

EPRP Update

1Q FY2022

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- 1Q FY2022 brings several changes to EPRP data collection questions as well as some scoring changes
- In addition to reviewing these slides, it is important to review the data collection question documents
 - Some highlighting indicates minor formatting changes only (bolding, punctuation, etc.)
- When you begin review, please take time to re-read the definition/decision rules carefully and be alert for the changes
- It is really easy to think we know the rules but it is critical to be certain we are following the current guidance in order to abstract correctly

CGPI Changes

- We will start our look at 1Q changes with CGPI
- There are changes to most of the CGPI modules
- There are also many scoring changes

cgpi

CGPI Validation Module

- The **Spinal Cord Injury** questions have been removed from the Validation module and there are no SCI measures on the CGPI Exit Report
- **Q7 valnexus**
 - There is a note in the rules about VHA sampling criteria for telephone encounters
 - This information may be useful to you as well as to the facility liaison when looking at the qualifying visit
- **Q19 wicnexus2** is a new question that will auto-fill
 - If valnexus=1, the field will auto-fill pnusloc
 - If valnexus=2 and seenyr2=1, the field will auto-fill with the clinic location name you entered in nxusloc2

Questions Moved

- The hospice and pallcare questions are now located in the Validation module
- The questions and rules are the same as in previous quarters
- An exclusion statement has been added to hospice
 - **Documentation of enrollment in hospice during the past year excludes the case from CGPI measures except medication reconciliation for cohorts 50, 51, and 54**
 - If hospice=1 and cohort=50, 51 or 54 you will go to the OP Medication Reconciliation module; **otherwise the case is excluded**
- After answering the palliative care question, if the cohort is 54 and the case is NOT flagged for FE you will go to the question asesadl in the Core Module

Hypertension Encounter

- An important clarification has been added to the questions htnenc1 and htnenc2
 - **Documentation of hypertension on a problem list in the encounter note with evidence the hypertension was addressed (e.g., BP under control, documentation of current or new prescription of anti-hypertensive medication) is acceptable.**
- If htnenc1 and/or htnenc2 are answered "2" (no) the subsequent date question will be auto-filled as 99/99/9999

Validation Module Questions Removed

- Two Validation Module questions have been removed
 - nonacadm
 - famhx

Core Module Changes

- Q12 movetx
- An important clarification has been added to the rules of movetx
- Acceptable documentation includes:
 - *Clinic notes specifying obesity as a reason for the encounter and documentation that 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*

Changes to CGPI Diabetes Module

- Three questions have been removed from the DM module
- Dmnephdx, rnltrans and seeneph were all related to the dm34h measure which has been retired

CGPI MH Module

- Depression Screening
 - Because only screening with the PHQ-2 is acceptable effective 1/1/2021, the series of questions about the PHQ-2 will be asked first (when there is no diagnosis of depression or BPD)
 - If no screening with the PHQ-2 in the past year, you will be asked if the patient was screened with the PHQ-2+i9 during the timeframe specified in the question
- Q30 depfolint: Value 6 has been removed from the answer options for this question
 - The same is true for the question ptsfolint

Date of Separation

- The date of military separation will be pre-filled from the pull list in question 33
- However in question 34 valsepdt you will be asked to validate the pre-filled date **Is (computer to display pmilsepdt) the most recent service separation date documented in the record?**
 - If the facility has installed the latest clinical reminder, the service separation date should come forward from the administration files
 - If you click on the reminder from the cover sheet or on the clinical maintenance button, it will show the most recent service separation date

Date of Separation

- **If the most recent service separation date documented in the medical record does not match the pre-filled date, you will enter the veteran's most recent date of separation from active military duty in question 35 milsepdt**
 - If the veteran has more than one tour of duty, enter the most recent date of separation (only the most recently entered last service separation date shows)
 - **Annual screening is required if no separation date is found; therefore, it is critical that the date of separation be located.** Ask the Liaison to retrieve the date from the administrative file if it is not present in the Clinical Reminder
 - As a last resort if date of military separation cannot be found, you can enter default 99/99/9999

CGPI OP Medication Reconciliation

- There is only one change in the Outpatient Medication Reconciliation module
- Q2 optmed6
 - Documentation of the pending medication orders component in the medication list must include both inpatient and outpatient pending medications
- There are also some clarifications in the Additional Guidance section of the rules for optmed

CGPI Prevention Indicators Module

- The termill question has been removed
- As previously noted the hospice and palliative care questions have been moved to the Validation module

