

EPRP Update

2Q FY2022

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- Purpose of this presentation:
 - ☐ Highlight changes/clarifications to questions and rules
 - ☐ Inform you about changes to measure scoring
 - ☐ Preparation for 2Q Learning Assessment

CGPI Changes

- CVD Module
 - ☐ **A new informational question has been added to the CVD module**
 - ☐ **This question is applicable if selmi is false**
 - ☐ Q1 othamidx
 - During the time frame from (computer to display stdybeg – 2 years to stdybeg – 2 months), is there physician/APN/PA documentation the patient had an acute myocardial infarction (AMI)?
 - ☐ 1. Yes
 - 2. No

New question othamidx

- ☐ Must be physician/APN/PA documentation
- ☐ Patient self-report is not acceptable
- ☐ Treatment may have been at any **VAMC or community** acute care hospital
- ☐ ICD-10 codes are listed for your information but a code is not an absolute requirement to answer “yes”
- ☐ The discharge date parameters for amidcdt have changed to accommodate the timeframe in this question
- ☐ If you answer 2 (no) you will go to lvfdoc2 if selchf is true; otherwise you will go to the end of the CVD module

CGPI Mental Health Module

- ☐ The alcba question has been replaced with a new brief alcohol intervention/counseling question
- ☐ Q17 alcba
 - During the timeframe from (Computer to display DTALSCRN to DTALSCRN +14 days), does the record document any of the following components of brief alcohol intervention/counseling for past-year drinkers?
- ☐ Indicate all that apply and the date brief alcohol intervention/counseling was noted in the record:
 - 3. Advised/informed patient to abstain OR explicitly advised/informed patient to drink within recommended limits
 - 4. Provided personalized feedback regarding relationship of alcohol to the patient's specific health issues OR general alcohol-related intervention/counseling (not linked to patient's issues)
- 99. No alcohol intervention/counseling documented

alcba

- ☐ As you can see, the components of brief alcohol intervention/counseling are the same as in the previous alcba question, but are combined into just two answer options
- ☐ As before, the brief alcohol counseling/intervention must have occurred within 14 days after the date of alcohol screening in dtalscrn

Abstain or drink within limits

- ☐ Alcba3 – Advised/informed patient to abstain from alcohol OR explicitly advised patient to drink within specified recommended limits.
 - ☐ Recommended limits are: < 14 drinks a week and < 4 drinks per occasion for men, and < 7 drinks a week and < 3 drinks per occasion for women.

Personalized Feedback
or
General Counseling

- ☐ Alcba4 – Provided personalized alcohol feedback to patient on relationship of alcohol use to his/her health OR provided general intervention/counseling on alcohol use and health risks
- ☐ Personalized feedback can include the relationship or interaction of alcohol use with any of the patient's
 - ✓ Medical problems (e.g. HTN, CHF, hepatitis, etc.)
 - ✓ Mental health concerns (e.g. Depression, PTSD)
 - ✓ Health worries/concerns (e.g. falls, dementia, breast cancer)
- ☐ General Intervention Counseling
 - ✓ General information about alcohol use and health risks was given to the patient

Alcohol Intervention/Counseling

- The providers acceptable to perform brief alcohol intervention/counseling are the same as in the old alc bac question
- The associated scoring change to SA17 will be addressed in a subsequent slide

Outpatient Medication Reconciliation

- ☐ There are a few clarifications in the rules of the OP med recon question
 - optmed
- ☐ Pending medications Orders (both inpatient and outpatient)
 - ✓ The EMLR DO is identified by **MRT1 (or MRR1)** and MRT5 (allergy health summary component) prior to the list
 - If the facility is using the EMLR DO, select value "1" for Pending Medication Orders (both Inpatient AND Outpatient).
 - ✓ If the facility is *not* using the EMLR DO, you must see that both inpatient AND outpatient pending medications are addressed in a preceding paragraph or that both are included in the list of medications

Preceding Paragraph

- ☐ Although this guidance is not new, there is a new example regarding documentation when there is **NO** preceding statement or paragraph
- **If there is not a preceding statement or paragraph, each component must be included to select value "1"**
 - **Example of no preceding paragraph:**
 - The patient's active prescriptions, remote VA medications, non-VA medications, and inpatient and outpatient pending medication orders, are presented in the prescribing providers progress note with no preceding paragraph documented.
 - Based on this documentation, select value "1" for active and remote VA prescriptions, pending inpatient and outpatient orders, non-VA medications. Select value "2" for those not documented in the note (i.e., allergies (Remote Facility AND Local Facility), expired and discontinued prescriptions).

