

# EPRP UPDATE

3Q FY2023

3/27/2023

# 3Q FY2023 Changes

- The slides in this presentation will serve to provide an overview of changes to the 3Q FY2023 data collection instruments and scoring.
- Although the most important points will be covered, please be sure to review all highlighted sections in the Word documents that have been provided by email.

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# Clinical Practice Guideline and Prevention Indicators (CGPI)

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## CGPI-Shared Module

- An additional class of medication was added to the hypertension medications found on the HEDIS Medication Table A:
- **Angiotensin Receptor Neprilysin Inhibitor (ARNI)**
- **\*Fixed-dose Combination**
  - Sacubitril/Valsartan

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## CGPI-Shared Module

- Question ARBRX

At the most recent outpatient visit, was an angiotensin II receptor antagonist (ARB or AIIRA or ARNI) included in the patient's current medications?

**Examples of ARB medications include, but are not limited to:**

- Azilsartan medoxomil
- Candesartan cilexetil
- Eprosartan
- Irbesartan
- Losartan potassium
- Olmesartan medoxomil
- Telmisartan
- Valsartan
- **Sacubitril/Valsartan**
- Combinations of ARB with hydrochlorothiazide

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## CGPI-CVD Module

- In order to improve accuracy of abstraction, several changes were made in the CVD module
- Please review the field format changes for questions AMIDC, AMIDCDT, BB6MOS and RSNBETA in the instrument
- The two new questions will be reviewed in the following slides

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## CGPI-CVD Module

**Question #3: AMIDC2**

- This new question replaced the previous question, two more
- Did the patient have a previous AMI discharge during the timeframe from (computer display stdybeg-18 months to amidcdt -1 day)?
- 1. Yes
- 2. No
- 95. Not applicable

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**Definition and Decision Rules**

- Look for documentation of a previous AMI discharge during the specified timeframe.
- The AMI discharge may be from a VHA or non-VHA hospital.
- If a previous AMI discharge occurred during the specified timeframe, enter value "1".

## CGPI-CVD Module

- If your answer to AMIDC2 is "2" or "No":
  - Question AMIDCDT2 will be auto-filled as 99/99/9999 and,
  - Questions BB6MOS and RSNOBETA will each be auto-filled as 95 and
  - The software will go to question, LVFDOC2.
- AMIDC2 will be auto-filled as 95 if:
  - AMIDC =2 or if
  - AMIDCDT is >=18 months prior to the study begin date

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## CGPI-CVD Module

**Question #4: AMIDCDT2**

- This new question replaced the previous question, frstdcdt
- Enter the date of the discharge associated with the first episode of AMI during the timeframe from (computer to display stdybeg -18 months to amidcdt -1 day).

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**Definition and Decision Rules**

- Enter the exact date of the discharge associated with the first episode of AMI during the timeframe displayed in the question.
- If the AMI discharge occurred at a VHA facility, enter the discharge date of that encounter.
- If the AMI discharge occurred at a non-VHA facility and outside records are not available, enter a date that is exact as possible.

## CGPI-CVD Module

- Question #4 AMIDCDT2 additional formatting information
- If AMIDC =2 or AMIDCDT >=18 months prior to study begin date, or AMIDC2 =2
  - AMIDCDT2 will be auto-filled as 99/99/9999

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## CGPI-Mental Health Module

- There were no changes made to the Cognitive Impairment, AUDIT-C, Depression, or Suicide Screening questions
- We will review the changes made to the PTSD questions in the following slides

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## CGPI-Mental Health

- Question #34: PCPTSD5
- Due to an issue with the PC-PTSD-5 screen clinical reminder, the lead in traumatic event question may include "IN THE PAST MONTH" at the beginning or end of the question AND/OR a different term to describe the event
- For example, documentation of either of the following is acceptable:
  - "IN THE PAST MONTH, have you ever had any experience that was so frightening, horrible or traumatic" OR
  - "Have you ever had any experience that was so frightening, horrible or upsetting that, IN THE PAST MONTH, you"

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## CGPI-Mental Health

- An additional update was made to the definition and decision rules for questions PCPTSD5 and SCRPTSD related to documentation for the PC-PTSD-5 screen questions
- **NOTE:** “In the past month” may precede each question
- **For example:**
- **In the past month, have you:**
- 1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
- **In the past month, have you:**
- 2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?

