



EPRP Update

3Q FY2024

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3Q FY2024 Changes

- The slides in this presentation will serve to provide an overview of changes to the 3Q FY2024 data collection instruments and scoring.
- Although the most important points will be covered, please be sure to review all of the highlighted sections in the word documents that have been provided by email.



Cerner Name Update: Oracle Health

- Suggested sources and references in the instruments previously referring to documentation found in the *Cerner* electronic health record (EHR) have been updated to *Oracle Health* to reflect the acquisition of Cerner by Oracle Health
- For example from Colonoscopy Follow-Up question #5, COLONRPT:
Was the colonoscopy procedure report/note found in the medical record?
3. Procedure report/note found in CPRS or **Oracle Health** Electronic Health Record (EHR)
4. Procedure report/note found in VistA imaging or Joint Longitudinal Viewer (JLV)
99. Procedure report/note not found in medical record



There are no changes to the following instruments:

- Cataract Surgery (CAT)
- Colonoscopy Follow-Up (HOP29)
- Common Modules
 - Delirium Risk
 - Inpatient Medication Reconciliation
- Communication of Abnormal Test Results (CTR)



Instrument Changes

- The following slides will review the changes made to:
 - Global Measures (GM)
 - Home Based Primary Care (HBPC)
 - Hospital Outpatient Measures (HOP)
 - Sepsis
 - Clinical Guideline and Prevention Indicators (CGPI)



Global Measures (GM)

- #15 TOBMEDC
 - The table of acceptable FDA-Approved Tobacco Cessation Medications has been added to the body of the question to ensure accurate identification of acceptable medications prescribed at discharge
- #20 DTALSCRN
 - For consistency, clarification was added to the definition and decision rules:
 - Use the signature date of the note that contains the AUDIT-C screening
- There are no other changes to the GM instrument



HBPC #19 PTSTPLAN

- The following slides will review the changes to the HBPC questions and rules
- Minor changes related to the addition of suggested data sources will not be reviewed in this presentation
 - Be sure to carefully review the definition and decision rules for source suggestions

- An update was made to the definition and decision rules to include examples of acceptable documentation and arrangements for urgent/emergent care planning
- Acceptable arrangements can be placement in a:
 - Medical Foster Home
 - ALF
 - CLC or CNH short-term in the event of a patient who has no neighbors, friends, or family to provide 24/7 caregiver needs in the Veteran's home.
- For Example:
 - Social worker documents, "Patient lives alone and has no neighbors, friends, or family to step in and HBPC Team identifies need for 24/7 caregiver. Medicaid is available and forms are prefilled for immediate short-term placement in SNF until issue resolves or long-term plans can be implemented; select "1"



HBPC Nutrition/Hydration & Environment Safety/Risk Assessments

- Updates have been made to the requirement for these assessments to be completed during a face-to-face encounter as of July 1, 2023 *in certain rural locations*
- As outlined in VHA Directive 1411, HBPC Special Population Patient Aligned Care Team Program:
 - Acceptable rural locations may complete the assessments via clinical video telehealth (CVT) encounter on or after 07/01/2023
 - This is applicable at acceptable rural locations with less than 40 patients enrolled in those rural areas
 - Acceptable rural locations can be found on [Table 2, Rural Waiver for Telehealth](#)
 - 25 VAMC facilities have HBPC teams qualifying for this waiver