No Changes

- ☐ There are no changes to the following CGPI modules:
 - ✓ Validation
 - ✓ Core
 - ✓ Diabetes
 - ✓ Prevention
 - ✓ Shared module

CGPI Scoring Changes

- The following measures have been retired:
 - Mrec55 (active)
 - Mrec56 (remote)
 - Mrec57 (non-VA)
 - Mrec58 (expired)
 - Mrec59 (discontinued)
 - Mrec60 (pending)
- Please note that although the measures for these individual components of the medication list for review have been retired, the questions remain and mrec54 (all components) will continue to be scored
- Mrec43, 61 and 62 also remain on the exit report

CGPI Scoring Changes

- The scoring of SA17 has also changed due to the change from the alcbac question to alcbai
- If both alcbai3 or alcbai4 are selected and the intervention/counseling is done within 14 days following the positive screen, the case will pass
 - If no brief intervention was done and the date of the most recent alcohol screening is <14 days prior to the study end date the case will be excluded from the denominator
- Please see the CGPI exit report guide for details.

Communication of Test Results Changes

- Information has been added to the rules of q60 (dexval) to provide guidance when results of a DEXA scan are reported as a **Z score** for patients under age 50
 - **NOTE: For patients under the age of 50, a Z score may be reported in place of a T score.**
 - A **Z score -2.0 and lower is abnormal** for patients under the age of 50.
 - For example, a patient aged 37 has a Z score -2.2, select value "1".
 - For a patient under the age of 50, a Z score is documented as -1.6; select value "2".
 - **There are no changes to CTR scoring**

HBPC

- Some important guidance has been added to q16 swedacp
- Education on alternative caregiving/placement plans should be tailored to the patient's needs; however, **documentation that education was provided for a component as stated is acceptable to select that value.**
 - ✓ For example, HBPC social worker documents "Alternative caregiving/placement planning education provided: Education on potential VA resources (e.g., Respite, Homemaker and Home Health Aide (H/HHA) Care, adult day care, Long Term Care placement, Medical Foster Home (MFH)); select value 1.

Malnutrition Assessment

❑ Q23 assema2 has been updated to include the applicable timeframe for the malnutrition assessment

- ✓ If the initial nutritional assessment was completed (nuthyd = 3 or 4), the date it was done will be displayed in the question
- ✓ If the initial nutritional assessment was not done (nuthyd=5), the timeframe from 30 days before to 30 days after the admission date will display in the question
- ✓ This is not a change but just an update to clarify the timeframe for the malnutrition assessment

HBPC Alcohol Counseling/Intervention

❑ The alcba3 question was replaced by the new question alcba1

❑ The question and rules are the same as previously noted in CGPI

- This change results in the only HBPC scoring change
- Cases will pass hc62 if both alcba13 or alcba14 are selected and the intervention/counseling is done within 14 days following the positive screen, the case will pass
- If alcba13 and/or 4 was done but was completed more than 14 days after the date of the alcohol screen, the case will be excluded
 - See the HBPC exit report guide for details

Hospital Outpatient (HOP)

- ❑ There are some changes to the HOP tool due to updates by CMS
- ❑ Some of the highlighted areas are changes to formatting for minor wording changes but others are more significant

Fibrinolytic Therapy

❑ The question fibdelay has been removed

❑ There are some changes to the rules of question 15 (nofibt) involving the contraindications to fibrinolytic therapy; note that some have just been re-worded for clarification

- ✓ History of prior ischemic stroke EXCEPT acute ischemic stroke within 4.5 hours (previous timeframe was 3 hours)
- ✓ Intracranial or intraspinal surgery within 2 months
- ✓ Major surgery (less than 3 weeks)
- ✓ Severe uncontrolled hypertension (unresponsive to emergency therapy)
- ✓ Significant hypertension on presentation (SBP greater than 180 mmHg or DBP greater than 110 mmHg)
- ✓ History of chronic, severe, poorly controlled hypertension
- ✓ Dementia
- ✓ Traumatic or prolonged (greater than 10 minutes) CPR
- ✓ For streptokinase prior treatment within the previous 6 months