Influenza Immunization

- Q1 The influenza immunization question has been updated and is now **fluvac21**
- During the period from (computer display 7/01/2021 to (pulldt or <= stdyend if stdyend > pulldt)), did the patient receive influenza vaccination?
 - 1. received vaccination from VHA
 - 3. received vaccination from private sector provider
 - 98. patient refused vaccination
 - 99. no documentation patient received vaccination
- For the purposes of review, influenza immunization given up to the pull list date (unless the study end date is after the pull list date) is acceptable.
 - For example, the pull list date is 12/06/2021 and medical record contains documentation the influenza immunization was administered in VHA on 12/03/2021, enter value "1"

Influenza Immunization

- To select value "98", the documentation must indicate that the patient refused the flu vaccine during the vaccination season (7/01/2021 – 6/30/2022)
 - For example, documentation from 8/23/2021 states "patient stated he did not wish to receive flu vaccination," select value "98"
- Select value "99" for patients who had no visits at all during immunization season (7/01/2021 – 6/30/2022) and for those who did not receive the influenza immunization at this VAMC or anywhere else during immunization season
- Note that value 4 (only appointment preceded receipt of vaccine on station) is no longer an answer option
- Also note that previous guidance about documentation in the Immunization Summary without verification in the progress note that the immunization was given at Walgreens has also been removed

Tobacco Screening

- If the response to Tobacco Use Screening question #1 is "3" (not at all), you will skip the remainder of the tobacco screening questions and go to the colon cancer screening questions as applicable
- Questions tobscrn4 and tobscrn5 have been removed

CGPI Shared Module

- It is likely easier to tell you what remains in the Shared Module than to list what has been removed
- **Remaining questions include**
 - HgbA1C questions
 - Diabetes kidney function questions except protinyr
 - Statin medication questions
 - Ace and Arb questions
- The rest of the Shared Module questions have been removed due to the retirement of the p10 measure

CGPI Scoring Changes

- All Spinal Cord Injury (SCI) measures have been removed
- The p10, p41h, p43h and dmg34h measures have been retired
- C5 (foot inspection) and p44h (Cervical Screen age 21 – 64 (includes hrHPV test age 30 and greater)) are now accountability (bolded) measures
- P42h (Cervical Screen age 21 – 29) is no longer an accountability measure

More CGPI Scoring Changes

- The check for the terminal illness question has been removed from all applicable measures
- The influenza vaccination measures have been updated to include the fluvac21 questions including the removal of the exclusion for value 4
- An exclusion for hospice=1 has been added to fe1, fe3 and fe9
- Cvrn1, cvrn2, dmg27h and ihd53h will continue to show on the CGPI Exit Report however these measures will only be scored for facility 668
 - Influenza immunization measures p25h and p26h have been added back to the exit report but also will be scored only for facility 668
- Please consult the CGPI Exit Report Guide for details of all scoring changes

HBPC

Skip Change

- If the patient was hospitalized within 30 days after HBPC admission, you will skip the questions about education on Alternative Caregiving/Placement Plans and Alternative Plans Documented and go to the question hospice
- Patients hospitalized within 30 days of HBPC admission will be excluded from hc55 and hc56

HBPC RD or RDN

- Clarification was added to **questions 21 nuthyd and 22 nuthydt** to specify **HBPC** Registered Dietician or Registered Dietician Nutritionist as the discipline that can complete the nutritional assessment
- Several clarifications were also added to assesmal2 (malnutrition assessment)
 - Please review the examples of the components of the malnutrition assessment
 - As you abstract this question make certain that all the components are documented in order to answer 3 or 4 as applicable
 - **Remember that for hand grip assessment completed on or after 4/01/2021, the numeric results of hand grip strength must be documented**

HBPC MH Questions

- The changes to the HBPC Mental Health Questions mirror those described in CGPI

HBPC Influenza Immunization Questions

- Hbpcflu has been updated to reflect the 7/01/2021 to 6/30/2022 timeframe
- The fluvac21 question changes are the same as those in CGPI

HBPC Scoring Changes

- HC60 (Timely VA comprehensive suicide risk evaluation-CSRE) has been retired
- The check for the termill question was removed from applicable measures
- As mentioned earlier, an exclusion for inptadm =1 as been added to hc55 and hc56
- Hc46, 47 and 48 have been updated with the new fluvac21 question
- Please see the exit report guide for full details of HBPC scoring changes

Communication of test results

CTR Changes

- **Standard or** certified letters are now acceptable for abnormal test results that require action
 - It is the ordering provider's discretion if a routine letter can be used to communicate abnormal results that require action

