Slide 1

EPRP Update
FY2025Q2

Jennifer Hall, RN-BSN
EPRP Assistant Director

Quality Insights — The healthcare improvement experts.

1

Slide 2

The slides in this presentation will serve to provide an overview of changes to the FY2025Q2 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.

2

Slide 3

Instruments with no changes

Cataract Surgery (CAT)

Colonoscopy Follow-Up (HOP29)

Delirium Risk

Inpatient Medication Reconciliation

3

Slide 4

Clinical Practice Guidelines and Prevention Indicators (CGPI)

The following modules have no, or minor changes related to spelling edits

Validation
Cardiovascular Disease
Core
Mental Health
Outpatient Medication Reconciliation
Diabetes

Changes to the remaining modules will be covered in the following slides

4

Slide 5

LOINC	Test Name
98980-6	Glomerular filtration rate/1.73 sq M.predicted (CKD-EPI 2021)
98979-8	Glomerular filtration rate/1.73 sq M.predicted (CKD-EPI 2021)
94677-2	Glomerular filtration rate/1.73 sq M.predicted (CKD-EPI)
77147-7	Glomerular filtration rate/1.73 sq M.predicted (MDRD)
70969-1	Glomerular filtration rate/1.73 sq M.predicted (MDRD)
69405-9	Glomerular filtration rate/1.73 sq M.predicted
62238-1	Glomerular filtration rate/1.73 sq M.predicted (CDK-EPI)
50384-7	Glomerular filtration rate/1.73 sq M.predicted (Schwartz)
50210-4	Glomerular filtration rate/1.73 sq M.predicted
50044-7	Glomerular filtration rate/1.73 sq M.predicted (MDRD)
102097-3	Glomerular filtration rate/1.73 sq M.predicted (CKiD)

Shared Module

- A table was added to question #9, EGFR, containing LOINC codes and test names for Estimated Glomerular Filtration Rate (eGFR) to assist in identification of acceptable lab test documentation.

5

Slide 6

Prevention Indicators Module

- Questions #18 & #19, NOTOBUSE2 & NOTOBUSE3
  - Additional guidance was added for clarification of how to answer if documentation is conflicting:
    - If documentation during this time frame is conflicting (i.e., never and former), answer with value #2 (no) even if there are screens indicating that the patient has never smoked.

6

- To improve accuracy of abstraction, additional clarification was added to the questions asking if the abnormal results were communicated to a caregiver/surrogate by telephone instead of the patient:
  - Documentation the Veteran is not able to receive the communication (e.g., hearing deficit) and staff communication of the abnormal results to the Veteran's caregiver/surrogate by telephone is acceptable.
- Example documentation:
  - RN notes, "Attempted to contact Veteran, who is hard of hearing, but spoke with wife regarding abnormal FOBT results. Wife verbalized understanding and stated would give Veteran the message."
  - RN notes, "Contacted and notified Veteran of abnormal FIT results and recommended appointment with Gastroenterology. Veteran voiced understanding."

7

- Pre-GM Instrument
- The link for the CDC list of acceptable influenza vaccinations for question #11, FLUSTAT has been removed from the rules.
- Additional names of influenza vaccinations have been added to the definition/decision rules.

- Post-GM Instrument
- A minor formatting edit was made to the guidance for selecting value 99 for question #14, REFOPTOB

8

Home Based Primary Care (HBPC)

	Clarification and examples have been added to the following questions:	MEDREVDT EDACPDT NUTHYDT ASESMALDT ENVASEDT ASESOXYDT
	If unable to verify that the date of the note is the encounter date, confirm the date of the appointment in Past Clinic Visits (CVP)	Example: •Date of Note: 6/13/2024 •Entry Date: 6/14/2024 •Signature Date: 6/14/2024 •Appointment Date in CVP: 6/11/2024 •Enter 6/11/2024 as the encounter date

9

- Questions #21 PTSTPLAN & #22 PTLTPLAN
- The definition and decision rules were updated to further clarify changes made in FY2025Q1.
- Example documentation has been edited to highlight the need for the HBPC social worker to state how the long-term care plan addressed both the **financial and physical considerations** in the event the Veteran is unable to care for themself.
  - "HBPC social worker spoke with Veteran's wife about options for additional care in the community including: ADHC and Adult Family Homes (ADF). Wife currently has a caregiver in the home for 12 hours a day and is paying all of her Caregiver Support Program funds to cover the cost of a private caregiver. She is hoping to sell the condo the couple owns in Alaska and these funds would also go to pay for in-home care. If she has no other choice the Veteran has agreed to seek MFH placement near her home in Kirkland."

