EPRP Update

4Q FY2017

4Q FY2017 EPRP Update

- This presentation will provide an overview of the changes to the 4Q FY2017 EPRP data collection instruments and scoring
- In addition to reviewing these slides it is important to review the questions and the exit report guides sent to you via email

4Q Changes

- There are only a few changes to the 4Q instruments but it is important to pay attention to the details of each change
- Remember that it is **critical** to read the definition/decision rules applicable to each question in order to abstract correctly

CGPI Changes

- There are important changes to three CGPI modules
  - Validation
  - PI
  - OP Medication Reconciliation
- The other CGPI modules have no changes

CGPI Validation Module

- Although the number of cases excluded from CGPI is relatively small, it is important that no cases are excluded inappropriately
- q6 seenyr
  - There are no changes to the question but please take a moment to review it and the associated rules

seenyr

- Remember the important points in the rules
  - The NEXUS clinic visit occurred within 12 months from the first day of the study interval to the end of the study interval;
  - During the visit, the patient was seen face-to-face (includes televideo encounter) by a physician, NP, PA, Psychologist, or Clinical Nurse Specialist.
    - The qualifying visit may NOT be a telephone call.
    - Subsequent visits during the year may be phone calls

seenyr

- Please note the following addition to the rules (although not a change)
- **If the Veteran is admitted to a VHA Residential Rehabilitation program or Domiciliary, consider applicable Nexus Clinic visits when answering this question.**
  - A Nexus clinic visit while the patient is participating in Residential Rehab or while the patient is residing in the Dom may be counted as the qualifying visit

muscledx

- Q14 The Validation module question muscledx (Does the record document a diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the past year?) has an addition to the rules
- **For the purposes of this question, fibromyalgia and cardiomyopathy are not acceptable to answer "yes".**

PI Module Changes

- There are changes to the data validation questions for hospice care
- If you answer "yes" to dochospce, you will go to a new question, inhospce

inhospce

- Q2: Is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?
- Look in **progress notes** and consults for evidence that the patient is enrolled in a VA or community-based hospice program
  - A community-based hospice program note may be titled NVCC or Non-VA Care Consults (e.g., NON VA CARE GEC HOSPICE HOME).
- If the CDW hospice flag=1, you will go to question 3

Verification of Documentation

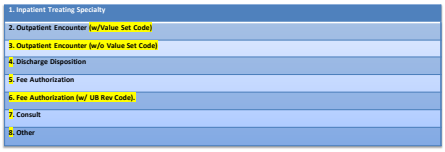
- The intent of question 3 is to verify whether there is evidence in the medical record that the patient is receiving VHA or community-based hospice services in data sources identified in the VHA Corporate Data Warehouse (CDW).
- **Location sources and date of documentation will be prepopulated from the pull list**

Verification of Documentation

- **For each source prepopulated from the pull list, look at the data source in the medical record using the prepopulated date to verify if hospice enrollment is found in the data source.**
  - Some of the data sources pertain to inpatient hospitalization, e.g., Inpatient Treating Specialty, Discharge Disposition, Consults.
  - There may be multiple CDW sources for some cases (e.g. Discharge Disposition and Fee Authorization).

Location Sources

- There are some changes to the location sources
  - Some previous options were deleted, some have been revised and new options added



Verification of Hospice Documentation

- After verifying all the prepopulated data source locations, look to see if enrollment in a VHA or community-based hospice program is documented in <u>any other source</u>.
  - If so, select "1" for option 8 and enter the name or description of the source in the free text field in q4 (othrloc)

OP Medication Reconciliation

- The question nexusrx has been removed from the module
  - All catnum 50, 51 and 54 cases will proceed through the module
- The question emlropt has also been removed
- Q1 optmed has changed and now asks <u>only</u> whether the components of the essential medication list for review are present in the record
  - Review of the medication list with the patient/caregiver is now a separate question

optmed

- During the most recent NEXUS encounter on (computer to display NEXUSDT), is there evidence in the medical record that a medication list for review included all of the following components?
- **The intent of the question is to determine if the components of the essential medication list for review were presented in a note to the health care team to review the patient's medications.**

Med List for Review

- If the medication list for review does not include a component and the component is listed in a header preceding the medication list for review, select "1" for the component.
  - **Example: The patient's active, pending, non-VA, and remote medications as well as prescriptions that have been expired or discontinued in the past 6 months was: [list of medications documented]. There are no remote medications in the medication list; select "1" for remote medications**.