HCV-new question

- Q15 hvcdt
- On (computer to display **hcvdt1**), was the HCV-RNA test result reported?
- **Review the lab results to determine if a HCV RNA test was reported on the date displayed in the question; if reported on this date, select value "1".**
- Look at the names of the **HCV RNA tests** carefully to be sure you are answering accurately
 - HCV antibody tests are not acceptable for this question
- If you answer "2" to hvcdt, you will enter the date the most recent HCV-RNA test result was reported during the study period in question 16 (hcvdt2)
 - If a HCV RNA test was not done or not reported during the study period, enter 99/99/9999
 - If an HCV RNA test was not done, you will go to question 18 about a *screening* test for HCV
- The timeframe for subsequent questions will be based on the date the HCV-RNA or the HCV screening test was reported as applicable

Important Guidance for Communication of Mammogram Results

- From the definition/decision rules of q50 amamcom and q55 mamcom
 - 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 per documentation on the Radiology report.
 - If the Radiology report is the only documentation of communication of mammogram results, select value "2".

New Question

- **Q115 whivcon**
- On (computer to display **hivdt1**), was a human immunodeficiency virus (HIV) confirmatory test result reported?
- Review the examples of HIV confirmatory tests; be sure you answer accurately
 - For this question you are looking for a HIV **confirmatory test (not a screening test)** on the pre-filled date in question 114
- If a HIV confirmatory test was *not* reported on the pre-filled date, enter the most recent date a HIV confirmatory test result was reported during the study period in question 116
 - If a HIV confirmatory test was not reported during the study period, enter 99/99/9999 and go to q118 which asks whether a screening test for HIV was done
- The timeframe for subsequent questions will be displayed based on the date the HIV confirmatory test date or the HIV screening test was reported as applicable

CTR Scoring

- CTR20, CTR21 and CTR23 will have checks for hcvdt1, hcvdt and hcvdt2 (for HCV cases) and hivdt1, hivdt2 and hivscrdt (HIV cases) as applicable
- All CTR measures are now accountability (bolded) measures.

Cataract Surgery

Cataract Surgery Changes

- “Optometrist” was added to question 3 and question 4 rules to clarify that post-op visual acuity can be documented by an optometrist as well as an ophthalmologist.
- There are no changes to Cataract Surgery scoring

Colonoscopy Follow Up Interval

- No changes to Colonoscopy Follow Up Interval questions, rules, or scoring

Global Measures

Global Measures Question Change

- **Q11 flustat**
 - Value 4 now includes the following as a reason for not administering the influenza vaccination
 - symptomatic suspected or confirmed COVID-19 during this hospitalization
 - Dates in the definition/decision rules of flustat have been changed to reflect the current immunization season
- There are no other changes to the Global Measures tool.

Common Modules

- **Delirium Risk**
 - The only changes are clarifications and additional examples in an effort to improve abstraction accuracy
 - Q1: Review **equivalent terms for the presence of delirium** and documentation examples. **NOTE: Dementia is NOT the same as delirium**
 - Q2: Look for documentation of AMS (altered mental status) or a change from baseline to answer yes to question 2
 - Q4: Documentation of A&Ox2, disoriented, oriented to self and place but not year are examples of documentation acceptable to answer "yes"

Inpatient Medication Reconciliation

- **Inpatient Medication Reconciliation**
 - The same changes were made to Inpatient Med Rec as in the OP Med Rec module previously discussed
 - Pending medications now require inpatient and outpatient medications to be documented
 - Clarifications were added to the rules of revptmed as in optmed

Global Measures Changes

- There are no changes to Global Measures scoring including scoring of the med recon measures or delirium risk measure

Hospital outpatient

ED Discharge

- Q7 obsev is a new question
 - **During the Emergency Department visit was the patient placed into observation services?**
 - The purpose of this question is to ensure you determine whether or not the patient went to observation services since the rules for determining ED discharge time are different for observation patients
 - **From the rules for edctm:**
 - For patients who are placed into observation services, enter the time of the physician/APN/PA order for observation services as ED Departure time
 - If the physician/APN/PA observation order time is after the documented ED departure time, use the documented ED departure time per the guidelines.
- If obsev is answered "yes" you will get a warning when you enter the time in question edctm

HOP Scoring Changes

- Cohort 75 (HOP Pain Management) has been removed from all scoring algorithms but does not affect scoring
- There are no other scoring changes

sepsis

Sepsis changes

- There are no real changes to the Sepsis questions or rules.
- Highlighted wording is mostly due to formatting changes
- There are no changes to Sepsis scoring