EPRP UPDATE

2Q FY2019

2Q Update

- The following slides will serve to provide an overview of the changes to EPRP data collection questions for 2Q FY2019
- Not all changes will be covered in these slides, so as always, it is important to review the highlighted text in the data collection questions
- It is also important to review the highlighted sections of the 2Q FY2019 Exit Report Guides since changes to measures will only be briefly addressed here

COMMUNICATION OF TEST RESULTS

Method of Communication

- A clarification has been added to the CTR questions about the method used to notify the patient, e.g. fobtmeth, hcvmeth, etc.
- If the method used to notify the patient of the test result is unclear from the documentation, select "Other".
  - For example, an addendum to an encounter note states, "HCV neg, patient informed."
  - Select value 8 since the method of notification is unclear

Pap Test Report Date

- There is also additional guidance in q94, paprptdt, enter the date of the pap test report
- **If the pap test report date is greater than 30 days after the date the pap test was collected (papdt), enter 99/99/9999**

CTR Exit Report and Scoring

- There is only one change to CTR scoring
- An exclusion was added to ctr 20, 21, and 23 if paprptdt=99/99/9999

HOP

- There are several changes to the Hospital Outpatient Measures data collection questions
- **These changes are effective with the 1/7/2019 pull list**
- The most notable change is that several questions have been retired including:
  - provider direct contact questions
  - aspirin questions
  - pain medication for fracture questions

HOP Cardpain

- There are several modifications to the definition/decision rules for question 9 cardpain
- If there is documentation of a differential/working diagnosis of AMI and an exclusion term, continue to select "yes"
  - Note that the term "rule out" indicates a differential/working diagnosis.

cardpain

- If there is nurse or physician documentation of an exclusion term, select "No,"
- If there is nurse or physician documentation of an exclusion term and an inclusion term, select "No."

cardpain

- There are some changes to the inclusion guidelines
- Probable Cardiac Chest Pain inclusions (note the Probable Cardiac Chest Pain Inclusion list is not all inclusive, nor is an inclusion term on this list a definitive indication for AMI)

Cardpain inclusions

- Note that three terms have been removed from the Probable Cardiac Chest pain inclusion list which now includes
  - Acute coronary syndrome
  - Angina
  - Cardiac
  - Cardiac Chest Pain
  - Chest Pain
  - Chest tightness
  - Ischemia
  - Unstable angina

Terms that indicate AMI

- Newly added to the rules is a list of terms that definitively indicate AMI:
  - Acute myocardial infarction, AMI
  - Non-ST elevation myocardial infarction, NSTEMI
  - Non-STEMI MI, non-STEMI AMI
  - Transmural myocardial infarction
  - Myocardial infarction, MI
  - Heart attack
  - ST-elevation myocardial infarction, STEMI
  - Nontransmural myocardial infarction

Cardpain exclusion guidelines

- In addition to the conditions that have been previously listed in the exclusion guidelines, conditions that cause chest pain, but are not cardiac in origin will also be considered exclusions.
  - This includes, but not limited to, chest pain in response to respiratory, gastrointestinal, and neurological complications.

Transfer to Another Facility

- Additional guidance for selecting value 3 has been added to question 14 tranaci
- **The reason for transfer must be a defined acute coronary intervention (ACI).**
  - **As such, if implicit reasons for transfer, such as "Patient has STEMI" or "Transferred for cardiology consult to discuss possible cath lab" are listed, then select value 3.**

HOP Exit Report and Scoring

- Four measures have been retired effective with the 1/7/2019 pull list
  - Hop1
  - Hop4
  - Hop20
  - Hop21
- There are no other scoring changes

CGPI

No Changes

- The following CGPI modules have no changes for 2Q FY2019
  - Core
  - CVD
  - Diabetes
  - Shared

CGPI Validation Module

- There are several changes to the CGPI Validation module including new questions and changes to existing questions

Non-acute Admission

- Q10 (nonacadm) is new
- **Is there documentation in the medical record the patient had a non-acute inpatient admission during the past year?**
  - **1. Yes**
  - 2. No
- Examples of non-acute inpatient care include but are not limited to:
  - rehabilitation units
  - skilled nursing facilities
  - respite care
  - domiciliary
  - CLC
- A yes answer to this question will cause cases to be excluded from ihd53h