Essential Medication List Components

- There are changes to the question/rules for some components
  - "Recently" no longer precedes Expired and Discontinued but you are still looking for prescriptions that have expired/been discontinued in the last 90 days and
    - May include prescriptions that have expired/been discontinued in the last 180 days
    - Must not include prescriptions that have expired/been discontinued greater than 180 days
  - Pending Medication Orders no longer includes "where relevant"
- **Please review the example of Essential Medication List for Review documentation in the definition/decision rules**

opmedrev

- Q2 is a new question, but asks for familiar information
- **During the most recent NEXUS encounter on (computer to display NEXUSDT), is there documentation the available essential medication list components were reviewed with the patient/caregiver?**
  - 3. Yes
  - 4. No: There is no documentation that the available essential medication list components were reviewed with the patient/caregiver
  - 5. Documented the patient/caregiver refused or was unable to participate in review of essential medication list components

opmedrev

- There are examples for each of the answer values in the definition/decision rules
- Remember that you are looking for evidence that the essential medication list components were **reviewed with the patient/caregiver**

Questions Removed

- The two questions asking about reasons why medication reconciliation was not done have been removed
  - opnolist
  - opnolist2
- Select option 5 for opmedrev if the patient refused or was unable to participate in medication reconciliation

CGPI Exit Report and Scoring

- There are several changes to the 4Q CGPI exit report and measure scoring
- Please review the CGPI Exit Report Guide as well as the exit report format to familiarize yourself with these changes
- Be sure to make your facility aware of these changes at the first exit conference of the quarter

p33

- p33 is a new pilot measure
  - **Breast Screen age 45-74 timely per ACS guidelines**
  - Cases will pass if the patient is age 45 to 54 and screened by mammogram within the past year
  - Patients who are age 55 to 74 and screened by mammogram within the past two years

CGPI Medication Reconciliation Measures

- There are several changes to the Outpatient Medication Reconciliation measures
- mrec41 and mrec41a-f have been deleted
- Mrec55-61 are new pilot measures

CGPI Med Recon Measures

- **mrec54**: Essential medication list for review with all components in note
- **mrec55**: Essential medication list for review includes active VA prescriptions
- **mrec56**: Essential medication list for review includes remote active VA prescriptions

CGPI Med Recon Measures

- **mrec57**: Essential medication list for review includes non-VA medications
- **mrec58**: Essential medication list for review includes expired VA prescriptions
- **mrec59:** Essential medication list for review includes discontinued VA prescriptions

CGPI Med Recon Measures

- **mrec60:** Essential medication list for review includes pending medication orders
- **mrec61:** Essential medication list for review reviewed with patient/caregiver
  - **Any essential medication list component is present AND there is documentation the medication list component(s) were reviewed with the patient/caregiver**
  - Exclusions: no components present or the patient/caregiver refused or was unable to participate in review of essential medication list components

CGPI Med Recon Measures

- mrec43
  - discontinued question nexusrx was removed from the algorithm

HBPC Changes

- There are a few changes to the HBPC instrument, mainly for clarification
- Two changes were made to clarify "study interval" in the validation questions
  - The study interval will be displayed in the software
  - The applicable dates will display in the question justone

Medication Education

- q14 medrecdt
- When determining the date of the most recent HBPC face to face or telephone encounter when medication reconciliation was performed by a physician/APN/PA, pharmacist, RN or LPN
  - The medication list must be contained in the encounter note for the purposes of this question

Caregiver Strain Follow-Up

- q26 carefolo
- The refusal option has been removed from this question
- If an intervention is offered and the caregiver refuses, answer "1."