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## CGPI-Outpatient Medication Reconciliation

- Guidance was added in the definition and decision rules for question, OPMEDLST2
- Documentation that the list was “given” via My HealtheVet (MHV) is **NOT** acceptable unless all of the following is true:
  - The patient had a Premium MHV Account
  - There is an AVS “stub note” on the day of the encounter
  - Documentation the patient was informed to check their Premium MHV Account Portal to obtain a copy of their reconciled medication list
  - Patient acknowledgment they know how to/can retrieve information from their Premium MHV Account Portal
- **Stub note** = an auto-generated note that is placed in a record stating the AVS was sent to the MHV account similar to a receipt or confirmation an action was done

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## CGPI-Prevention Indicators Module

- There were no changes made to the Influenza, Pneumococcal, Colorectal Cancer, Mammogram or Osteoporosis questions
- We will review the updates made to Tobacco Screening and Women's Health in the following slides

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## CGPI-Prevention Indicators Module

### Question #27: TOBSCRN18c

- An additional example of documentation from the Oracle-Cerner electronic health record was added to the definition and decision rules

**Tobacco**  
 Former-cigarette user: Cigarette use: Never-other tobacco user (not cigarettes) Other Tobacco use: 03/01/2022  
 Smoking tobacco use: Former smoker, quit more than 90 days ago. Tvae: Cigarettes. Smokeless tobacco use: Never, 05/10/2021  
 Documentation from the first line of the example tobacco screen above represents the most recent date the screening occurred (03/01/2022) as well as the patient's current tobacco status

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## CGPI-Prevention Indicators Module

- We have received additional guidance from Oracle-Cerner related to tobacco screening question documentation sources.
- There are four forms currently being used in Oracle-Cerner that may contain tobacco screen documentation. Their titles are as follows:
  1. VA Admission History Adult PowerForm
  2. MH Admission History PowerForm
  3. QM TOB-2 Tobacco Use Treatment
  4. QM TOB-3 Tobacco Use Treatment Provided or Offered at Discharge

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## CGPI – Prevention Indicators Module

- Additional Oracle-Cerner guidance was also provided related to seeing the date associated with “As of” in the Social History for tobacco use screening
- It is acceptable to use the “As of” date documented with the most recent tobacco screen for question #28, TOBSCRNDTC

For the example below, 5/27/2022 is the most recent date the patient was screened for tobacco use

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## CGPI-Prevention Indicators Module

- A minor change was made for answer option #6 adding the term cervical agenesis
  - Cervical Agenesis = female born without a uterus/cervix
- Does the medical record contain the report of a Pap test performed for this patient within the past five years?
1. Pap test performed by VHA
  3. Pap test performed by private sector provider
  6. Hysterectomy (with no residual cervix) or congenital absence of a cervix (cervical agenesis)
  98. Patient refused all Pap tests
  99. No documentation Pap test performed

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## CGPI

There were no changes made to the Validation, Core or DM modules

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## CGPI Scoring Changes

- DMG61 is no longer a pilot indicator, it has been changed to a quality indicator
- There are no other scoring changes for CGPI

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## Home Based Primary Care (HBPC)

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## HBPC-PCPTSD5

- The same additions to the PTSD screening questions that were previously discussed in CGPI were also made in HBPC
- There were no additional changes made to the HBPC questions
- There are no scoring changes for HBPC

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## Global Measures (GM)

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## GM-TOBMEDC

- Question #19 TOBMEDC:
  - Was an FDA-approved tobacco cessation medication prescribed at discharge?
- An addition was made to answer option #3 in order to exclude Oracle-Cerner cases from TOB40
- 3. The patient is:
  - being discharged to a residence outside the USA
  - released to a court hearing and does not return
  - being discharged to jail/law enforcement
  - being cared for at a facility using the Oracle-Cerner Electronic Health Record (EHR)

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## GM

- There were no additional changes made to the Global Measures questions
- GM Scoring Change:
  - Tob40 – As noted in the previous slide, patients being cared for at a facility using the Oracle-Cerner EHR will be excluded from Tob40
- There were no other scoring changes to GM

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## SEPSIS

## Sepsis

- In order to improve accuracy of abstraction, there were multiple changes made to the sepsis questions
- Previous question #12, SEPPRES, has been significantly revised and renamed in an effort to break out documentation of severe sepsis versus septic shock
- This change allows for answers to SEPSHK and SEPSHKDT/SEPSHKTM to be auto-filled
- The following slides will review the new questions

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## Sepsis

**Question #12: SEPPRES2**

Did a physician/APN/PA document presence of severe sepsis?

