EPRP UPDATE

3Q FY2022

OBJECTIVES

- Highlight changes to 3Q instruments
- Note changes to 3Q scoring
- Reiterate important points that aren't new

CGPI Changes

3Q FY2022

CGPI Validation Module

- There is additional clarification in the rules for q13 **valnexloc** related to the stop code
- The clinic location name displayed may include the clinic stop code (e.g., 323 ABC PACT TEAM 1)
  - The stop code does not need to be present in the medical record documentation to select value"1" for valnexloc.
  - If the clinic location name displayed matches the documentation in the medical record select "1".
    - For example, clinic location name displayed is "502 MH OP1 PSY1" and the clinic location name in outpatient encounter information is "MH OP1 PSY1"; select value "1".

selneph

- There is a new question in the seldx question (q28: Did the patient have one or more of the following active diagnoses?)
  - **NOTE:** ICD-9-CM codes (prior to 10/01/2015) and ICD-10 codes (on or after 10/01/2015) are used only as examples to guide the abstractor and are not all-inclusive. **Diagnoses are determined by clinician documentation, not by the presence or absence of codes**.

New: selneph

- **13 = Nephrectomy (kidney removal) <u>documented any time prior to the study end date</u>**
  - **ICD-10 PCS codes (0TB00ZZ, 0TB03ZZ, 0TB04ZZ, 0TB07ZZ, 0TB08ZZ, 0TB10ZZ, 0TB13ZZ, 0TB14ZZ, 0TB17ZZ, 0TB18ZZ, 0TT00ZZ, 0TT04ZZ, 0TT10ZZ, 0TT14ZZ, 0TT20ZZ, 0TT24ZZ**

There are two more changes in the seldx question (q28) in the Validation module

- There is a change to the **<u>timeframe</u>** in selckd
  - **Chronic Kidney (Renal) Disease, stage 5 or ESRD (end stage renal disease) or dialysis (hemodialysis or peritoneal dialysis) documented any time prior to the study end date**
- The same change is in selkidtx/selkidt: **Enter the date of the most recent kidney transplant done any time prior to the study end date**

CGPI CVD Module

- The question that was added at the beginning of the CVD module in 2Q (othamidx) is no longer needed and has been removed
- The field format has been updated for several questions
- No other changes to this module

CGPI Mental Health Module

- The questions about depression screening with the PHQ-2 +i9 have been removed
- **For depression screening completed on or after 1/01/2021, the VHA will only accept screening completed with the PHQ-2.**
  - **PHQ-2 = Patient Health Questionnaire (2 questions - scaled)**
- This is the only change to the MH module

CGPI Outpatient Medication Reconciliation

- There are multiple changes to the question optmed
- *PLEASE* read the question and all the rules carefully and ask questions as needed
- During the most recent NEXUS encounter on (if valnexus =1 display pnexusdt; if 2 display nexusdt2), is there evidence in the medical record of a medication list documented as reviewed in the encounter note that included all of the following components?
- Note there is no longer a reference to the prescribing providers note.

EMLR Data Object

- Per the definition/decision rules, the EMLR Data Object is identified by the acronyms MRT1 or MRRI for the medication list and MRT5 for the allergy component
- We have been advised that starting in 3Q Tool 1 and Tool 5 are also acceptable to identify the EMLR DO
- **Please note this late change and it is <u>not</u> in the definition/decision rules**

OPTMED

- **IMPORTANT NEW RULES:**
- **Any health care team member can document the note containing the medication list and document that the list was reviewed with the patient***
  - ***Note that "review of the list with the patient" is abstracted when answering the question opmedrev. Optmed is seeking only the components of the medication list.**
- **If multiple notes contain medication lists, <u>look for the list that is most complete</u> (i.e., contains the greatest number of medication list components).**

Examples of Acceptable Documentation

- A provider's progress note, or separate progress note solely generated for medication reconciliation (e.g., any medication list developed by the facility that contains all of the components for review).
- A Pre-Visit Summary (PVS) that is included in the progress notes section.
- Essential Medication List for Review (EMLR) Data Object (DO); an alphabetical list of the patient's prescriptions often found with MRT1 (or MRR1) and MRT5 (allergy health summary component) **<u>prior to the list</u>**
- An addendum to a note containing a medication list on the same date as displayed in the question