HOP Scoring Changes

- HOP2a has been retired
- Otherwise there are no changes to HOP scoring

Global Measures

- There are some clarifications in the definition/decision rules for the question tobstatus3.
- Please review all the rules carefully, as well as the Frequently Asked Questions to be sure you are abstracting correctly

Tobstatus3 Important Points

- **Value "1" Current everyday tobacco user:** Documentation that the patient uses any amount or any type of tobacco product on a daily basis or is a current everyday smoker. When both daily and sporadic ("some day") tobacco use are documented, select value "1"
- **Value "4" Never tobacco user:** If screening documentation states "denies tobacco use" and there is no conflicting information documented on the patient's history of smoking, select value "4".

Tobstatus3 important POints

- Example of conflicting documentation of tobacco use status:
 - **If there is any conflicting documentation about the patient's tobacco use status where there is documentation of both tobacco use and no tobacco use,** e.g., RN assessment states patient does not use any tobacco products, but there is also physician documentation in the H&P that the patient is a "smoker," select value "99".

Common Modules

- Inpatient Medication Reconciliation
 - The changes to revptmed mirror those already noted in the OP Med Recon question optmed
- Delirium Risk
 - No changes

GM Scoring Changes

- IMM4: Updated to include dates of the current influenza immunization season
- **Retired measures:**
 - Mrec21 (list given to patient)
 - Mrec45 (active VA meds)
 - Mrec46 (remote VA meds)
 - Mrec47 (non-VA meds)
 - Mrec48 (expired)
 - Mrec49 (discontinued)
 - Mrec50 (pending)
 - Mrec74 (inpatient meds)
- As in CGPI, the individual elements will need to be present in the essential medication list in order to pass mrec44 (all components in note)

Sepsis Changes

- There are "pre" and a "post" sepsis tools for 2Q
- The "pre" tool is for discharges <01/01/2022
 - You will get these cases on the 1/3/2022 and the 1/31/2022 pull lists
- The highlighting in the "pre" Sepsis document are the same changes that were made in 1Q except:
 - Q47: you will enter the date the target ordered volume of crystalloid fluids was completed (in addition to the time)
 - This change is also reflected in q48 pershyo

2Q Sepsis Changes

- The "post" Sepsis tool is effective with discharges >=01/01/2022
 - You will get these records beginning with the 2/22 pull list
- Some of the highlighting in the Sepsis tool is a result of spelling or punctuation corrections or question/rule clarifications but no real change
- Some of the rules have also been re-arranged in order to call attention to certain parts of the rules that may have been missed in the past
- The following slides will focus on the significant changes to the "post" instrument

Covid

- Q14 (covid)
 - If the physician/APN/PA only orders a COVID-19 test **without documentation that COVID-19 is suspected, present, or confirmed, select value "2"**.

Q18 sepsirs

- **To determine the laboratory test value date and time for severe sepsis criteria, use the following sources in priority order.**
 - **Primary source:** Laboratory test value result time from lab reports
- **Supporting sources in priority order if primary source not available:**
 - Time within a narrative note that is directly associated with the laboratory test value
 - Time the laboratory test value is documented in a non-narrative location (e.g., sepsis flow sheet)
 - Laboratory test sample draw or collected time
- The same guidance is in q19 seporg

Q23 cntrasevsep

- Please review the following guidance for blood draw, IV fluid administration or IV antibiotic administration that occur after the specified timeframe
- Select value "1" if blood draw, IV fluid administration, or IV antibiotic administration are administered, **but occurs after the specified time window due to refusal of care or patient non-compliance**
 - **Examples:** Severe Sepsis Presentation Date/Time: 1/13/2021 1200. RN documentation at 1/13/2021 1130: "Patient agitated, screaming at staff, and swinging arms" 1430: "PO Ativan given for agitation, awaiting central line placement" 1638 MAR documents NS fluid bolus and Vancomycin given IV
 - For this example, select value "1" since there is nursing documentation of patient noncompliance with care resulting in treatment delay
 - The same guidance is in q40 cntrasevshk
- **"Patient non-compliant"** has been added to suggested inclusion terms for this question