Institutional Setting

- Q11 inltcset has been revised as follows for emphasis on important aspects of the question
  - **Is there documentation in the medical record the patient lived long-term (greater than 60 days) in a VHA or community-based institutional setting anytime during the past year?**
- There is no change to the intent, just a wording change for clarification

Advanced Illness

- There are some changes to the definition/decision rules to question 12 about advanced illness
- Only malignancies on Table 5 are included
- Only the CKD/ESRD diagnoses on Table 5 are included

Advanced Illness

- Any provider (including nurses) can document advanced illness in any setting (including the home).
  - A nurse may only document a medical diagnosis after a physician, APN, or PA has documented the diagnosis.

Dementia Medication

- Q13 (demeds) is new
- **Is there physician, APN, PA or pharmacist documentation in the medical record the patient has an active prescription for a dementia medication?**
  - 1. Yes
  - 2. No
- An acceptable dementia medication must be documented as an active prescription
- A "yes" answer to this question will be an exclusion from several measures (see exit guide)

Dementia Medications

- **Acceptable dementia medications include**:
  - Donepezil
  - Galantamine
  - Rivastigmine
  - Memantine
- **Suggested Data Sources:**
  - Clinical pharmacy notes
  - EMLR note
  - Medication reconciliation notes
  - Progress notes (clinic notes)

Frailty

- There is an addition to the rules of question 14
- Any provider (including nurses) can document frailty in any setting (including the home).
  - A nurse may only document a medical diagnosis after a physician, APN, or PA has documented the diagnosis.

Seldx

- There are changes to the Validation module question seldx
- **Selckd** now includes (in addition to CKD stage 5 and ESRD) patients on hemodialysis or peritoneal dialysis in the past 2 years
  - Applicable ICD-10 codes are included but you are not required to see the codes
  - Clinician documentation is required

seldx

- A new option has been added to seldx
- 12=Kidney Transplant (selkidtx)
  - If the patient has had a kidney transplant in the past year, you will need to enter the date of the most recent kidney transplant done anywhere (kidtxdt)
  - Again, ICD-10 codes are included for reference but are not required in order to answer
  - Clinician documentation is required
  - If the patient had a kidney transplant within the past year, the record will be excluded from ihd53h

Hypertension Diagnosis

- If you indicated the patient had a diagnosis of hypertension in the question selhtn, you will get a new question
- Q16 htnenc1
- Within the past year is there documentation the patient had an outpatient encounter with a documented diagnosis of hypertension?
  - 1. Yes
  - 2. No

Hypertension Encounter

- **Hypertension diagnoses must be recorded as the patient's diagnosis by a physician, APN, PA, or CNS in the encounter note.**
- If you answer yes to this question another question will follow about a second encounter with a documented diagnosis of hypertension

Hypertension Encounter

- **The intent of these questions is to determine if the patient had at least two outpatient encounters on different dates of service with a diagnosis of hypertension during the previous year or the year prior**
  - Visit type need not be the same for the two visits.
  - **Only one of the two visits may be a telephone visit, an online assessment or a telehealth visit.**

Hypertension Encounter

- To answer both questions you will review notes during the past year to determine if there was an outpatient encounter
- An outpatient encounter includes any of the following:
  - Face to face visit - includes any face to face encounter with a provider, e.g., clinic, PCP, specialty provider, etc.
  - Telephone visit - must be an actual communication with the patient, not an attempt or voice mail.
  - Telehealth visit - refers to real-time clinic based video encounter between patient and provider.
  - Online assessment - a medical evaluation done online

HTN Encounters

- In q17 (htnencdt1) you will enter the date of the most recent outpatient encounter with a documented diagnosis of hypertension in the past year
- Q18 (htnenc2)
- During the timeframe from (**computer to display 2 years prior to stdybeg) to (computer to display htnencdt1)** is there documentation the patient had an outpatient encounter with a documented diagnosis of hypertension?

