

EPRP UPDATE

1Q FY2021

OBJECTIVES

- The objectives of this presentation are to:
 - Outline the 1Q FY2021 changes to the questions, definition/decision rules and scoring including
 - New questions
 - Retired questions
 - Wording changes
 - Retired measures
 - New measures
 - Prepare you with information to relay to facility regarding 1Q changes
 - Prepare you for the 1Q Learning Assessment

Many Changes

- There are several changes involving all instruments
- As always, we will highlight most of the changes in this PPT but it is most important to review the highlighted areas in the software as you are abstracting records

CGPI

1Q FY2021 Question and Scoring Changes

CGPI VALIDATION MODULE CHANGES

- Validation module question 1, racerec has changes
- A new answer option, #6 multi-race has been added
 - Multi-race: Specific documentation of multi (multiple) race
 - If documentation indicates the patient has more than one race (e.g., Black-White, Indian-White), select value 6
- Inclusion guidelines for each answer were also added
 - Please review the guidelines to ensure accurate answers

Question 2 ethnicrec

- **Is there medical record documentation that the patient is of Hispanic, Latino, or Spanish ethnicity?**

• Examples include:

• Black-Hispanic	• Latin American
• Chicano	• Latino/Latina
• Columbian	• Mexican-American
• Dominican	• Salvadoran
• Ecuadorian	• Spanish
• Guatemalan	• Spanish
• H	• White-Hispanic
• Hispanic	

HEDIS CHANGES

- Question 14, inltcset
 - Group or personal care homes have been added to the list of **exclusions**, i.e. do not count as an institutional setting
- Question 16 demeds
 - Donepezil-memantine has been added to the list of acceptable dementia medications

QUESTION 19 HTNENC1

- The timeframe for htnenc1 has been revised to include outpatient encounters during the first six months of the previous year
- The inclusion list for outpatient encounters has not changed
- Acute inpatient and ED visits are **excluded**
- The timeframe for htnenc2 has not changed

CGPI CORE MODULE CHANGES

- Please note the following changes to the rules of question 1, vhabps/vhabpd
- **Telehealth BP Monitoring: A BP reading documented in a telehealth (televideo, telephone) visit**
 - This includes BP readings *reported by the patient/caregiver* or remote monitoring device BP readings directly transmitted to a clinician or directly observed by a clinician through video conferencing.
- Previous guidance that self-reported BP's are unacceptable has been removed from the rules

RETIRED QUESTIONS

- The three questions about blood pressure applicable to inpatient SCI patients have been retired

WEIGHT MANAGEMENT TREATMENT

- There are many changes to the series of questions about weight management treatment
- You will be taken to these questions only if BMI (calculated or entered) is ≥ 25
- These questions have been retired:
 - Permnnotx
 - Waistcitr
 - Obesdx

QUESTION 13 NOWTTX

- Values 1 and 2 have been removed from the nowtx question
- If value 3, 4, or 5 is selected, the question movetx is not applicable and will be skipped

QUESTION 14 MOVETX

- It is critical that you read the definition/decision rules for movetx carefully and abstract accordingly
- You are looking for documentation that the patient participated in weight management treatment on at least one occasion during the past year

Weight Management Treatment

- Clinicians who may provide weight management treatment:
 - Licensed health professionals such as
 - Physician/APN/PA
 - RN, LPN
 - Psychologist
 - Registered dietitian
 - Rehabilitation specialist
 - Social Worker
 - Health care professional who is under supervision of a licensed health care professional

ACCEPTABLE DOCUMENTATION

- Acceptable documentation of VA Weight Management Treatment
 - Clinic notes specifying participation in any modality of the MOVE! program
 - Individual or group in-person, by telephone, or through video teleconferencing
 - Home telehealth (sometimes called TeleMOVE!). Participation in the Low Acuity, Low Intensity (L2) weight management protocol is also acceptable.
 - Use of the MOVE! Coach mobile application in conjunction with clinician support provided in-person, by phone, or via secure messaging. This is also known as MOVE! Coach with Care.
 - Use of Annie text messaging weight management protocol in conjunction with clinician support provided in-person, by phone, or via secure messaging

