



EPRP Update

4Q FY2024

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The slides in this presentation will serve to provide an overview of changes to the 4Q 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.

4Q FY2024 Changes



Cataract Surgery (CAT)

- Clarification was added to the definition/decision rules for CATSURDT and CATSURDT2
- If a VHA ophthalmologist performs the cataract surgery at a non-VHA facility and follow-up occurs at the VAMC under review
 - Enter the date of the earliest cataract surgery performed at the non-VHA facility
- There are no scoring changes for CAT



Colonoscopy Follow-Up (HOP29)

- A new question has been added to align with Centers for Medicare & Medicaid Services (CMS) guidelines
- Question #1, SEXBIRTH is the same question added to the Sepsis and Hospital Outpatient (HOP) instruments in 3Q24

sexbirth	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

- There are no scoring changes for HOP29



Communication of Abnormal Test Results (CTR)

- Guidance was added to the “COM” questions related to notification of the abnormal result via telephone
- **ABFOBT**COM, **ABAFPC**OM, **ABPSAC**OM, **AMAM**COM, **ABCTSC**OM, **ABHIV**COM
- If communication of abnormal results by telephone method is unclear but documentation indicates the staff contacted and notified the patient of the abnormal lab results, consider the abnormal results communicated by telephone
- **For example**, in an addendum to a physician note, a registered nurse documents, “Contacted and notified Veteran of abnormal FIT results and recommended appointment with Gastroenterology. Veteran voiced understanding.”



CTR

- Guidance was also added to the “METH” questions related to notification of the abnormal result via telephone
- **ABFOBT**METH, **ABAFPC**METH, **ABPSAM**METH, **ABMAM**METH, **ABCTSM**METH, **ABHIV**METH
- If communication of abnormal results by telephone method is unclear but documentation indicates the staff contacted and notified the patient of the abnormal results, consider the abnormal results communicated by telephone



CTR

- There are no scoring changes for CTR



Home Based Primary Care (HBPC)

- A change was made to the wording for answer option 3 in question #6, **HCSTATUS**
- This is an auto-filled answer and the change was made to clarify the answer option reflects cases with an HBPC admission greater than one year from the most recent HBPC *encounter*



HBPC: MEDFALRISK

- Examples have been added to the definition and decision rules of acceptable documentation for question #14, MEDFALRISK

- Medications reviewed by pharmacist for fall risk potential
- Medications reviewed for those that are associated with increased risk of falls

- Medications reviewed for those that may increase fall risk (may include but not limited to the following classes: antihypertensive, diuretic, antipsychotic, hypnotic, antidepressant, antihistamine, benzodiazepine, muscle relaxant, opioid, anticonvulsant, hypoglycemic, etc.)



HBPC Table 2 Rural Waiver for Telehealth

- The table has been added to the instrument on page 27
- There are no changes to the table, this was done to serve as an easy reference source



HBPC: Behavioral Health Lab (BHL) National Tool

- Clarification was provided regarding certain mental health E-screenings performed using the BHL national tool
 - Alcohol misuse by the AUDIT-C Concise tool
 - Depression (PHQ-2 & PHQ-9)
 - PTSD (PC-PTSD5)
- The displayed results may not include the complete questions; however, the question intent, responses and scoring are the same as the standard AUDIT-C, PHQ-2, PHQ-9, and PC-PTSD5 screening tools
- Per the VHA mental health subject matter experts (SMEs), these are to be considered acceptable E-screening tools



HBPC

- There are no other changes and no scoring changes for HBPC



Clinical Guidelines & Prevention Indicators (CGPI)

- There were no changes made to the following modules:
 - Validation
 - Shared
 - Core
 - Diabetes
 - Outpatient Medication Reconciliation
- The changes to the other modules will be reviewed in the following slides



CGPI: Cardiovascular Disease Module (CVD)

- Question #7, ASTHRXCON, has been added due to an update from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS)
- Review the patient's prescribed medications for the specified time period to **determine if an Asthma medication was dispensed**
- If one was, **verify that the dispensing event documented a contraindication to beta-blocker therapy**
- If **both** conditions are met, select value 1



CGPI: CVD

- You will not get the new question, ASTHRXCON, if:
 - The AMI discharge date is >18 months prior to the study begin date,
 - AMIDC2 = 2,
 - AMIDCDT2 is <180 days prior to the study begin date OR
 - BB6MOS = 1