HTN Encounters

- Look for an encounter in the timeframe specified in the question and determine if there was a diagnosis of hypertension recorded **by a physician, APN, PA, or CNS in the encounter note.**
- If an encounter with a diagnosis of hypertension in the timeframe specified in htnenc2 is found, enter the date of that encounter in q19 (htnencdt2)

HTN Encounters

- A “no” answer to either htnenc1 or htnenc2 will exclude the record from ihd53h

Revised Skip

- The skip prior to the question cirrhosis has been revised to determine which cases will go to the question ivpreg
  - **if (dmflag <> 1), (selmi <> = 1), (selcabg <>1), (selpci <>1), and (vascdis = 99) and (sex = 2 and age < 51 years), go to ivfpreg; else go to end**

Date of Pregnancy Diagnosis

- Q25 is also new in 2Q FY19
- This is a follow up question to ivfpreg
- If the patient was pregnant in the past two years prior to study begin date, you will enter the earliest date a positive diagnosis of pregnancy was documented in the medical record
- If the date is within the past year, the case is excluded from ihd53h

CGPI MH Module

- **Rehabilitation counselor** has been added to the list of acceptable providers who can document
  - Brief alcohol counseling
  - Suicide ideation/behavior evaluation
  - C-SSRS
  - Further intervention for positive depression/PTSD screen

CSRE

- The "and" has been changed to and/or in the question vacsra
  - On (computer to display **phqi9dt),** the same calendar day as the positive C-SSRS **and/or** positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?
- The same is true for the question ptsvacsra

PTSD Skip

- A new skip in the PTSD questions is worth noting
- After entering the date of the most recent screen for PTSD using the PC-PTSD, if the date of separation is <=5 years and the most recent screening is >1 year, the next question will be scrptsd5i9, screening using the PC-PTSD5+I9

Traumatic Events

- Clarification was added to MH module question 63, traumevt, exposure to traumatic events
- **Documentation of examples of traumatic events is not required.**

OP Medication Reconciliation

- There are some clarifications to question 2 (emlr)
- Please review the highlighted information carefully to determine if the EMLR was used

EMLR

- The EMLR Data Object may be imported into any note, e.g. Medication Reconciliation Note, Nursing assessment note, Progress note, etc.
  - Use of the EMLR will be recognizable by the codes imbedded:
    - MRT5 - Allergy Health Summary Component; and
    - MRR1 - Medication and Supply Health Summary Components (no glossary version) OR
    - MRT1 - Medication and Supply Health Summary Components (glossary version-preferred for patients).

EMLR

- The Medical Record will include the following introductory paragraph regarding what is included (as well as other information about what is not included):
  - *Active prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as*
  - *local inpatient and clinic medications (IMOs),*
  - *locally documented non-VA medications and*
  - *local prescriptions that have expired or been discontinued in the past 90 days.*

Optmed1-8

- There are also changes to q3, optmed
- If the EMLR data object was used the essential elements revptmed1-optmed7 will be auto-filled as yes
- But you will still need to answer optmed8: Allergies
  - Note that the previous separate question about allergies has been removed

optmed8

- In order to select "yes" for optmed8, there must be at least one allergy listed or an indication that the patient has no known drug allergies (NKDA).
- **If the EMLR is used and the Allergy Health Summary Component - MRT5 indicates that there are "No Records Found" or "No Data Found" or a warning that data is not available for "Local Allergies"; allergies must be addressed separately within the same note as the EMLR (e.g., patient states he is allergic to Penicillin or has no known drug allergies, etc.).**

optmed

- If the EMLR data object was not used, you will answer all optmed questions 1-8
- **If the EMLR Data Object is not used and there are multiple medication list for review notes during the most recent NEXUS encounter, use the following priority order to select the medication list for review note:**
  - **Medication Reconciliation or Medication Review Note**
  - **Essential Medication List for Review Note (EMLR)**
  - **Clinical Pharmacy or Pharmacy Note**
  - **Provider Note**
  - **Nursing Note**
  - **Other**
- **This is not new, but we want to emphasize the importance of using the priority list**

optmed

- The rules for answering optmed1-6 are the same as before
- Optmed7: Clinic (IMO) Medication Orders
  - inpatient medications for outpatients; e.g. naltrexone - injectables in clinic: *(Active, Pending, Expired/Discontinued (120 days))*

optmed

- Optmed also contains an updated example of a heading you may see if the EMLR data object is not used
- **Review of medications at the time of this encounter included: Patient allergies and active and pending prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as local inpatient and clinic medications (IMOs), locally documented non-VA medications and local prescriptions that have expired or been discontinued in the past 90 days. With the exception of Allergies, if a category is not listed below, it means there were no relevant medications for the patient**