ACCEPTABLE DOCUMENTATION

- Acceptable documentation of VA Weight Management Treatment
 - Evidence that the clinician discussed the patient's completed multifactorial assessment results (e.g., MOVE!11 questionnaire, or associated patient and/or healthcare provider reports) with the patient.
 - Clinic notes specifying Veteran participation in the VHA Telephone Lifestyle Coaching Program with a chosen focus on weight management.
 - Clinic notes specifying weight management counseling was provided with ongoing follow up regarding weight management
 - Counseling must include more than one of the following elements of evidence-based weight management: diet, physical activity, and behavioral strategies

NON-VA WEIGHT MANAGEMENT TREATMENT

- Acceptable documentation of **non-VA** weight management treatment
- Notation from the clinician that the patient is participating in a non-VA, clinically-supported (i.e., includes group or individual contact with a coach or clinical staff) weight management program that targets more than one aspect of weight management (e.g., diet, physical activity, and behavioral strategies)
 - Examples of such programs include:
 - Weight Watchers
 - TOPS Club
 - HMR program
 - Optifast
 - Curves Complete
 - Clinically-supported web-based or mobile application weight loss programs are acceptable.

NO WEIGHT MANAGEMENT TREATMENT

- Select movetx value 3 if
 - The patient did not participate in weight management treatment within the past year or
 - If there is documentation the patient refused weight management treatment within the past year

CARDIOVASCULAR MODULE CHANGES

- Question 5, bb6mos has been revised to include examples of beta blockers
- If the answer to this question is no you will go to question 6 rsnobeta
 - On (computer to display most recent of amidcdt or frstdcdt), does the record document any of the following reasons for not prescribing a beta-blocker?

rsnobeta

- This question is similar to the question nobetab that was previously in the Shared module but there have been some revisions so be sure to read each answer value and the rules carefully

DIABETES MODULE CHANGES

- The footinsp question has been retired
- There is an addition to the rules for footsens to clarify documentation that you may find in the medical record related to testing with monofilament
 - Documentation of Semmes-Weinstein monofilament (SWM) testing with 5.07 monofilament is acceptable
 - May also be documented as SW 5.07 or SWM 5.07.

QUESTION 8 FUNDEXAM

- There are two changes to the rules for fundexam related to the documentation acceptable to select value 1 or value 3 as appropriate
 - Eye exam results read by a system that provides an artificial intelligence (AI) interpretation
 - If there is documentation of bilateral eye enucleation (removal of both eyes) anytime during the Veteran's history, select "1"
 - If bilateral eye enucleation (removal of both eyes) is documented and the exact date is not found, enter 01 for missing day and/or month in fundt

CGPI PREVENTION MODULE CHANGES

- The dochospce question has been replaced by a series of three questions
- PI module question 1 hospice
 - During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?
 - Hospice program – providing care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness. Care may be provided in a hospice facility, in the home, or other settings.
 - A "Yes" answer to this question will exclude the case from the PI and Mental Health modules.
 - **Acceptable:** Enrollment in a VHA or community-based hospice program
 - **Unacceptable:** Enrollment in a VHA Palliative Care or HBPC program

PI MODULE QUESTION 2

- Pallcare
 - During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based palliative care program?
 - 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
 - A "yes" answer to this question will exclude cases from certain measures

PI MODULE QUESTION 3

- Termill
 - Is one of the following documented in the medical record?
 - The patient has a diagnosis of cancer of the liver, pancreas, or esophagus
 - On the problem list it is documented the patient's life expectancy is less than 6 months?
- The stage of cancer of the liver, esophagus, or pancreas is not applicable. Even if the patient is newly diagnosed, the case is excluded.
- Patient's life expectancy of less than six months must be documented on the problem list or in the computer field "health factors," without exception.