In order to select value “1” documentation MUST say “severe sepsis”

- This is a new question asking if there is documentation of severe sepsis only
- A follow-up question will address documentation related to septic shock
- Please read through the definition/decision rules carefully

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## Sepsis

- If the answer to SEPPRES2 is “1” or Yes, the software will go to the next question SEPDT2/SEPTM2
- Enter the date and time a physician/APN/PA documented the presence of severe sepsis
- If the answer to SEPPRES2 is “2” or No, the software will auto-fill SEPDT2/SEPTM2 as 99/99/9999 and 99:99 and go to question, SHKPRES

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## Sepsis

### Question #14: SHKPRES

Is documentation of septic shock present in the record?

In order to select value, "1", documentation must say "septic shock" or "severe sepsis with shock"

- This is a new question asking if there is documentation of septic shock or severe sepsis with shock
- Please read through the definition/decision rules carefully

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## Sepsis

- If the answer to SHKPRES is "1" or Yes, the software will go to the next question SHKDT/SHKTM
- Enter the date and time a physician/APN/PA documented the presence of septic shock or severe sepsis with shock
- If the answer to SHKPRES is "2" or No, the software will auto-fill SHKDT/SHKTM as 99/99/9999 and 99:99 and go to question, COVID

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## Sepsis

- As previously mentioned, the addition of these new questions allows the software to auto-fill the answer for SEPSHK and SEPSHKDT/SEPSHKTM



- If shkdt/shktm – sepd2/septm2 > 6 hours consider shkdt/shktm as valid time.
- If hypotnsd = 1, compare hypotnsdt/hypotnstm and sepsrtdt/seprestm and consider the latest date/time as a valid time.
- If lacval = 3 compare lactdt/lactm and sepsrtdt/seprestm and consider the latest date/time as a valid time.
- From all valid times above, auto-fill sepskdt/sephsktm with the EARLIEST time.

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## Sepsis – CRYSTLENDT/CRYSTLENTM

- The time parameter for this question was increased
- >crystldt/crystltm and <=6 hours after crystldt/crystltm
- This will allow the date and time the target order volume of crystalloid fluids was completed to be entered if the time was 6 hours or less from the time it was initiated
- Enter the earliest documented date and time after review of all data sources
- This change does not affect scoring for sep90 or sep1c

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## Sepsis

- Scoring changes for Sepsis are all related to the revised questions and associated skip patterns.

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## Cataract Surgery (CAT)

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CAT

- A minor change was made to the definition and decision rules example for question #4 VISEYE and #12 VISEYE2 in order to align with VA method requirements.

**Examples:**

- **Patient saw ophthalmologist for three post-operative visits.** Surgery was performed on right eye (OD). OD visual acuity was documented as **MR 20/60, MR 20/30 and VA CC 20/25. Enter 20/25**

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CAT

There were no additional changes made to the Cataract Surgery questions

There were no scoring changes for CAT

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Common Modules-Delirium Risk

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Delirium Risk-RSKDELI

- It was determined some facilities use an Admission Screening note for delirium risk assessment documentation
- Because of this, an additional source was added to the definition and decision rules per the VHA measure lead

**The intent of this question is to look for physician/APN/PA documentation in the History and Physical, ED note, or admission note that the patient was assessed or screened for delirium. An admission screening note by the provider is an acceptable note to use.**

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Delirium Risk

There were no additional changes made to the Delirium Risk questions

There were no scoring changes for Delirium Risk

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Colonoscopy Follow-Up, CTR, HOP and Inpatient Medication Reconciliation

There were no changes to these instruments

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Thank you!

- We appreciate you taking the time to review this presentation and updated database questions
- Please send any questions about updates to your Regional Manager via the Q&A portal

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