OP Med Recon

- All other questions in the OP Medication Reconciliation module are unchanged

CGPI Exit Report and Scoring

- There are several changes to CGPI scoring; a summary will be given here, but please see the CGPI Exit Guide for details
- Ptsd51 and 52: scoring will check to see if a PTSD5+I9 was done when the date of separation is less than 5 years from the study begin date

CGPI Exit Report and Scoring

- Ihd53h added checks for new questions that determine inclusion/exclusion
- Added exclusion for demeds=1 (dementia medications) to c9h, cvrm1, cvrm2, dmg23h, dmg27h, dmg34h, ihd20h, p32h, p33, p61h

CGPI Exit Report and Scoring

- Optmed7 and optmed8 were added to the scoring algorithms for mrec54, 55, 56, 57, 58, 59, 60, 61, 62, and 63
- Discontinued measures:
  - Dmg51
  - Dmg52
  - Htn10
  - htn11
  - Htn12
  - scid7

CGPI Exit Report and Scoring

- New measures
  - Mrec 62: Essential medication list for review includes patient allergies
  - Mrec 63: Essential medication list for review includes Clinic (IMO) medication orders
- Both are pilot measures
- See CGPI exit guide for details about scoring for these new measures

HBPC

HBPC MH Question Changes

- The changes to HBPC involve the questions about depression screening and PTSD
  - The changes mirror those in CGPI
  - Rehabilitation counselor is an acceptable provider for some questions
  - There is also a skip change in question 90
    - If a valid date is entered in rskptsdt the remainder of the PTSD questions are not applicable and you will skip to the influenza immunization questions

HBPC Exit Report and Scoring

- There is only one change to HBPC scoring
- Hc41 and hc42: scoring will check to see if a PTSD5+I9 was done when the date of separation is less than 5 years from the study begin date

Global Measures

- There are several changes to the Global Measures data collection questions
- These changes are effective with discharges beginning 01/01/2019 which will be cases on the February 25 pull list
- Please read the rules that appear in the software carefully as you abstract so that you are following the correct guidance for each pull list

Decision to Admit Date/Time

- The following revised guidance applies to the questions about decision to admit date and time
- If there is more than one time of documentation for the decision to admit, use the following order to determine which time to abstract:
  - Specified time the decision to admit was documented.
  - Specified time the decision to admit was documented in a non-narrative location (e.g., flowsheet, checklist, screening).
  - Note opened time for the decision to admit documented in a non-narrative location without a specified time (e.g., flowsheet, checklist, screening).
  - Note opened time for narrative documentation identifying the decision to admit was made without a specified time.

Decision to Admit Date/Time

- Documentation containing a positive indicator should be used for a decision to admit
- Documentation containing a negative indicator should **not** be used for a decision to admit.

Positive Indicators	Negative Indicators
Plan to admit	Request admission
Doctor accepts admission	May need admission
Plan to hospitalize	Doctor will accept patient
Admit to doctor	Recommend admission
Need to admit	Would like to admit

Influenza Immunization

- Some additional guidance has been added to the rules of question 16 flustat
- **Only vaccines administered during August through March are acceptable.**

Cognitive Impairment

- Some additional terms have been added to the examples of cognitive impairment in the questions tobstatus2 and auditc
  - cognitive impairment due to acute substance use
  - overdose
  - acute intoxication
  - Intubation
  - sedation

New Skip

- After the questions about tobacco cessation medication during the hospital stay are answered, you will go the question refoptob only if the discharge disposition is 1 (home) or 99 (unable to determine)
  - **Note that *this* change will be effective with the first pull list of 2nd quarter (1/7/19 pull list)**

Value wording change

- Value 4 for refoptob and addtxref, and value 3 for tobmedc and sudmedc has changed and now reads:
- The patient is:
  - - being discharged to a residence outside the USA
  - - released to a court hearing and does not return
  - - being discharged to jail/law enforcement

Addtxref

- There is new guidance in the rules of question 32 (addtxref) for value 99
  - Select Value "99" if
    - it cannot be determined that a referral for addictions treatment was made or;
    - it is unclear that the absence of the referral was due to a patient refusal or;
    - a referral was not offered.