Med Recon Components

- Discontinued and Expired Medications
  - The following wording **was removed** from the rules for the discontinued and expired medications components: *Sites using objects pulling "MRP – Medication Reconciliation" or "Other meds dispensed in last year" are exempt from this rule
- Pending medication orders
  - Look for *any* pending medication order, i.e. you no longer need to see both outpatient and inpatient pending medication orders

opmedlst2

- Also please note a major change in Q4 (opmedlst2)
- During the timeframe from (if valnexus = 1 display pnexusdt to pnexusdt + 1 day; else if valnexus = 2 display nexusdt2 to nexusdt2 + 1 day), is there documentation that a written list of medications was provided to the patient/caregiver?
- Note that the question will display the timeframe from the date of the Nexus clinic visit to the date one day after the Nexus clinic visit

opmedlst2

- If the visit was a *face to face encounter*, documentation that a copy of the list of medications was:
  - Given to, or
  - Sent by secure messaging, or
  - Mailed to the patient/caregiver

  on the same day as the visit or the following day is acceptable

opmedlst2

- If the visit is conducted by *Clinical Video Telehealth (CVT) or telephone* encounter, documentation MUST indicate the medication list was sent by secure messaging or traditional mail on the same day or day following the visit
- As a reminder (not new) for CVT or telephone visits
  - Documentation the list was only "given" to the patient/caregiver is **NOT** acceptable
  - Documentation that the list was "given" via My HealtheVet is NOT acceptable. It does not currently include a full list of medications

CGPI Prevention Indicators Module

- **Screening for Tobacco Use**
- For most of you, questions 12 – 24 are the applicable questions for tobacco screening
- When the facility uses the Cerner EHR, questions 25 – 33 will be applicable
- As usual, the software will take you to the correct questions so no decision making needed

Non-Cerner Tobacco Screening

- The only change to the non-Cerner tobacco screening questions is in
  - Q19 tucrefer2
  - Q21 offtucrx2
  - Q23 ptreqrx2
- The list of acceptable providers for these questions has been expanded to include the same list as in tobscrn18
  - Addictions therapists/substance use counselors
  - Licensed Professional Mental Health Counselors (LPMHC)
  - Marriage and Family Therapists

Cerner Tobacco Questions

- The Cerner tobacco questions do not reference the National Clinical Reminder for Tobacco Use
- Other than that, most questions are the same as the non-Cerner questions except q27 (postobscrnc)
  - **Was the tobacco screening done on (computer to display tobscrndtc) positive for tobacco use?**
    - 1. Yes
    - 2. No

Q27 postobscrnc

- Positive tobacco use includes documentation of any use of the following:
  - cigarettes
  - cigars
  - pipe smoking
  - snuff, dip, or chewing tobacco (smokeless tobacco categories)
- Tobacco products do NOT include electronic cigarettes, vaping devices, or any electronic nicotine delivery system
- Select value "1" for documentation that indicates the patient uses tobacco some days or every day in the past year

Age Parameter Change

- Female patients **age >=63** and <=75 years will be included in the questions about osteoporosis
  - Previously the lower age parameter was >65
  - The change to age 63 is also in question 85 (ostscrn)

CGPI – No Changes

- There are no changes to these modules
  - Core
  - Diabetes
  - Shared

CGPI Scoring Changes

- Mrec62 (Allergies) was discontinued
- Osw1h: the lower age parameter changed to >63 years
- Mdd40: removed checks for screening with the PHQ-2+i9
- Cerner only changes
  - Tobacco measures will use the Cerner tobacco questions
  - Ihd53h: selneph= true was added as an exclusion

Cataract Surgery

3Q FY2022

Cataract Surgery Changes

- Q4 bcvadt, q12 bcvadt2: Date of best visual acuity
  - You will no longer get a warning if you enter a date within 7 days of the surgery date since it was causing some confusion
  - **Remember to review <u>ALL</u> post-op ophthalmology and optometry notes during the 90 days after the cataract surgery for documentation of the *<u>best</u>* visual acuity in the affected eye**

Postop Complications

- Q5 postcomp should only be answered yes if a surgical procedure for a post-op complication was actually performed within 30 days of the cataract surgery
- Same rule applies to q13 postcomp20

Cataract Surgery Scoring

- There are no changes to Cataract Surgery scoring

Colonoscopy Follow Up (HOP29)

- There are no changes to the Colonoscopy Follow Up instrument or scoring

Communication of Test Results

- There are no changes to the CTR questions or scoring

HBPC

3Q FY2022

HBPC

- There are several changes to HBPC including new questions and new measures
- Two measures have been retired and the associated questions have been removed
- Please be certain that you review the data collection instrument carefully as well as the following slides