CGPI: CVD – Asthma Meds

- | | |
|--|---|
| <ul style="list-style-type: none"> • Bronchodilator combinations <ul style="list-style-type: none"> • Budesonide-formoterol (Symbicort) • Fluticasone-salmeterol (Advair) • Fluticasone-vilanterol (Brio Ellipta) • Formoterol-mometasone (Dulera) | <ul style="list-style-type: none"> • Inhaled corticosteroids <ul style="list-style-type: none"> • Beclomethasone (Qvar) • Budesonide (Pulmicort) • Ciclesonide (Alvesco) • Flunisolide (Aerobid) • Fluticasone (Flovent) • Mometasone (Asmanex) |
|--|---|



CGPI: Mental Health Module (MH)

- The clarification to the rules regarding the acceptability of certain mental health E-screening via the BHL national tool match changes made in HBPC:
 - Alcohol misuse (AUDIT-C Concise)
 - Depression (PHQ-2 & PHQ-9)
 - PTSD (PC-PTSD5)
- There are no other changes to the MH module



CGPI: Prevention Indicators Module (PI)

- The only changes to PI are the addition of suggested data sources for questions #59 TESTPAP & #86 NOMAMMO
- The additional sources are meant to assist in finding documentation related to gender identity as applicable
- **Suggested Data Sources:** VA Transfeminine Health Factor, Oracle Health, Gender Identity Field: Transgender Female Male-to-Female (MTF)/Trans Female/TransWoman, Operative Report, Discharge Codes



CGPI Scoring

- The only scoring change is for IHD20H, AMI-Received persistent beta blocker (BB) treatment for 6 months post AMI discharge
 - Documentation of Asthma medications prescribed/dispensed and noted as the reason for not prescribing a BB within the specified time frame will exclude the case from the denominator



Hospital Outpatient (HOP) and Global Measures (GM)

- HOP
 - No instrument changes
 - No scoring changes
- GM
 - Updates to the skip logic were made to ensure cases with a discharge date $\geq 4/01/2024$ and $\leq 9/30/2024$ do not go to question, FLUSTAT
 - The only scoring change is related to excluded discharge dates
 - If the discharge date is $< 07/01/2024$ or $> 12/31/2024$, the case will be excluded from the denominator (tob40, sub20, sub40)



Sepsis

- Two new questions have been added to the Admin Data module, #5 TRNSFRLOC & #6 TRNSFROTH
- The intent is to capture the type of facility from which the patient was transferred to the VAMC under review
- If your answer to #4 TRNSFR =2, the new questions are skipped
- Types of Facilities
 - Inpatient Acute Care
 - Outpatient/Emergency/Observation
 - Ambulatory Surgery Center
 - Long Term Acute Care Hospital
 - Acute Rehabilitation
 - Other

Sepsis: Transfer Location

- Each location has an answer option based upon whether the transferring location was another VAMC or Non-VHA facility
- Review the definition and decision rules carefully to ensure the correct location is selected
- If the transferring facility does not match any answer options 1 – 10, select answer 11 and go to #6 TRNSFROTH
 - Enter the type of facility
- Documentation that the patient was transferred from an outside facility excludes the case from the Sepsis measure



Sepsis: SEPSIRS and SEPORG

- Enter report date/time has been added to the tables for the lab questions in SEPSIRS and SEPORG
- These are **not** changes to the rules
- The additions are for added awareness and abstraction improvement

SEPSIRS

4. White blood cell count
>12,000 or <4,000 or >10%
bands
Enter Report Date/Time

SEPORG

4. Creatinine >2.0 (see D/D rules)
Enter Report Date/Time
6. Total bilirubin > 2 mg/dL (34.2
µmol/L)
Enter Report Date/Time
7. Platelet count <100,000
Enter Report Date/Time
8. INR > 1.5 or aPTT > 60
seconds (see D/D rules)
Enter Report Date/Time
9. Lactate > 18.0 mg/dL (>2
mmol/L)
Enter Report Date/Time

Sepsis: LACVAL

- A change was made to the field format for question #38, LACVAL
- If LACVAL =1, go to HYPOTNS
- If LACVAL =2, go to REPLACT
- If LACVAL =3, go to LACRPTDT/LACRPTM (new questions)
- The purpose of the change was to account for the new questions which will be reviewed on the next slide



Sepsis: LACRPTDT/LACRPTM

- Question #39 is a new question asking for the date and time the initial lactate level was **reported**
- Follow the source priority directions in the definition and decision rules to determine what date/time to enter
- **Report Time source:**
 - Laboratory test value result released time from lab reports
- **Supporting sources if report time source not available in order of priority:**
 - 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