EXCLUSIONS

- A "yes" answer to question 1 or question 3 will exclude the case from the PI and Mental Health modules
- You will want to answer these questions prior to entering any data in the MH or PI modules
- A "yes" answer to question 2 is an exclusion from several measures
 - See 1Q CGPI exit report guide

INFLUENZA IMMUNIZATION

- PI module question 4 fluvac20
- You will look for influenza immunization administered during the timeframe of **7/1/2020 up to the pull list date, or in the case of the 3rd list of the quarter, the study end date**
- Unacceptable documentation:
 - Any documentation that does not indicate the vaccine was actually given and there is no month or year documented.
 - Previously, historical information obtained by telephone by a member of the healthcare team and entered in a CPRS progress note was acceptable **however that guidance has been removed**

Severe Allergic Reaction to Influenza Vaccine

- Guidance regarding signs of a severe allergic reaction to influenza vaccine have been added to the definition/decision rules
- Signs of a severe allergic reaction can include:
 - difficulty breathing
 - hoarseness or wheezing
 - swelling around the eyes or lips
 - hives
 - paleness
 - weakness
 - fast heart beat
 - dizziness

CGPI MENTAL HEALTH MODULE CHANGES

- As previously noted, if either of the PI questions hospice or termill is answered yes, the Mental Health module will be skipped
- If question 1 of the MH module, dementdx2, is answered 2, i.e. there is no coded diagnosis of dementia/neurocognitive disorder, no other assessment of cognitive function questions will be asked and you will go to the AUDIT-C question.
- In order to be excluded from the MH questions a diagnosis of dementia/neurocognitive disorder and an assessment of the severity of dementia (moderate to severe) or clinician documentation of moderate to severe cognitive impairment is required

AUDIT-C

- There are no changes to the AUDIT-C questions in 1Q
- However it is noted that in FY2021 question 3 of the AUDIT-C will be revised in the medical record documentation to reflect gender (i.e., for males, 6 or more drinks on one occasion in the past year; for females, 4 or more drinks on one occasion in the past year.
- **At this time either format of the question is acceptable**
- The outdoc question (documentation of the outcome as positive or negative) has been retired
- The questions about alcohol recovery programs and substance use clinics have also been retired

QUESTION 12 ALCBAC

- You will notice some wording changes in the question and rules including the addition of “intervention” .
- We have been made aware that you may also see changes to the wording in the Clinical Reminder for alcohol brief counseling
 - Acceptable wording may be “advised”, “advised/educated” or “advised/informed”

DEPRESSION SCREENING

- **For depression screening completed on or after 1/01/2021, the VHA will only accept screening completed with the PHQ-2**
- The questions about screening with the PHQ-2 have been added back to the instrument
- A positive score PHQ-2 score will take you to question 25, depeval

PTSD

- **For PTSD screening completed on or after 1/01/2021, the VHA will only accept screening completed with the PC-PTSD5**
- A positive score on the PC-PTSD5 or on the PC-PTSD will take you to the ptsdeval question

COLUMBIA –SUICIDE SEVERITY RATING SCALE

- On or after 1/01/2021, the C-SSRS Screener (Columbia) must be completed annually for all veterans
- Questions 45-55 are the Columbia screener questions
 - **Note that the questions are no longer tied to a positive PHQ-2 +19 or PTSD5+19**
- Note the timeframe change (past year) but most of the highlighted wording has to do with the question name changes
- Vacssrs: addiction therapist has been added to the list of acceptable providers who can complete the C-SSRS Screener

COMPREHENSIVE SUICIDE RISK EVALUATION

- If the Columbia screener is positive, you will go to the questions about the CSRE
- **The CSRE must be completed by an acceptable provider and signed on the same calendar date as the positive Columbia-Suicide Severity Rating Scale (C-SSRS) screener.**
- If a C-SSRS was not performed, look for evidence of a signed CSRE during the past year
- Several of the previous CSRE questions are *not* included in the 1Q tool including the General Strategies for managing risk in the outpatient setting and in the inpatient or residential treatment setting

