Communication of Test Results III

Pilot Study, FY2023Q4

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Communication of Test Results III

- Third pilot study to collect data on communication of abnormal test results that require action
- Includes the same six tests that were in Communication of Test Results (CTR) II study:

• FOBT/FIT	• Low dose CT lung scan
• Alpha-fetoprotein (AFP)	• Mammogram
• Prostate specific antigen (PSA)	• Human immunodeficiency virus (HIV)

Quality Insights

CTR III Study: Additional Information

- Study period for the sample of abnormal test results is **May 1, 2023 through June 30, 2023.**
- Random sample of approximately 6 test results per test for each facility:
  - If a facility has fewer than 6 test results for a particular test, the Office of Analytics and Performance Integration-Performance Improvement (API-PM) may supplement with additional test results from another test if available
  - Facilities with Oracle-Cerner electronic health record are included in this pilot study
- Data collected will be scored for two pilot measures, CTR24 and CTR25.
- Data Accountability Checklists (DACs) and Exit Reports will be provided to facilities.

CTR24 and CTR25 Pilot Measures

- Population Exclusion: The following are excluded during the sampling process:
  - Tests ordered during inpatient stay (acute care admission, community living center - CLC, inpatient hospice, inpatient rehab, observation stay, other skilled care
  - Tests ordered during ED visits or UC visits
  - *Tests performed in the community (fee basis)
  - Tests ordered by a fee basis provider
  - *Tests where the Veteran was admitted to an inpatient stay as defined above within 7 days of the test result being reported.
  - Tests performed on the same day as outpatient surgery
  - Test results ordered by employee health
  - Abnormal FOBT/FIT if colonoscopy within 5 years, History (Hx) Colorectal CA, prior Colectomy, GI Bleed Diagnosis (Dx), *Terminal illness, *Hospice/palliative care, Upper GI Bleed in the past year, or Hx Inflammatory bowel disease
  - Abnormal AFP if Hepatocellular CA Dx, Ovarian Tumor Dx, Testicular Tumor Dx, *Terminal Illness, *Hospice/palliative care or age less than 18
  - Abnormal PSA if Hx Prostate CA, Prostate biopsy within prior 2 years, Chronic Prostatitis Dx, *Terminal illness, *Hospice/palliative care, or Acute urinary retention.

***Also collected via abstraction**

Quality Insights

	CTR24	CTR25
Measure Name	Percentage of Abnormal Test Results that Require Action Compliant with Directive	Percentage of Abnormal Test Results that Require Action Communicated within 30 days of test report
Denominator Exclusion	- Documentation of Terminal Illness or Hospice/Palliative care for FOBT/FIT AFP and PSA - Tests performed in the community (fee basis) - Tests where the Veteran was admitted to an inpatient stay as defined above within 7 days of the test result being reported. - Specific Documentation that action was not required for the abnormal test result	- Documentation of Terminal Illness or Hospice/Palliative care for FOBT/FIT AFP and PSA - Tests performed in the community (fee basis) - Tests where the Veteran was admitted to an inpatient stay as defined above within 7 days of the test result being reported. - Specific Documentation that action was not required for the abnormal test result
Numerator	Eligible abnormal outpatient test results with action required that are reported to the patient within 7 days OR within 14 days (if there is documentation that communication was delayed due to sensitive or extenuating circumstances) of the test result being available.	Eligible abnormal outpatient test results with action required that are reported to the patient within 30 days of the test result being available.

Quality Insights

Data Collection Questions

- The instrument has 70 questions:
  - Exclusions for hospice, palliative care, and terminal illness (questions 1 – 3)
  - FOBT/FIT (questions 4 – 13)
  - Alpha-fetoprotein test (questions 14 – 23)
  - Prostate specific antigen test (questions 24 – 33)
  - Mammogram (questions 34 – 43)
  - Low dose CT scan (questions 44 – 55)
    - **NOTE:** two new questions added, q46 VCTABNRSLT and q47 LUNGRADS
  - Human immunodeficiency virus test (56 – 70)

Quality Insights

Hospice (q1)

- **During the period from 05/01/2022 through 06/30/2023, is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?**
  1. Yes
  2. No
- A hospice program provides care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness.
- Hospice care maybe provided in a hospice facility, in the home, or other settings.
- **Acceptable:** Enrollment in a VHA or community-based hospice program
- **Unacceptable:** Enrollment in a VHA Palliative Care or HBPC program
  - **Suggested Data sources:** problem list, consult notes, history and physical, order summary, progress notes

Quality Insights

Palliative Care (q2, pallcare)