Nutrition/Hydration Assessment

- q27 nuthyd
- Changes have been made to this question to allow encounters by **clinical video teleconference (CVT)** as well as face to face encounters
  - Telephone encounters are <u>not</u> acceptable

Nutrition/Hydration Assessment

- Please review the answer options carefully as they are no longer a simple yes/no
  - 3. Yes, assessment of patient's nutritional and hydration needs by a registered or clinical dietician was documented during a **face-to-face encounter.**
  - 4. Yes, assessment of patient's nutritional and hydration needs by a registered or clinical dietician was documented during a **CVT encounter.**
  - 5. No assessment of the patient's nutritional and hydration needs was documented by a registered or clinical dietician during a face-to-face or clinical video teleconference (CVT) encounter.

Home Environmental Assessment

- q29 envases
- The same change has been made to this question to allow for clinical video teleconference (CVT) encounters

HBPC Exit Report and Scoring Changes

- Changes to HBPC measure scoring reflect the question changes
  - hc22 (Caregiver with Zarit Burden score of 8 or greater and received appropriate intervention)
    - removed option carefolo=98 (failed measure)
  - hc29 (Nutrition/hydration assessment by registered dietician within 30 days)
    - added nuthyd=4 (CVT encounter) as a pass
  - hc35 (Environmental safety/risk assessment by rehab therapist within 30 days)
    - added envases=4 (CVT encounter) as a pass

HOP

- There are no changes to the HOP instrument, scoring, or exit report

Global Measures

- Clarification has been added to the rules of 4 questions regarding documentation of tobacco and alcohol screening and counseling in a pre-admission H&P documented within 30 days prior to admission

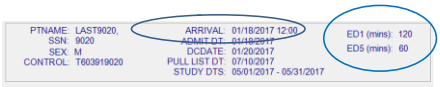
Pre-admission H&P

- q18 tobstatus2
  - **If there is documentation of tobacco screening in a pre-admission H&P (for the current admission) completed within 30 days prior to this admission, and the licensed independent practitioner (LIP) makes reference to it within the first day of admission either by indicating there were no changes, or adding any updates to it; that H&P is considered valid documentation for the tobacco screening**
- An equivalent statement is found in the rules for tobtxcoun, auditc, and briefintv

ED Timing Measures

- You will be able to see the calculated time in minutes for the ED Timing measures (ed 1, 2, 4 and ed 5, 6, and 7) in the software and on the DAC
- After the date and time of arrival, date and time of decision to admit, and date and time of ED departure have been entered, the time for the applicable mnemonics will display in the header of the software

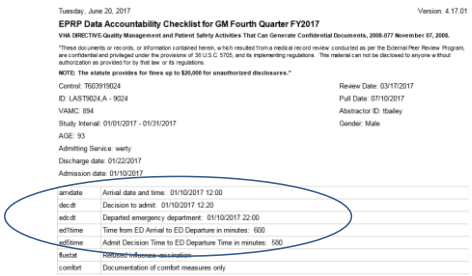
ED Measure Information



ED Timing Measures

- PLEASE note the displayed times and if one does not seem reasonable, e.g. a time of 0 minutes between decision to admit and ED departure, please go back and re-check the times you have entered
- The time for each mnemonic will also be displayed on the DAC

ED Times on DAC



Tuesday, June 20, 2017 Version: 4.17.01

EPRP Data Accountability Checklist for GM Fourth Quarter FY2017

VHA DIRECTIVE-Quality Management and Patient Safety Activities That Can Generate Confidential Documents, 2008-077 November 07, 2008.

"These documents or records, or information contained herein, which resulted from a medical record review conducted as per the External Peer Review Program, are confidential and privileged under the provisions of 38 U.S.C. 5705, and its implementing regulations. This material can not be disclosed to anyone without authorization as provided for by that law or its regulations.