Table 2: Rural Waiver for Telehealth

VAMC	Division	Team Facility	VAMC	Division	Team Facility
402	0501-020524 Carson, MT	020524-0434 "Herc" B5	598	0501-050115 Little Rock, AR (John L. McClellan)	0501-050115 "Herc" C9
405	0501-050115 White River Junction, VT	0501-050115 "Herc" B5	599	0501-050115 Little Rock, AR (John L. McClellan)	0501-050115 "Herc" C9
405	0501-050505 Fort Belvoir, MT	050505-0504 "Herc" B5	519	0501-051331 Big Spring, TX (George H. Olsen, Jr.)	0501-051331 "Herc" TEAM 3
631	0501-0812 Central Western Massachusetts, MA (Edward E. Nelson)	0501-0812-0504 "Herc" FAC71	519	0501-051331 Big Spring, TX (George H. Olsen, Jr.)	0501-051331 "Herc" TEAM 3
500	0501-050404 White, NY (William S. Stenger)	050404-0434 "Herc" TEAM 4	574	0501-050404 White, NY (John M. Miller)	050404-0504 "Herc" C4
500	0501-050404 White, NY (William S. Stenger)	050404-0434 "Herc" TEAM 4	436	0501-050404 Fort Monmouth, NJ	050404-0504 "Herc" C4
670	0501-020504 New, WI (Donald L. Mitchell)	020504-0434 "Herc" B5	442	0501-0422 Cheyenne, WY	0422-0422 "TEAM" C16 1
538	0501-050404 Greenville, NC	050404-0504 "Herc" GOLD	666	0501-066602 Cody, WY	066602-0666 "Herc" C9
538	0501-050404 Greenville, NC (Charles Green)	050404-0504 "Herc" F663	0501-0453 Alachua, FL (Colonel Mary Louise Rummelstein, Corps of the US Army)	0453-0453 "Herc" F663	
509	0501-050703 Fort Belvoir, GA (Ray Hendrix)	050703-0434 "Herc" TEAM 1	648	0501-050404 Fort Monmouth, NJ (Robert D. Maxwell)	050404-0504 "Herc" C4
538	0501-050404 Greenville, NC	050404-0504 "Herc" TEAM 1	0501-066502 Fort Chiswell, Pennsylvania, PA	066502-0665 "Herc" C4	
574	0501-051331 White, NY (Edward H. Olsen, Jr.)	051331-0504 "Herc" TEAM 3	612	0501-031818 Redding, CA	031818-0318 "Herc" C4
452	0501-050703 Fort Belvoir, MT	050703-0504 "Herc" TEAM 3	509	0501-050703 Fort Belvoir, MT	050703-0504 "Herc" TEAM 3
452	0501-050703 Fort Belvoir, MT	050703-0504 "Herc" TEAM 3	549	0501-050404 Fort Monmouth, NJ	050404-0504 "Herc" C4
557	0501-050909 Columbia, SC	050909-0504 "Herc" FAC71	519	0501-051331 Big Spring, TX (George H. Olsen, Jr.)	0501-051331 "Herc" TEAM 3
557	0501-050909 Columbia, SC	050909-0504 "Herc" FAC71	438	0501-050404 Fort Monmouth, NJ (Robert D. Maxwell)	050404-0504 "Herc" C4
557	0501-050909 Columbia, SC	050909-0504 "Herc" FAC71	438	0501-050404 Fort Monmouth, NJ (Robert D. Maxwell)	050404-0504 "Herc" C4



HBPC Questions Effected by the Rural Waiver

- NUTHYD
 - NUTHYDT
 - ASSESMAL2
 - ASSESMALDT
 - ENVASES
 - ENVASEDT
 - ASESOXY2
 - ASESOXYDT
- The next slide explains field formatting updates for these questions



Table 2 Rural Waiver for Telehealth: Field Formatting

Hard Edit

- If your answer to any of the assessment questions is 4 and the accompanying date entered is >=07/01/2023:
 - The VAMC number must be on Table 2
 - If the VAMC number is not included on Table 2, you will be asked to select a different answer for the assessment question

Warning

- If your answer to any of the assessment questions is 4 and the accompanying date entered is $\geq 07/01/2023$ and the VAMC number is on Table 2:
 - You will be asked to verify the HBPC Team is on Table 2



HBPC Rural Waiver Hard Edit Example

- #21 NUTHYD:
— Answer = 4
- #22 NUTHYDT:
— Answer = 08/01/2023
- VAMC number = 542
- VAMC 542 is not included on Table 2
- A Hard Edit box will pop-up asking you to return to question NUTHYD and select a different answer



HBPC Rural Waiver Warning Example

- #21 NUTHYD:
— Answer = 4
- #22 NUTHYDT:
— Answer = 08/01/2023
- VAMC number = 402
- VAMC 402 is included on Table 2
- A Warning box will pop-up asking you to verify the HBPC team is on Table 2
 - VAMC: 402
 - Location: (402GA) Caribou, ME
 - Team: (402GA) CAR *HBPC* 01
- You can view the Team in the banner at the top of CPRS where you see the primary care assignment



HBPC #23 ASSESMAL2

- To clarify what is required documentation, an update to the definition and decision rules was made
- The malnutrition assessment, per the American Society for Parenteral and Enteral Nutrition (ASPEN)/Academy of Nutrition and Dietetics (AND) Malnutrition Diagnosis Guide, must include all of the following six components:
 1. Evaluation of energy intake
 2. Interpretation of weight loss
 3. Body fat loss
 4. Muscle mass loss
 5. Fluid accumulation
 6. Bilateral grip strength assessment
 - A reason why bilateral assessment was not completed must be in the documentation if only one hand was assessed