- **During the period from 05/01/2022 through 06/30/2023, is there documentation in the medical record the patient is enrolled in a VHA or community-based palliative care program?**
  1. Yes
  2. No
- Palliative Care is the identification, prevention, and treatment of suffering by assessment of physical, psychosocial, intellectual, and spiritual needs of the patient with a goal of supporting and optimizing the patient's quality of life.
- **Suggested Data sources:** consult notes, history and physical, order summary, progress notes

Quality Insights

Terminal Illness (q3, termillnes)

- **During the period from 05/01/2022 through 06/30/2023, is one of the following documented in the medical record?**
  - **Provider documentation that the patient is terminally ill or has a terminal illness**
  - **Patient's life expectancy is less than six (6) months on the problem list or in health factors**
  1. Yes
  2. No
- In order to select value 1, there must be documentation of one of the following:
  - **Provider documentation that the patient is terminally ill or has a terminal illness.**

    Note: Do not make assumptions about whether a condition constitutes a terminal illness. The documentation must indicate the patient is terminally ill or that the patient has a terminal illness.
  - **Patient's life expectancy of less than six (6) months documented on the problem list or in health factors.**
- **Suggested Data sources:** consult notes, health factors, history and physical, order summary, problem list, progress notes

Quality Insights

Exclusions

- If there is documentation of hospice, palliative care, or terminal illness during the specified period AND the sample for the facility did not include abnormal test results for a mammogram, low dose CT scan, or human immunodeficiency test, the case will be excluded.
- If none of the three exclusions is documented, the software will proceed to the first abnormal test result for the case.

Quality Insights

FOBT/FIT (q4 -13)

- Q4 abfobtval:
  - **Computer will pre-fill the abnormal result of the FOBT/FIT reported during the study period. Positive FOBT/FIT results are considered abnormal results that require action.**
- Q5 abfobtdt (can be modified):
  - If the pre-filled FOBT/FIT report date is incorrect, the abstractor may enter the correct date. For example:
    - **Report date is 6/18/22; however, there is notation the abnormal results were called to the provider on 6/17/22. Enter 6/17/22 as report date.**
    - **The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the abnormal results were communicated to the patient on 6/16/22. Enter 6/16/22 as the report date.**

Quality Insights

Abnormal FOBT/FIT cont'd

- Q6 nonvafobt: Is there documentation that the FOBT/FIT was performed outside of VHA?
  1. Yes
  2. No
- If the FOBT/FIT was ordered by VHA and performed outside VHA, enter 1.
- FOBT/FIT performed outside VHA:
  - **Fee basis**: May be determined by checking to see if FOBT/FIT was ordered by and consult placed by VHA.
  - **Private sector, not fee basis:** includes documentation the FOBT/FIT was performed outside VHA such as patient self-report documented by VHA staff or outside FOBT/FIT report without evidence it was ordered by VHA.

Quality Insights

Admission to Inpatient Setting

- Q7 abfobtadm: During the timeframe from (computer display abfobtdt to abfobtdt +7 days), was the patient admitted to an inpatient setting?
  1. Yes
  2. No
- **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**
- **Inpatient admission 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

Quality Insights

Q8 fobtnoact

- During the timeframe from (computer display abfobtdt to abfobtdt + 7 days), did the ordering provider document the abnormal FOBT/FIT result did not require action?
  1. Yes
  2. No
- **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent FOBT/FIT entered in ABFOBTDT.**

Quality Insights

Q8 fobtnoact cont'd

- **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.
- **The documented reason for an abnormal FOBT/FIT result not requiring action must be specific to the FOBT/FIT.**
  - **If you are unsure whether documentation is acceptable, please submit a question so a determination may be made.**

Quality Insights

Exclusions

- If there is documentation the abnormal FOBT/FIT was performed outside of VHA OR the patient was admitted to an inpatient setting during the specified timeframe OR the ordering provider specifically documents that action was not required for the abnormal FOBT/FIT results, the software will skip the remainder of the FOBT/FIT questions and go to alpha-fetoprotein questions as applicable.

Quality Insights

Communication of Abnormal Results

- **NOTE:** Significant revisions have been made to the questions for communication of abnormal results. Please read definition/decision (D/D) rules carefully.
- Changes include:
  - Added documentation of discussion of results within telephone visit is required.
  - **Added to first bullet in D/D rules that communication of the abnormal FOBT/FIT result to the patient must be documented in the record and indicate that the abnormal test results were reviewed with or provided to the patient.**
  - **Added new bullet: Documentation that abnormal results were communicated by leaving a voice mail alone is NOT acceptable.**
  - Removed three examples of acceptable documentation and added new example: **APN notes, "Called patient to review test results. Notified patient that FIT was positive and will refer for colonoscopy. Patient in agreement."**

Quality Insights

Q9 abfobtcom

- During the timeframe from (computer display abfobtdt to abfobtdt + 30 days), was the abnormal FOBT/FIT result communicated to the patient by one of the following methods?