Clarification

Q7 inptadm	During the time frame from (computer display admisdt to admisdt + 30 days), did the record document the patient was hospitalized?	**Exclude: Observation stays** If the patient was in observation status only and was not admitted to inpatient care, answer no

Medication Management

- The question about duplications in medications has been removed
- The question about drug-drug interactions has been removed
- Three new questions have been added to the medication management section of HBPC

Renal Function

- Q14 medosren
- **During the timeframe from (computer to display admisdt to admisdt + 30 days), did the pharmacist document that the patient's renal (kidney) function was assessed for appropriate medication dosing?**
- **To meet the intent of this question, the pharmacist must document that based upon available information, the patient's renal (kidney) function was assessed for appropriate medication dosing and the note must be signed by the pharmacist.**

New question medosren

- Guidance for q14 includes:
  - Documentation of the specific measure of renal function used (i.e., eGFR, CrCl, etc.), is ***not required*** as some medications may be adjusted based on different measures of renal function.
  - Examples of appropriate documentation when found in a Clinical Pharmacy note in the correct timeframe:
    - Medication regimen appropriate based on renal function: yes

      or
    - Renal function was assessed for appropriate medication dosing
  - **The timeframe for review of the patient's medication management plan is based on the number of days the patient has been admitted to HBPC and is displayed in the question**

Q15 noasesren

- If the answer to q14 is "no" you will go to question 15
- **Did the pharmacist document a reason why the renal (kidney) function was not assessed?**
- **Examples of acceptable documentation include but are not limited to:**
  - "Renal function was not assessed due to patient enrolled in hospice"

    or
  - "Renal function was not assessed due to current labs unavailable."

Q16 medappind

- Q16 is also new
- **During the timeframe from (computer to display admisdt to admisdt + 30 days), did the pharmacist document that the medication regimen was assessed for appropriate indications of medications?**
- **To meet the intent of this question, the pharmacist must document the medication regimen was assessed for appropriate indications of medications, and the note must be signed by the pharmacist**

Appropriate Indications of Medications

- **Examples of acceptable documentation include but are not limited to:**
- Clinical Pharmacy Note in specified timeframe documents:
  - "Medications reviewed by pharmacist for appropriate medication use according to current recommended guidelines" or
  - "Medications were assessed for appropriate indications" or
  - "This patient's medication regimen has been reviewed for therapeutic indications"
- **Note:** The timeframe for review of the patient's medication management plan is based on the number of days the patient has been admitted to HBPC and is displayed in the question

Depression Screening

- As in CGPI, the PHQ-2 + i9 questions have been removed from HBPC
- Only screening with the PHQ-2 is acceptable

HBPC Scoring Changes

- Hc53 and hc54 have been retired
- Checks for PHQ-2+i9 have been removed from hc38
- There are two new HBPC measures

hc63

- **Hc63: Renal/kidney function assessed for appropriate medication dosing**
  - **Those admitted to HBPC <3/1/22 are excluded from this measure**
  - The case will pass if the pharmacist documented the patient's renal/kidney function was assessed for appropriate medication dosing within 30 days of HBPC admission
  - The case will be excluded if the pharmacist documents a reason why renal/kidney function was not assessed
- **Please see the 3Q HBPC Exit Report Guide for complete scoring details**

Hc64

- **Hc64: Medication regimen assessed for appropriate indications of medications**
  - **Those admitted to HBPC <3/1/22 are excluded from this measure**
  - **The case will pass if the pharmacist documented the medication regimen was assessed for appropriate indications of medications within 30 days of HBPC admission**

Hospital Outpatient (HOP)

3Q FY2022

HOP Questions and Measures Deleted

HOP 3a, 3b and 3c have been retired

And all related cardiac questions have been removed from the HOP data collection instrument

There are no other changes to the HOP instrument or scoring

Global Measures

3Q FY2022

GM

- There are no changes to the Global Measures data collection tool
- There is one change to the Delirium Risk question **rskdeli**
  - The equivalent terms for delirium were removed from the definition/decision rules to avoid confusion about what constitutes assessment/screening for delirium

Inpatient Medication Reconciliation

- Please review the entire Inpatient Medication Reconciliation data collection tool carefully in addition to reviewing these slides
- Q1 revptmed
- **Upon admission or during the 24 hours after admission, is there evidence in the medical record of a medication list for review note related to the admission that included all of the following components?**
  - **This question is intended to determine if all of the components of the medication list for review, including remote and local facility allergies, were presented in an admission note upon admission or within 24 hours after admission**

Medication List for Review

- **Only one note may be considered as the medication list for review**
- Any health care team member can document the note containing the medication list and document that the list was reviewed with the patient.
- **If multiple notes contain medication lists, look for the list that is *most complete* (i.e., contains the greatest number of medication list components**).

