtained in conjunction with a pap test. Look at cervical cytology reports first because even if HPV is noted as a chemistry test, the report may be added to the cytology report. Then, if HPV test not found, do a search on the lab tab under selected lab tests and see if HPV or Human Papillomavirus is listed.
- œ Co-testing versus reflex test

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## Q97 HPVDT



- œ Enter the date the HPV test result was reported.
- œ HPV report date is the date on which the results were completed by the lab and could be reported to the clinician if he/she called to ask for the results.

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## HPV Test



- œ If the patient had a HPV test, the time frames and date parameters for subsequent questions will be based on HPVDT.
- œ Example: q98 admpap
  - œ During the timeframe from (if hpvtest = 2, computer display paprptdt to paprptdt +7 days OR if hpvtest = 1, hpvdt to hpvdt + 7 days), was the patient admitted to an inpatient setting?

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Mnemonic	Description	Measure Decision Rules
ctr20	Normal Test Results Compliant with Directive	<b>Denominator:</b> Normal Test Results <b>Numerator:</b> <ul style="list-style-type: none"> <li>• MHV Premium Account; OR</li> <li>• Documentation test results were communicated within 14 days of report</li> </ul>
ctr21	Abnormal Test Results Compliant with Directive	<b>Denominator:</b> Abnormal Test Results <b>Numerator:</b> <ul style="list-style-type: none"> <li>• Documentation test results were communicated within 7 days of the report; OR</li> <li>• Documentation in the record that no action is required <b>AND</b> one of the following:               <ul style="list-style-type: none"> <li>• documentation test results were communicated within 14 days of report</li> <li>• MHV Premium Account</li> <li>• F2F visit within 14 days; OR</li> </ul> </li> <li>• Documentation in the record that the test result is sensitive and documentation in the record of communication of test result within 14 days at a F2F appointment</li> </ul>

Mnemonic	Description	Measure Decision Rules
ctr22	All Test Results Compliant with Directive	Composite of ctr20 and ctr21 numerators and denominators
ctr23	All Test Results Communicated within 30 days of Test Report	<b>Denominator:</b> All test results <b>Numerator:</b> Documentation test results were communicated within 30 days of report

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## Wrap Up



- œ Pull List will be sent to Quality Insights on November 5
- œ DACs and Exit Report will be provided to facilities

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## Thank You!



- œ Please send any questions to Anna, [asites@qualityinsights.org](mailto:asites@qualityinsights.org), and Alice, [aullum@qualityinsights.org](mailto:aullum@qualityinsights.org).

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