• **Face to face OR Clinical Video Telehealth (CVT) encounter – Documentation of discussion of results within the face to face or CVT visit in the progress note is required.**	• **Standard or certified letter –** Certified letters are no longer required for abnormal results that require action.
• **Telephone encounter - Documentation of discussion of results within telephone visit note is required.**	• **Secure messaging -** a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.

Quality Insights

Q9 abfobtcom cont'd

- Please read the D/D rules carefully
- **For face to face or CVT encounter, documentation of discussion of results within the encounter progress note is required.**
- Standard or certified letter is acceptable
- **NOTE:** Presence of My HealtheVet Premium account alone is NOT acceptable to answer "yes" to this question. **You must identify a secure message between the provider (or designee) and patient was performed.**

Quality Insights

Q9 abfobtcom cont'd

- NOTE: Documentation that abnormal results were communicated by leaving a voice mail alone is NOT acceptable.
- The examples of acceptable documentation previously in the D/D rules were removed and a new example was added:
  - APN notes, "Called patient to review test results. Notified patient that FIT was positive and will refer for colonoscopy. Patient in agreement."

Quality Insights

More about communication of 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.
- **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**.

Quality Insights

Communication Date (q10, abfobcomdt)

- If the abnormal FOBT/FIT results requiring action were communicated by an acceptable method and provider during the specified timeframe, the earliest date the results were communicated will be entered in q10, abfobcomdt.
- **If more than one acceptable method was used to communicate the abnormal FOBT/FIT result to the patient, enter the exact date of the earliest communication to the patient.**
- 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.
- **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes

Quality Insights

Results not Communicated Timely

- Q11 noabfobcom: During the timeframe from (computer display abfobtdt to abfobtdt + 14 days), is there documentation of a reason why the abnormal FOBT/FIT result was not communicated timely to the patient?
  1. Yes
  2. No
- **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".**

Quality Insights

Q12 abfobtpro

- Which health care staff communicated the abnormal FOBT/FIT result to the patient?
  1. Physician, APN (NP, CNS), PA
  2. Registered Nurse (RN)
  3. Licensed Practical (Vocational) Nurse (LPN/LVN)
  4. Pharmacist
  5. Psychologist
  6. Social worker
  7. Other staff deemed appropriate by the medical facility

Note: Options differ from current quarterly CTR review question

Quality Insights

What method was used?

- Q13 abfobtmeth: What method was used to notify the patient of the abnormal FOBT/FIT result?
  1. Certified letter
  2. Face to face encounter
  3. Standard Letter (not certified)
  4. Secure messaging
  5. Clinical Video Telehealth (CVT)
  6. Telephone (including Audiocare)

Note: These options differ from current CTR review question.

- **If more than one method was documented to communicate the abnormal FOBT/FIT result to the patient (e.g., telephone visit and subsequent certified letter), enter the earliest method documented.**
  - Clinical Video Telehealth (CVT) 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.

Quality Insights

Alpha-fetoprotein and Prostate Specific Antigen Tests

- The alpha-fetoprotein (AFP) and prostate specific antigen (PSA) tests questions use the same format and guidelines as the FOBT/FIT questions.
- **AFP results flagged as high are considered abnormal results that require action (q14, abafpval).**
  - AFP test (questions 14 – 23)
- **PSA results greater than or equal to 10 ng/mL are considered abnormal results that require action (q24, abpsaval).**
  - PSA test (questions 24 – 33)

Quality Insights

Mammogram (q34 – 43)

- The D/D rules for Communication of Abnormal Mammogram Results (q39, amamcom) contains the following:
  - **Note:** Per VHA Directive 1330.01(4), both Radiology and Ordering Providers are required to *communicate* the mammogram results to the patient. However, for these measures, we are no longer giving credit for communication of test results documented by Radiologists or Radiology staff
- If the Radiology documentation is the only documentation of communication of mammogram results, select value "2".

Quality Insights

Low Dose CT Scan

- Questions 44 – 55 cover low dose CT scan and are similar to FOBT/FIT questions
- Q44 CTABNVAL and q45 ABNCTSDT: LUNG-RADS code S was removed
- If the pre-filled LUNG-RADS code was 3, 4Q, 4B, or 4X, software will go to **new q46 VCTABNRSLT**
- If the LUNG-RADS code was not 3, 4Q, 4B, or 4X, software will go to **new q47 LUNGRADS**

Quality Insights

CT Lung Scan New Questions

- Q46 VCTABNRSLT: **Is the pre-filled low dose CT lung scan result the same as the LUNG-RADS code documented in the record for the low dose CT scan lung report on (computer display abnctsdt)?**
  1. Yes
  2. No
- Review the low dose CT lung scan report on the specified date to verify that the LUNG-RADS code is the same as the pre-filled code in CTABNVAL.
- If the LUNG-RADS code is the same, select value 1.
- If the LUNG-RADS code does not match the pre-filled code, select value 2.