Delirium Risk

- There are no changes to the Delirium Risk questions or scoring

Inpatient Medication Reconciliation

- For the most part, the changes to the Inpatient Medication Reconciliation mirror those already discussed in the CGPI OP Medication Reconciliation module

revptmed

- If the EMLR data object is not being used, you will need to look for all the required elements in question 2, revptmed
- This will include a new element revptmed8, Inpatient Medications
  - You will also be looking for allergies and Clinic Medication Orders (Inpatient Medications for Outpatient-IMOs) as previously discussed in CGPI

GM Exit Report and Scoring

- The new answer options (revptmed7, 8, and 9) have been added to mrec44-51
  - See the GM exit report guide

New Measures

- There are three new mrec measures; all are pilot measures
  - Mrec52: Essential medication list for review includes patient allergies
  - Mrec53: Essential medication list for review includes medication orders
  - Mrec74: Essential medication list for review includes inpatient medications
- The GM exit report guide will provide details

HBIPS

- There are some important changes to the HBIPS questions involving the date of admission to psychiatric care and length of stay and the date of discharge from psychiatric care
- These changes will be effective with the first pull list (1/7) of 2Q

HBIPS

- The date of admission to inpatient psychiatric care will be auto-filled from the pull list with the ability to change it if necessary
- Review the medical record for the first date of admission to the psychiatric unit during hospital stay under review and determine if the auto-filled psych admission date is correct

Psych Discharge Date

- The date of discharge for inpatient psychiatric care will also be auto-filled
- **If the auto-filled date is incorrect, enter the exact date the patient was discharged from inpatient psychiatric care**

Length of Stay

- For purpose of HBIPS, the length of stay will now be calculated using the date of admission to and the date of discharge from psychiatric care
- If psydcdt-psyadmdt <=3 days, abstraction will end after discharge disposition is entered
- Again, this change is effective with the 1/7/19 pull list (November discharges)

Restraint and Seclusion

- The only other changes in HBIPS are some revisions in the restraint and seclusion questions
- These changes are effective with January discharges (February 25th pull list)

Restraint and Seclusion

- Additional guidance for determining restraint start date/time and end date and time:
  - If a patient is in *Event Type 1* (physical restraint(s)) and *Event Type 2* (seclusion) at the same time, the time should be counted as *Minutes of Physical Restraint*.
  - **Time in physical restraints supersedes time in seclusion**

Restraint and Seclusion

- This same guidance appears in the definition/decision rules for the seclusion questions
- If there are seclusion event(s) that DO NOT occur on the same date and time as restraint event(s), select yes.
- NOTE: If a seclusion event(s) occur on the same date and time as a restraint event(s), the time will be counted as *Minutes of Physical Restraint* (Restraint Date and Time question)
  - **Time in physical restraints supersedes time in seclusion**

HBIPS Exit Report and Scoring

- The changes to HBIPS scoring involve checks for the length of stay which will now be calculated on date of admission to psychiatric care and date of discharge from psychiatric care
- This affects ips1a, b, and c and ips6a, b and c
- These changes are effective beginning with the 1/7/19 pull list

VTE

- There are no real changes to VTE
- The VTE defined locations and the VTE Diagnostic tests have been added to the definition/decision rules of the question arrvtedx for easy reference

VTE Exit Report and Scoring

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

2Q FY2019

- In addition to reviewing the changes for 2Q FY2019, we urge you to read and apply ***all*** definition/decision rules carefully
- When following up quality control findings, we sometimes find that important points of questions/rules have been missed and not followed
- Remember that an accurate review of the medical record is important for the facility to assess their compliance with the measures