Acceptable Documentation

- A provider or other team member's progress note, or separate progress note solely generated for medication reconciliation (e.g., any medication list developed by the facility that contains all of the components for review).
- Essential Medication List for Review (EMLR) Data Object (DO); an alphabetical list of the patient's prescriptions often found MRT1 (or MRR1) and MRT5 (allergy health summary component) prior to the list

Acceptable Documentation

- An addendum to a note containing a medication list for review upon admission or during the 24 hours after admission.
- Documentation of the components of the medication list in a pre-admission H&P (for the current admission) completed within 30 days prior to this admission and the prescribing provider indicates that medication list was reviewed on admission or within 24 hours after admission and documents there were no changes or documents updates.

Med Rec Components

- The rules for expired and discontinued VA prescriptions have the same changes as noted in CGPI
- Any pending medication orders
  - Pending medication orders no longer need to include both inpatient and outpatient orders
- Inpatient Medications: as relevant at the time inpatient medication list is generated
- Please review examples of acceptable documentation

EMLR Data Object

- Per the definition/decision rules, the EMLR Data Object is identified by the acronyms MRT1 or MRRI for the medication list and MRT5 for the allergy component
- **We have been advised that starting in 3Q Tool 1 and Tool 5 are also acceptable to identify the EMLR DO**
- Please note this late change and it is not in the definition/decision rules

Other changes

- The remaining inpatient med recon questions have no changes
- The question about a medication list transmitted to the next level of care provider when a patient was transferred has been removed (trxlist)
- The only change to scoring is that mrec52 (allergies) has been discontinued

Sepsis

3Q FY2022

Sepsis Changes

- There are changes to the definition/decision rules for three Sepsis questions
  - Crystl
  - Targvol
  - pershypo

crystl

- The only revision to q42 (crystl) is the addition of "volume" to the rules for Exception for Operating Room:
  - Crystalloid fluids administered in the OR by a physician/APN/PA are acceptable without an order if a fluid type, **volume**, and infusion start time, and an infusion rate or infusion end time is documented

targvol

- There are revisions in the rules for q46 (targvol) that address
  - Crystalloid fluids initiated via multiple physician/APN/PA orders
    - Begin with abstracting the earliest crystalloid fluids ordered that are initiated within the specified time frame.
    - Evaluate all crystalloid fluids ordered and include the fluids if they contribute to the target ordered volume and are initiated within the specified time frame.

targvol

- Revisions to targvol also address the following:
  - Include crystalloid fluid volumes ordered that are equivalent to 30 mL/kg or a lesser volume with a reason for the lesser volume specifically documented by the physician/APN/PA as the target ordered volume.
    - Reasons may include, but are not limited to:
      - Concern for fluid overload
      - Heart failure
      - Renal failure
      - Blood pressure responded to lesser volume
      - A portion of the crystalloid fluid volume was administered as colloids (if a portion consisted of colloids, there must be an order and documentation that colloids were started or noted as given)

targvol

- Revisions to targvol continued:
- **Include a physician/APN/PA order for a volume of crystalloid fluids that is within 10% less than 30 mL/kg as acceptable for the target ordered volume**.
  - *Documentation of a reason for a volume that is within 10% less than 30 mL/kg is not required.*
- It is important to read all rules for this question in context
- It is also important to review all the examples

pershypo

- There are revisions to some of the situations for selecting value "1" to q48 (pershypo) and the associated examples:
- If two or more blood pressures were documented within the time frame and Persistent Hypotension is unable to be determined and a vasopressor was administered
  - For example, One-hour time frame: 0800 to 0900. Blood pressures documented at 0830 of 95/60 and at 0845 of 86/54. The Medication Administration Record indicates Vasopressin started at 0930. Select value "1"
- If only one blood pressure was documented within the time frame that was low and a vasopressor was administered
  - For example, one-hour time frame: 1300 to 1400. Blood pressure (only one documented) at 1325 was 87/53; MAR documents: Levophed started at 1500. Select value "1".

Sepsis Scoring

- There are no changes to Sepsis scoring for 3Q FY2022

3Q Changes

- Thank you for reviewing these slides in preparation for 3Q abstraction
- Please consult with your Regional Manager if you have any questions as you begin to look at records and apply the new or changed questions/rules