NOTE: The statute provides for fines up to $20,000 for unauthorized disclosures."

Control: T603919024
ID: LAST9024,A - 9024
VAMC: 694
Study Interval: 01/01/2017 - 01/31/2017
AGE: 93
Admitting Service: warty
Discharge date: 01/22/2017
Admission date: 01/10/2017

Review Date: 03/17/2017
Pull Date: 07/10/2017
Abstractor ID: tbailey
Gender: Male

arrivdate	Arrival date and time: 01/10/2017 12:00
decdt	Decision to admit: 01/10/2017 12:20
edcdt	Departed emergency department: 01/10/2017 22:00
ed1time	Time from ED Arrival to ED Departure in minutes: 600
ed5time	Admit Decision Time to ED Departure Time in minutes: 580
flustat	Refused influenza vaccination
comfort	Documentation of comfort measures only

Inpatient Medication Reconciliation

- Changes to the Inpatient Medication Reconciliation module mirror those discussed in the slides for the CGPI OP Med Recon module
  - Removal of emlr question
  - Changes to revptmed question and definition/decision rules
  - New question that asks about patient/caregiver involvement in medication reconciliation
  - Removal of questions asking about reasons why medication reconciliation was not done

Delirium Risk

- No changes to this module.

Global Measures Scoring and Exit Report

- The changes to the Global Exit report and scoring involve only the Medication Reconciliation measures
- **mrec21**: Reconciled medication list provided to patient
  - **dcrxlist=3** (Documented medications were not prescribed at discharge) is changed from pass to exclude

GM Med Recon Measures

- mrec42 and mrec42a-f have been discontinued
- mrec44, 45, 46, 47, 48, 49, 50 and 51 are new pilot indicators
- The inpatient med recon measures mirror the OP measures described in the CGPI slides

GM Med Recon Measures

- mrec44: Essential medication list for review with all components in note
- mrec 45, 46, 47, 48, 49, and 50 look for the individual components of the essential medication list for review

GM Med Recon Measures

- **mrec51**: Essential medication list reviewed with patient/caregiver on admission
  - **Any essential medication list component is present AND there is documentation the medication list component(s) were reviewed with the patient/caregiver**
  - Exclusions: no components present or the patient/caregiver refused or was unable to participate in review of essential medication list components

HBIPS

- The only changes to the HBIPS instrument are some clarifications for two existing questions
- **These changes are effective with July discharges which will be on the 8/21 pull list**

strength

- q10 strength
  - If a patient is unable to identify two strengths, but there is documentation the provider attempted to elicit the information and provided some guidance to help the patient identify strengths (e.g., prompted the patient with examples such as motivation and readiness for change; setting and pursuing goals; cultural/spiritual/religious and community involvement; etc.), select value 1.

Departure status

- q21 ptstatdc
- **The intent of this data element is to identify and exclude patients with an unplanned departure resulting in discharge**
  - Patients who discharge or transfer to another level of care in the same hospital are excluded from the measure population (ips6) since they have not yet been discharged from the hospital.
  - Patients who are discharged from the psychiatric setting are included in the measure population (ips6).

Departure status

- What was the patient's status at the time the patient left the hospital based inpatient psychiatric care setting?
  - 1. The medical record contains documentation that the patient was discharged from the hospital based inpatient psychiatric care setting **under these circumstances:**
    - **Patient is leaving the psychiatric unit within the acute care hospital AND the hospital facility completely**.

Departure status

- 2. The medical record contains documentation of one of the following:
  - the patient eloped and was discharged
  - the patient failed to return from leave and was discharged
  - the patient has not yet been discharged from the hospital
  - the patient was transferred/discharged from the inpatient psychiatric unit in an acute care setting to another level of care (i.e. medical unit) and subsequently discharged from that level of care

HBIPS Scoring and Exit Report

- No changes to measure scoring or the exit report

VTE

- No changes to VTE questions, scoring or exit report