Mental Health Screening Methods

- E-screening (a screen performed asynchronously by email or text to the patient) is acceptable for the following:
 - AUDIT-C
 - PHQ-2
 - PHQ-9
 - PC-PTSD5
 - PC-PTSD5+I9
 - C-SSRS
- E-screening is NOT acceptable for the Comprehensive Suicide Risk Evaluation (CSRE)



HBPC #51 ALBAI3DT/ALBAI4DT

- For consistency an update was made to the definition and decision rules
- **Assess the medical record for documentation of the following components of brief alcohol intervention/counseling. The intervention/counseling must have occurred within 14 days since the alcohol screening referenced in question SCRNAUDC.**
- **The date refers to the date of the signature on the encounter note.**



HBPC #20 BPDXYR

- A new ICD-10-CM diagnosis code has been added to the list of acceptable Bipolar Disorder diagnosis codes
- F25.0 Schizoaffective disorder, bipolar type
- There are no other changes to the HBPC instrument



Hospital Outpatient Measures (HOP)

- A new question (#1, SEXBIRTH) has been added asking what was the patient's reported sex assigned at birth
- Do not answer according to gender identity
- Answer options are as follows
 1. Female
 2. Male
 3. Intersex
 4. None of the Above, Other, or Unable to Determine
 5. Preferred Not to Answer



#1 SEXBIRTH

- Selecting value "3":
 - Intersex is a general term used to refer to individuals born with, or who develop naturally in puberty, biological sex characteristics that are typically male or female
 - Look for the documented term "intersex" to select value "3"
- Selecting value "4":
 - If the patient does not describe themselves as female, male, intersex, or if the patient describes themselves in other terms, select "4"
 - If the medical record does not include information about the patient's biological sex assigned at birth, select "4"
 - If there is contradictory documentation, select "4"



#3 ARRVTIME

- In order to clarify and improve abstraction, a change was made to the definition and decision rules.
- Check all possible times and use the **earliest time**
- The earliest arrival time might be:
 - ED registration time (CVP or Appointments/Visits/Admissions on Cover Sheet)
 - Start time of the ED triage note
 - Arrival time documented on the ED triage note, or
 - Time of earliest vital sign



#13 EDCTMVAL & #14 EDCTM2

- An update was made to the definition and decision rules for these questions to provide clarification for patients placed in Observation Services
- The order time is **NOT** the **order start time**
- To find the time the order was written:
 - Right click on the order and choose "Details"
 - The date and time the order was written is located underneath "Activity:" **and**
 - Is followed by the words, "New Order entered by..."
- There were no other changes made to the HOP instrument



Sepsis

- A new question (#1 SEXBIRTH) has been added which is the same as what was previously discussed with the HOP instrument
- The definition and decision rule guidance is also the same
 - What is the patient's reported sex assigned at birth?
 1. Female
 2. Male
 3. Intersex
 4. None of the Above, Other, or Unable to Determine
 5. Preferred Not to Answer



Sepsis

#29 BIONAME, BIODATE, BIOTIME

- To clarify the exclusion listed in the definition and decision rules, the statement has been reworded
- Those receiving IV antibiotics more than 24 hours prior, and not within 24 hours prior to nor within 3 hours after the presentation of severe sepsis, will be excluded from the Sepsis Bundle measures.
- Be sure you enter **all** of the IV antibiotics administered within the time frame stated in question #28, ANTIBIO, to ensure cases are included or excluded appropriately in the Sepsis Bundle measures



Sepsis #47 WEIGHT

- To align with CMS, guidance related to using weight only documented within hospital admission under review has been removed from the definition and decision rules



Sepsis #54 RPTVOLST

- The definition and decision rules were updated to align with CMS guidelines of evidence of Cardiopulmonary Assessment
 - Cardiopulmonary Assessment - minimally includes description of heart rate and rhythm, and results of auscultation of lungs. (e.g., heart normal rate & rhythm and lungs clear to auscultation; patient tachycardic and lungs decreased in bases.)
- There were no other changes to the Sepsis instrument



Clinical Guidelines And Prevention Indicators (CGPI)

- The following modules did not have any changes for 3Q 2024 other than minor wording updates in the definition and decision rules related to Oracle Health and suggested data sources
 - Cardiovascular Disease (CVD)
 - Core
 - Diabetes (DM)
 - Outpatient Medication Reconciliation