CGPI SHARED MODULE CHANGES

- The questions related to aspirin at the most recent visit and beta blocker at the most recent visit have been retired

CGPI OUTPATIENT MEDICATION RECONCILIATION MODULE CHANGES

- Question 1 nexusspp (new question)
 - Was the NEXUS clinic encounter on (computer to display NEXUSDT) with a physician/APN/PA in a **non-group** setting?
- The intent of the question is to determine if the encounter includes a provider with the legal authority to modify/prescribe medications (a.k.a. "prescribing provider").
 - **For purposes of the medication reconciliation measures, a prescribing provider is defined as a physician (MD/DO/psychiatrist)/APN/PA responsible for the ongoing care of the patient in the NEXUS Clinic**
- Group encounters (e.g., PTSD group, MH clinic group, Substance use disorder group) are excluded from the Medication Reconciliation measures

Question2 emlR

- There are some wording changes for clarification to question 2, emlR
- Please note: When the EMLR Data Object is used you will see these codes embedded:
 - MRT5 - Allergy Health Summary Component; and
 - MRR1 - Medication and Supply Health Summary Components (no glossary version) OR
 - MRT1 - Medication and Supply Health Summary Components
 - Documentation of "Tool 1" or "Tool 5" is NOT acceptable as identifying codes for the EMLR DO. Select "2" (No)

EMLR Data Object

- The following rules are not new. Please be sure you are following this guidance.
 - The EMLR Data Object must be imported into the prescribing provider's note.
 - **OR**
 - The note in which the EMLR DO resides *must be referenced by the prescribing provider during the encounter*.
 - An addendum to the original note containing the EMLR DO on the same date as NEXUSDT is acceptable.

OPTMED

- Please review the following clarifications in the rules of optmed
 - **Acceptable Documentation:** A medication list contained within the prescribing provider's note; a medication list within another note with documentation by the prescribing provider that it was used for review or reviewed with the patient.
 - **Unacceptable Documentation:** A medication list not included in the prescribing provider's note and **without** documentation that it was used for review

OPTMED

- Although this is nothing new, clarification has been added regarding introductory paragraphs used to identify which medication components were included for review.
- **If the facility has developed a template/logic that allows the essential components of the medication list for review to be automatically generated in a progress note, a paragraph preceding the list (similar to the EMLR DO introductory paragraph above) may be used to identify which medication components were included for review. (see example that follows)**
- Note that a paragraph preceding the medication list is not required

QUESTION 4 OPMEDLST2

- Directions for what must be documented re: the medication list given to the patient when the visit is not face to face, e.g. CVT, telephone, is included in the rules.
- If the visit is not face-to-face, documentation **MUST** indicate the medication list was sent by secure messaging or traditional mail on the day of the visit.
- Documentation only that the list was "given" to the patient/caregiver is NOT acceptable

CGPI EXIT REPORT AND SCORING CHANGES

- There are multiple changes to the CGPI Exit Report and Scoring
- Scoring changes involve new questions and deleted questions
 - Please see 1Q FY2021 CGPI Exit Report Guide for details of scoring changes
- The following measures were discontinued:
 - C5
 - C12
 - C9H
 - CSRA1, CSRA2, CSRA3, CSRA4, SUI2, SUI40, SUI51
 - SCID3, SCID4
- P19s, P25h and p26h (influenza immunization) have been removed from the exit report although data will still be collected
 - P27 (Influenza immunization refused remains on the report)

HBPC

1Q FY2021 question and scoring changes

HBPCDT

- The definition of an HBPC encounter has been added to the hbpcdt question as a reminder of what qualifies as an acceptable HBPC visit
- Please refer to this guidance when selecting the date of the most recent HBPC visit