Sepsis: LACVAL =3

- In order to align with CMS guidelines, programming has been updated to compare LACRPTDT/LACRPTM (report date/time of the initial lactate level ≥ 4 mmol/L and SEPESDT/SEPRESTM and consider the latest date/time as a valid time
 - Previously, the collection date/time of the initial lactate level was used in this calculation
- a) If shkdt/shktm – sepd2/septm2 ≤ 6 hours, or if sepd2 = 99/99/9999, consider shkdt/shktm as valid time.
 b) If lacval = 3 compare **lacrptdt/lacrptm** and sepresdt/seprestm and consider the latest date/time as a valid time.
 c) If hypotens = 1, compare hypotnsdt/hypotnstm and sepresdt/seprestm and consider the latest date/time as a valid time.
 From all valid times above, auto-fill sepskdt/sepskstm with the EARLIEST time.



Sepsis: WEIGHT

- Modifications were made to highlight the priority order to ensure the most appropriate weight is entered for question #50, WEIGHT
- These are **NOT** changes to the rules
- **NOTE: Use the actual or estimated weight documented in the following priority order:**
 1. Weight documented in the crystalloid fluid order (*Do not use the weight documented in the footer of the order as it lists the most recent weight at the time the patient's chart was opened for review.*)
 2. Weight documented closest to and prior to the order for crystalloid fluids.
 3. Weight documented closest to and after the order for crystalloid fluids.



Sepsis

- There were no other changes for Sepsis
- Scoring changes only pertain to updating the excluded discharge dates
 - <07/01/2024 or >12/31/2024



Transitions of Care (TOC)

- Minor changes were made in the TOC instrument
- Question #5, READMDCDT
 - The question and definition and decision rules have been revised to improve understanding and accuracy of abstraction

- Enter the discharge date for the most recent direct transfer or readmission
- If the date of discharge for the most recent readmission is after the study end date, enter 99/99/9999



TOC: READMDCDT

- Example #1
 - Study Dates: 12/1/2023-4/30/2024
 - Acute Inpatient Admission (ADMDT): 2/30/2024 Discharge (direct transfer) to CLC (DCDT): 3/12/2024
 - Readmission to acute inpatient: 3/22/2024
 - Discharge (direct transfer) to CLC: 3/27/2024 Discharge from CLC to home: 4/30/2024
 - READMDCDT: Enter 4/30/2024 (discharge date from the most recent readmission)
- Example #2
 - Study Dates: 12/1/2023-4/30/2024
 - Inpatient Admission 3/01/2024
 - Discharge to CLC: 3/08/2024
 - Readmission to Inpatient: 3/12/2024
 - Discharge to CLC 3/14/2024 and still is a patient there after 4/30/2024
 - READMDCDT - Enter 99/99/9999



TOC: PTEXPIRE

- The time frame has been updated in question #7, PTEXPIRE, for the current review period
 - Is there documentation that the patient expired during the time frame from 01/01/2024 to 06/30/2024?
- If the answer is 1 (Yes), the case is excluded



TOC

- There were no other changes to TOC
- Scoring changes only pertain to updating the time frame for patients who expired within the time frame stated in PTEXPIRE
- Because TOC is not reviewed quarterly, please take time to review the instrument carefully to ensure you have a clear understanding of the questions and rules



Common Modules

• Delirium Risk

- There are no changes to this instrument
- There are no scoring changes for Delirium Risk



Common Modules

• Inpatient Medication Reconciliation

- MEDSAME2: modifications were made to the definition and decision rules for added clarity and understanding
- Change #1:
 - In order to answer accurately, all discharge documentation with a **medication list** included needs to be reviewed. If it states the list was discussed with and/or given to the patient/caregiver then it must match the discharge summary.



Common Modules

- Change #2:
- If the discharge medications are not listed in the discharge summary, but there is a reference to the document that contains the information, select "1." **Example:** In reference to discharge medications the Discharge summary states, "Please see Pharmacy Discharge Instructions **for a complete list of medications at discharge.**" or "Please refer to Nursing Discharge Note **for a complete list of medications at discharge.**" This is acceptable to select "1."



Inpatient Medication Reconciliation: MEDSAME2

- The purpose of the clarification is to make it clear we are looking for a **medication list** versus documentation of medication changes (i.e., not a complete list of discharge medications)
- There are no other changes to the questions or scoring



- Thank you for reviewing the 4Q FY2024 Updates

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