CGPI Validation Module

- #33 MUSCLEDX
- The definition and decision rules have been updated to align with HEDIS guidelines
- A documented allergy or adverse reaction to more than one statin medication is no longer an acceptable reason to select value "1"**
- Look for documentation of myalgia, myositis, myopathy or rhabdomyolysis diagnosis noted in the past year
- Physician/APN/PA or pharmacist documentation of myalgia caused by a statin medication is acceptable**



CGPI Shared Module

- Additional excluded tests have been added to the definition and decision rules for the following questions:
 - #4 UACRRATIO
 - Exclude: Urine Protein Creatinine Ratio Test (uPCR)
 - #6 UCREATALB2
 - Exclude: Total Protein Urine Test (T Protein UR) and Urine Protein alone



CGPI Mental Health (MH) Module

- As discussed in the previous HBPC slides, changes to the mental health questions mirror changes made to the equivalent CGPI questions
 - E-screening is an acceptable setting for screening of alcohol use, depression, PTSD and the C-SSRS
 - Date of brief alcohol intervention/counseling refers to the date of the signature on the encounter note
 - ICD-10-CM diagnosis code, F25.0, has been added to the list of acceptable bipolar diagnosis codes



CGPI Prevention Indicators Module

- #14 TOBSCRN18 and #31 TOBSCRN18C
 - Per the Subject Matter Expert (SME) at the office of Analytics & Performance Integration Performance Management (API-PM)
 - E-Screening is **not** an acceptable setting for tobacco use screening



CGPI Prevention Indicators

- #26 TOBXORD2
 - The time frame to look to see if an FDA approved tobacco cessation medication was ordered/prescribed or dispensed has been updated to 90 days prior to the tobacco use screen date through 14 days after the screen date
- In addition, the term **dispensed has been added to the question**
 - You will look for documentation the medication was:
 - Ordered,
 - Prescribed, or
 - Dispensed
 - Within the time frame stated in the question



CGPI Prevention Indicators

- #57 SDNATEST
 - An example test has been added to the definition and decision rules
 - **Cologuard is an example of a FIT-DNA test**
- #69 HRHPVTEST
 - To improve abstraction accuracy, an example has been added to the definition and decision rules for choosing value "6"
 - **Example:** If the test report states, "Cobas hrHPV Test", choose value "6" because the test name for the hrHPV test does not match value 4. In order to choose value "4," the hrHPV test report must document the Roche Cobas hrHPV test was performed.



CGPI Prevention Indicators

- #86 NOMAMMO
 - An addition has been added to list of acceptable documentation for not having a mammogram
 - Documented evidence that the patient had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria.
- There are no other changes to the CGPI instrument



Exit Report Scoring Changes

- The next five slides review scoring changes for 3Q FY2024



Scoring Change GM

- A minor wording change was added to the denominator exclusions for IMM4 (Influenza Immunization)
- This was done to clarify the second discharge date range is referring to a time frame outside of the current flu season
- **The discharge date is >3/31/2024 and <10/1/2024 (outside the current flu season)**



Scoring Change GM

- A new quality indicator has been added
 - Tob49: tobacco status unknown
- Includes all cases except:
 - LOS <=1 day or >120 days
 - Discharge disposition is home hospice, hospice facility, acute care facility, other health care facility, expired, left AMA
 - Patients with comfort measures only
 - Patients with a tobacco status of:
 - Former
 - Never
 - Not screened due to cognitive impairment
 - Refused tobacco use screening
- Cases included in the denominator will pass if:
 - The patient was not screened for tobacco use within the first day of admission (by end of day 1) OR
 - If unable to determine the patient's tobacco use status from medical record documentation
- Lower score is better



Scoring Change HBPC

- The following indicators had updates related to the addition of acceptable CVT encounters on or after 7/01/2023 at VAMC facilities with an HBPC Team qualifying for the Rural Waiver for Telehealth
 - Hc29
 - Hc35
 - Hc36
 - Hc58



Scoring Change CGPI

- A minor change was made to CSSR51 and CSRE1
- Exclusion criteria of NEXUS date <01/01/2021 was removed from the denominator
- There were no other scoring changes to CGPI



The following instruments did not have scoring changes

- CAT
- Colonoscopy Follow-Up (HOP29)
- CTR
- Delirium Module
- HOP
- Sepsis



Thank you for reviewing the 3Q FY2024 Updates

Please submit any questions to your Regional Manager via the Q&A Application