- q47 LUNGRADS: **Enter the LUNG-RADS code documented in the low dose CT lung scan report on (computer display abnctsdt).**
- LUNG-RADS codes include 0, 1, 2, 3, 4A, 4B, 4X, and S.
- **Abnormal low dose CT lung scan results that require action are LUNG-RADS codes of 3, 4A, 4B, or 4X.**
- Review the low dose CT lung scan report on the specified date and enter the LUNG-RADS code documented in the report.
- **If the code is not 3, 4A, 4B, or 4X, software will go to q56 abhivval as applicable.**
- **The remaining CT lung scan questions are similar to questions for other tests.**

Quality Insights

Human Immunodeficiency Virus Test

- Q56, abhivval: Computer to pre-fill the result of the abnormal human immunodeficiency virus (HIV) reported during the study period.
  - The sampling methodology identifies positive HIV test result performed just prior to the VHA Support Service Center "Newly Diagnosed HIV" flag.
- Q57, abhivdt: Computer to pre-fill the date the abnormal HIV result requiring action was reported.
- We will determine if the HIV test result reported was a confirmatory test result.

Quality Insights

HIV Confirmatory Test Result

- Q58, vconfhiv: On (computer to display abhivdt) was a human immunodeficiency virus (HIV) confirmatory test result reported?

  Examples of HIV confirmatory tests include, but are not limited to:
  - Western blot
  - Indirect fluorescent antibody (IFA)
  - HIV Viral Load
  - HIV PCR
  - HIV RNA
  - HIV NAAT

  1. Yes
  2. No

- **Please ensure the HIV test result reported was a HIV confirmatory test.**
- **HIV screening test alone is NOT acceptable.**
- If a HIV confirmatory test result was reported on the date displayed in the question, select value 1.
- If a HIV confirmatory test result was not reported on the date displayed, select value 2.
- See D/D rules for examples of unacceptable HIV screening tests

Quality Insights

HIV Confirmatory Test Result (q59, chivres)

- What was the result of the confirmatory test for HIV?
  1. Positive or reactive
  2. Negative or nonreactive
  3. Indeterminate
  95. Not applicable (will be auto-filled as 95 if vconfhiv = 2)
- **Review the HIV confirmatory test lab report and laboratory reference range. Enter the value corresponding with the documented HIV confirmatory test result.**
  - **Positive or reactive** means antibodies to the HIV were detected.
  - **Negative or nonreactive** means there were no antibodies to the HIV detected.
  - **Indeterminate** means the result was invalid and the test needs to be repeated.

Quality Insights

HIV Screening Test

- If HIV confirmatory test was not performed, q60, vhivscr is enabled:
- On (computer to display abhivdt) was a screening test for HIV performed?
  1. Yes
  2. No

- **Common screening tests for HIV include but are not limited to:**
  - ELISA (enzyme-linked immunosorbent assay)
  - EIA (enzyme immunoassay)
  - Rapid HIV Tests (OraQuick® Rapid HIV-1 Antibody Test; Reveal™ HIV-1 Antibody Test; Uni-Gold Recombigen™ HIV Test)
  - HIV Antigen/Antibody Tests (HIV AG/AB)
- If a HIV screening test was performed, the value associated with the result will be selected in q61, shivres.

Quality Insights

Newly Diagnosed HIV (q62, newhivdx)

- Does provider documentation indicate this patient was newly diagnosed with HIV?
  1. Yes
  2. No
  99. Unable to determine if HIV was a new diagnosis for this patient
- **Review provider documentation related to the HIV test results on ABHIVDT to determine if HIV was a new diagnosis for this patient.**
- For example, physician notes, "HIV confirmatory test positive. Previous testing results were negative;" select value 1.
- If provider documentation indicates the patient has a history of long standing HIV diagnosis, select value 2.
- If there is no provider documentation indicating when the HIV diagnosis was made, select value 99.

  - **Note:** If value 2 is selected, remaining questions will be skipped.

Quality Insights

Communication of Abnormal HIV Test Results

- The remaining questions (63 – 70) are similar to the questions for the other tests.

Quality Insights

Summary

- Third CTR pilot study to collect data on communication of abnormal test results requiring action for six tests
- Random sample of approximately 6 test results per test for each facility
- **DACs and exit reports will be provided to facilities**
- Anticipated pull list release date is August 8, 2023
- **Abstraction due date is September 7, 2023**

Quality Insights

Questions

- Please submit questions via the Question and Answer system

Quality Insights