HBPC Question 10

- Medrev3
- Documentation of the patient's HBPC medication management plan in a note signed or co-signed by the pharmacist is acceptable

HBPC QUESTION 12

- Clarification added to medchg
- **For the purposes of this question, medication includes prescription medications, over the counter medications and supplements**

LONG TERM CARE PLANNING

- Q20 ptltplan
- Please note clarification added to the rules:
 - Note: Long term care (LTC) planning is applicable to patients currently living in a LTC facility
 - "na" is not acceptable for documentation of a long term care plan

MALNUTRITION ASSESSMENT

- Q23 assesmal2
- There is an addition to the rules around assessing for reduced grip strength as part of the malnutrition assessment
 - Assessment of hand grip strength using a dynamometer can be conducted by a trained member of the HBPC team other than the RD/RDN and may include: physician/ APN/PA, registered nurse, therapist (PT/OT/KT)
 - The Hand Grip Strength measurement must be completed and documented in the RD Initial Nutrition Assessment as part of the assessment or as an addendum within the required timeframe to meet the EPRP requirement
- Due to COVID-19 pandemic, documentation of deferral of hand grip strength assessment for a malnutrition assessment completed during a CVT encounter is acceptable

HBPC MENTAL HEALTH SCREENING

- Changes to HBPC depression screening, PTSD screening and screening with the Columbia and CSRE tools mirror the changes in CGPI
- Cases with a positive depression screen will get the HBPC question deplan
- Cases with a positive PTSD screen will get the ptsdeval question; those who needed further intervention will also get the ptsfolint question

INFLUENZA IMMUNIZATION

- The changes to the HBPC influenza immunization questions are the same as those noted in CGPI
- The lead in question (hbpcflu) also reflects the changed timeframe, **7/1/2020 to 6/30/2021**

HBPC EXIT REPORT AND SCORING CHANGES

- Hc50, 51, and 52 (primary and secondary suicide risk screening) have been discontinued
- Please see the 1Q FY2021 HBPC Exit Report Guide for changes to hc38 and 41
- Influenza immunization measures hc46 and 47 have been removed from the HBPC exit report; flu data will continue to be collected and hc48 (influenza immunization refused) remains on the report

COMMUNICATION OF TEST RESULTS

1Q FY2021 Question and Scoring Changes

CTR CHANGES

- Clarification has been added to the rules for all the “comdt” questions, (date of communication of abnormal test results) e.g. ahcvcmdt
 - If more than one acceptable method was used to communicate the positive/reactive HCV-RNA or HCV screening test result to the patient, enter the date of the earliest communication to the patient
- A change to the rules of paprpdtd emphasizes the date to be entered is the date of the pap report, not the date the pap was collected

CTR EXIT REPORT AND SCORING

- There are no changes to the CTR scoring or exit report for 1Q FY2021

HOSPITAL OUTPATIENT MEASURES

1Q fy2021 QUESTION AND SCORING CHANGES

HOP CHANGES

- A warning was added to lastwelldt and lastwelltm
- The warning will issue if lastwell=1 and 9's are entered for the date and/or time last known well
- There are no changes to the HOP Exit Report or Scoring

GLOBAL MEASURES, DELIRIUM RISK, INPATIENT MEDICATION RECONCILIATION

1q fy2021 question and scoring changes

INFLUENZA IMMUNIZATION

- Global Measures question 11, flustat
- If the discharge date is $\geq 4/1/2020$ and $\leq 9/30/2020$, the influenza immunization question will be skipped
- Wording in the flustat question rules has been changed to reflect the timeframe for the current influenza immunization season

PRACTICAL COUNSELING FOR TOBACCO USE

- **Question 14 tobtxcoun1, 2, and 3**
- The previous question tobtxcoun has been restructured so that you will answer yes or no to indicate whether each of the three components of practical counseling was addressed
- There are no changes to the rules; you are looking for the same documentation as before
- As we review records for IRR disagreement we are finding that credit is sometimes given even if not all three components were addressed
 - Please be sure to read the rules to determine if documentation is acceptable for each component