Antibiotics

- **Table 1** will now serve as your reference for questions 25 (antibio) and q26 bioname/biodate/biotime
- Table 1 will be provided by email. Please be sure to save it in a folder that will allow you to access it easily for reference

Crystalloid Fluids

- Q42 crystal
- Please review the examples that have been added to the definition and decision rules
- One is an example of documentation exceptions when the fluids are administered prior to arrival
- One is an example of documentation exceptions when the fluids are administered in the OR

Crystalloid Fluids Completed

- In question 47 you are now asked for the date the target ordered volume of crystalloid fluids were completed
- You will continue to enter time as before

Vasoprsdt, vasoprstm

- The rules for Q50 have been updated per CMS clarifications
- **Enter the date on which an intravenous or intraosseous vasopressor was administered within six hours following the presentation of septic shock, demonstrated by persistent hypotension after crystalloid fluid administration**
- The specified time frame for administration of a vasopressor starts at Septic Shock Presentation Time and ends six hours after the Septic Shock Presentation Time
- Abstract the time the vasopressor was started if a vasopressor was infusing at the time of presentation of septic shock, or a vasopressor was infusing at the time of septic shock and multiple doses were subsequently given

Bullets Removed

- The following guidance has been removed from q50
 - ← Only abstract from an undated MAR if it has a patient sticker on it and it is titled first day or initial MAR. If an undated MAR is designated as the initial or first day MAR and it does not have a patient sticker on it, use UTD for the date.
 - ← Authentication on one side/page of a multi-side or multi-page form applies to all pages of the form. The sides/pages of the form must be identifiable as being from the same form.

Sepsis Scoring Changes

- There are no changes to Sepsis scoring other than to update the discharge date parameters

Transitions of Care

- The changes highlighted in the TOC tool are really clarifications based on IRR and other feedback
- Some important things to note will be pointed out in the following slides

Readmission

- Note that in questions 3-5 we are looking for documentation of a readmission or direct transfer
 - Can be VHA or non-VHA facility
 - Can include acute inpatient
 - Can include non-acute inpatient such as rehab units, SNF, respite
- Q6 asks specifically about discharge or transfer to a non-VHA facility

DCComp

- Examples of acceptable documentation were added to the rules for dccomp2, 6, and 7
- Remember that acceptable documentation is not limited to the discharge summary but may also be found in the discharge instructions, summary of care discharge note or transfer summary
- Please consult with your Regional Manager if you have questions about acceptable documentation for any of the components

Dccomp1-7 Examples

- **dccomp2 (procedures or treatments)**
Colonoscopy, surgery, wound debridement, mental health counseling, scans completed during admission, medications prescribed for diagnoses during admission, blood transfusions, IV fluids for rehydration, mechanical ventilation or breathing treatments
- **dccomp6 (test results, documentation of pending tests or no tests pending)**
For example, the discharge summary states "admitted with Epigastric pain/colitis/n/v/elevated lipase; lipase elevated on admission and normalized at discharge" or "Pneumonia: community acquired, most recent WBC count 7.2" or "recent CXR showed minimal changes"
- **dccomp7 (instructions for patient care post-discharge)**
"Follow up with PCP on March 24" or "Consult placed to oncology for new diagnosis colon cancer" possible sigmoid malignancy, patient will need EGD/colonoscopy outpatient" or "history of PTSD, depression, is willing to reinstate MH counseling and order for MH counseling is present in the medical record at discharge or "referred to MH counseling for diagnosis of depression"

Q15 medrec

- Note the purpose of this question is to look for documentation in the outpatient record that the **discharge medications were reconciled with the current medications the patient is taking**
- Medication Reconciliation must be documented by a physician/APN/PA, clinical pharmacist or registered nurse
- Review the first 7 bullet points in the rules for scenarios that meet the intent of medication reconciliation
 - Please consult with your Regional Manager if you are unsure the documentation meets the intent of one of these scenarios

TOC Scoring

- There are no changes to TOC scoring

No Changes

- There are no changes to questions or scoring for:
 - Cataract surgery
 - Colonoscopy follow up