10

- To align with CMS guidelines, an update was made to the definition and decision rules explaining how to answer question #20, LASTWELLTM, if there are multiple times documented.
  - If multiple times last known well are documented by the same or different physicians/APNs/PAs, use the earliest time documented.

11

Pre-Sepsis Instrument	**Changes were made to the definition and decision rules for the following questions to provide clarity and improve accuracy of abstraction:** LACTATE LACVAL WEIGHT TARGVOL TRNSFR	**Please read through them carefully**

12

Post-Sepsis Instrument

Multiple changes were made to align with CMS updates

Some of the updates will be reviewed in the next slides

Please read through the instrument for the remaining updates

13

Post-Sepsis

- Question #21, SEPINF
- FDA-approved biomarker test added to the rules
- Physician/APN/PA order for an FDA-approved biomarker test for sepsis detection can be considered documentation of suspicion of an infection, regardless of whether the result of the test indicates sepsis. FDA-approved biomarker tests for sepsis detection include, but are not limited to, C-Reactive Protein (CRP), Procalcitonin (PCT), Interleukin-6 (IL-6).

- Question #38, LACVAL
  - If the initial lactate was obtained in the operating room or during procedural/conscious sedation, choose value "1".
- Question #39, LACRPTDT/TM
  - Other time stamps intended to identify the result date/time from the lab are acceptable with terminology reference such as a policy, key, or legend.

14

- Question #52, TARGVOL
  - Additional guidance was added if a lesser volume is ordered.
  - The lesser volume must include both the:
    - Volume of fluids to be administered AND
    - A reason for the lesser target ordered volume specifically documented by the physician/APN/PA within a single source

15

TOC

- Question #3, READM
  - Examples of non-acute inpatient care centers added to the question

- Question #4, READM2
- New question asking if there was more than one readmission or direct transfer within the 31 day timeframe
- The intent of the question is to ensure all readmissions and/or direct transfers are found within the documentation

16

- Question #16, MEDRECOP
- New question asking if from the day AFTER discharge through the following 30 days is there documentation from an acceptable provider that the discharge medication list was reconciled with the current medications.
- Question was broken out from previous MEDREC question to ensure documentation from an outpatient encounter was captured.
- If the answer is "1", the case ends at the follow-up question, #17 MEDRECDT2, if the date entered is a valid date.

17

TOC

- If the answer to the new question #16, MEDRECOP, is "2", the software will skip to the next new question, #18, MEDRECDS.
- The question asks if on the day of discharge, is there physician/APN/PA documentation in the Discharge Summary that the discharge medications were reconciled with the most recent outpatient medication list.
- If the answer is "1", enter the date in the final question, #19, MEDDSDT.
- Only consider documentation found directly in the Discharge Summary to answer these questions.

18

3

Slide 19

Updates related to scoring changes will be covered in the following slides

There are no scoring changes for: CAT, CGPI, CTR, HBPC, Delirium Risk, & Inpatient Medication Reconciliation

19

Slide 20

Scoring Changes: GM & Sepsis

1st & 2nd Pull Lists	3rd Pull List
Refer to Exit Report guides from FY2025Q1 Cases with a discharge date <07/01/2024 or >12/31/2024 will be excluded from the denominator	Refer to Exit Report guides from FY2025Q2 Cases with a discharge date <01/01/2025 or >06/30/2025 will be excluded from the denominator

20

Slide 21

- Colonoscopy Follow-Up (HOP29)
  - 1st &2nd Pull Lists
    - Refer to Exit Report guides from FY2025Q1
    - Includes all applicable cases with a procedure date >=01/01/2024
  - 3rd Pull List
    - Refer to Exit Report guide from FY2025Q2
    - Includes all applicable cases with a procedure date >=01/01/2025

- TOC
  - Patients who expired during the time frame from 07/01/2024 to 12/31/2024 are excluded from the denominator

21

Slide 22

- HOP
  - 1st &2nd Pull Lists
    - Refer to Exit Report guides from FY2025Q1
    - Cases with an arrival date <01/01/2024 will be excluded from the denominator
  - 3rd Pull List
    - Refer to Exit Report guide from FY2025Q2
    - Cases with an arrival date <01/01/2025 will be excluded from the denominator

22