PRACTICAL COUNSELING REFUSED

- If you answer no to all three components of practical counseling, you will go to **question 15, reftobcoun**
 - Is there documentation that the patient refused/declined practical counseling for tobacco cessation during the hospital stay?
- In order to answer "1" there must be specific documentation that the patient refused/declined practical counseling for tobacco cessation at any time during the hospital stay
- If there is conflicting documentation regarding patient refusal, use the latest documentation

AUDIT-C

- As previously noted in CGPI, you will see a change in the documentation of the AUDIT-C, question 3
- **Question #3: In FY2021 VA will revise this question to reflect gender (i.e., for males, 6 or more drinks on one occasion in the past year, and for females, 4 or more drinks on one occasion in the past year).**
- **At this time either format of the question is acceptable**

INPATIENT MEDICATION RECONCILIATION

- Most of the revisions to the Inpatient Medication Reconciliation module are clarifications rather than changes and are like those in the CGPI OP Med Recon module discussed earlier
- Guidance about pre-admission H&P's is no longer limited to surgical care cases
 - If there is documentation of the EMLR DO in a pre-admission H&P (for the current admission) completed within 30 days prior to this admission and the prescribing provider indicates that the EMLR DO was reviewed with the patient/caregiver on admission or within 24 hours after admission and documents there were no changes, or adds any updates to it; this is considered valid documentation for the medication reconciliation.

QUESTION 6 MEDSAME2

- The rules were revised to emphasize that **all** discharge documentation with medications included needs to be reviewed
- If documentation states the list (e.g nursing discharge documentation, pharmacy discharge documentation, provider discharge documentation) was discussed with and/or given to the patient/caregiver, it must match the discharge summary

DELIRIUM RISK MODULE

- The rules of **question 1, docdel** were arranged to emphasize acceptable places to look for a current problem of delirium
- Please note: **Dementia is NOT the same as delirium**

Global Measures Exit Report and Scoring

- The only scoring change is to TOB20 which now checks the answers to tobtxcoun1, 2 and 3 and reftobcoun

CATARACT SURGERY

1Q fy2021 Question and scoring changes

CATARACT SURGERY

- Cataract surgery will be abstracted monthly beginning with the 11/2 pull list
- The only change to this instrument is to the timeframe which will be <= 3months prior to the study begin date and <=3 months prior to the study end date
- Please review the instrument completely and ask questions as needed

CATARACT SURGERY

- There are two measures for Cataract Surgery
 - Cat191: 20/40 or better visual acuity within 90 days following cataract surgery
 - Cat192: Complications within 30 days following cataract surgery requiring additional surgical procedures
- Please see the 1Q Exit Report Guide for scoring details
 - The only change to previous scoring is the review timeframe

COLONOSCOPY FOLLOW-UP

1Q fy2021 Question and scoring changes

COLONOSCOPY FOLLOW UP

- Colonoscopy follow up will be abstracted monthly beginning with the 11/2 pull list
- Please review the entire instrument to be sure you are familiar with the questions and rules
- The only change is the timeframe (study begin to study end)

COLONOSCOPY FOLLOW UP EXIT REPORT AND SCORING

- There is one measure for this instrument
- **OP29 Appropriate follow-up interval for normal colonoscopy in average risk patients**
 - See 1Q Exit Guide for scoring details
 - The only change from previous scoring is the timeframe

11/2 Pull List

- Please be sure you have reviewed all changes outlined in this PPT prior to beginning work on the 11/2 pull list and prior to taking the 1Q FY2021 Learning Assessment
- Although this PPT as well as the 1Q data collection instruments are available to facility staff on the Quality Insights website, we encourage you to make a few notes about important changes to share with them at the exit conference for the 11/2 list
- Thanks for taking time to review this information and prepare yourself to review the 11/2 and 12/7 pull lists