

## 1Q FY2018 EPRP Update

### EPRP Update

1Q FY2018

- 1Q FY2018 brings some changes to the question sets and scoring.
- This presentation will highlight the changes but it is equally important for you to review the question sets and exit report guides.
- The changes noted here are effective with the 11/6/2017 pull list

## CGPI Core Module

- There is an important addition to the rules for the questions vhabps and vhabpd (most recent blood pressure)
- The new wording addresses exclusions for BP readings, i.e. BPs you would not enter for vhabps/vhabpd.

1Q18 Question and scoring changes

### CGPI

## Excluded BP readings

- **When excluding BP readings, the intent is to identify diagnostic or therapeutic procedures that require a medication regimen, a change in diet or a change in medication.**
  - BPs taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, **stress test**, removal of a mole)
  - BPs obtained the same day as a major diagnostic or surgical procedure (e.g., **administration** of IV contrast for a radiology procedure, **cardiac catheterization**, endoscopy)
  - **BPs obtained the same day as a therapeutic procedure** (examples include but are not limited to dialysis, chemotherapy).

## Core Module Reminders

- Screening for ADLs, IADLs
  - The documentation must clearly indicate that ADLs and IADLs were assessed using a standardized and published tool and the interpretation of the results must be documented.

## Core Module Reminders

- Screening for Urinary Incontinence:
  - Be sure to look for:
    - UI observed (urine odor or stained garments, direct observation of urine loss during examination)
    - UI reported spontaneously
    - UI reported in response to specific questioning. There must be mention of questioning on “leakage”, “urine loss”, “incontinence”, or “urinary incontinence.
- Doing a search for key words like bladder or incontinence may locate screening.

## CGPI Mental Health Module

- Please note the change in the question and rules for the MH module question alcbac (components of brief alcohol counseling)
- The counseling must have occurred **within 14 days since the alcohol screening** referenced in question SCRNAUDC.
  - Previously for the purpose of the question, the counseling could have occurred anytime after the most recent alcohol screen.

## Brief Alcohol Counseling

- There are no other changes to the answer options or rules to alcbac
- Please be cautious when choosing between answer 6 and 7
  - 6. Personalized counseling regarding relationship of alcohol to the patient’s specific health issues
  - 7. General alcohol-related counseling (not linked to patient’s issues)
- If you need help in applying the documentation to these two values, check with your Regional Manager

## Depression Screening

- Since 10/1/2016 only the PHQ-2 has been acceptable for answering the depression screening questions in the CGPI MH module
- All references to the PHQ-9 have now been removed from the questions and the question scrnphq has been deleted
  - The 4 questions specific to the PHQ-9 have also been deleted

## Suicide Ideation/Behavior Eval

- Please remember that a standardized instrument is **NOT** required for suicide risk evaluation when answering the questions deprisk and ptsdrisk
  - Suicide evaluation includes an appraisal of the patient’s subjective experience (suicide ideation, wish, plan, and intent) and behaviors (warning signs).
  - If the PCS Clinical Reminder is **NOT** used, there must be at a minimum, a notation by the provider that the suicide risk evaluation was completed. The provider notation is an attestation that hopelessness, suicidal thoughts, suicide plan if having suicidal thoughts, and history of suicide attempts were addressed with the patient.
- This is not new information, but only a reminder as appropriate suicide/behavior evaluations are sometimes missed

## Prevention Module

- There is a new question at the beginning of the PI module applicable only to patients who are age  $\geq 65$  at the time of the Nexus visit
- q1 inlrcset
- **During the past year, is there documentation in the medical record the patient is living long-term in a VHA or community-based institutional setting?**
  1. Yes
  2. No

## Long Term Institutional Setting

- Long term means greater than 60 days
- Institutional settings may include, but are not limited to VHA or community-based:
  - nursing homes
  - community living centers
  - long term care (LTC) facilities
- A “yes” answer to this question will exclude cases from scoring of certain measures
  - ihd51h, ihd52h, p33, p61h

## Skip Pattern Change

- There is a change in the skip pattern for the hospice series of questions
- If the case is flagged for dochospce, you will go to the hospice location question even if dochospce =2
  - As always, the software will take you to the correct question
- There are no other changes to the hospice or hospice location questions

## Influenza Immunization

- Q6, **fluvac17** has been updated to reflect the dates of the 2017-2018 influenza immunization season
  - **07/01/2017 to 03/31/2018**
- Remember that cases will not be scored for influenza immunization until the April study interval, which will be the second pull list of 3Q FY2018

## Pneumococcal Immunization

- A new question starts the series of pneumococcal immunization questions
- q9 pnuexc
  - **Is one of the following documented in the medical record?**
    - **Received chemotherapy during the past year**
    - **Bone marrow transplant during the past year**
    - **Prior anaphylactic reaction to components included in the pneumococcal vaccine**
  - 1. Yes
  - 2. No

## Exclusion

- If pnuexc is answered yes, the case is excluded from the remainder of the pneumococcal questions and from the pneumococcal measures
  - Chemotherapy or bone marrow transplant must have been in the past year to answer yes
  - Documentation of a prior anaphylactic reaction to components of the pneumococcal vaccine includes PVC13 or PPSV23 anytime in the past
- The questions about allergies to PCV13 and PPSV23 have been discontinued

## Immunocompromising Conditions

- There is another new question at the end of the pneumococcal series
- q16 immcomp
  - **Is there documentation of any of the following immunocompromising conditions in the medical record?**
    - **Disorder of the immune system**
    - **Functional or aplastic anemia**
    - **Cerebrospinal fluid leak**
    - **Cochlear implant**
  - 1. Yes
  - 2. No

## Immunocompromising Conditions

- **Disorders of the immune system may include but are not limited to:**
  - immunoglobulin deficiencies,
  - antibody deficiencies
  - other specified immune-deficiencies
  - graft-versus-host disease

## Immunocompromising Conditions

- Individuals with immunocompromising conditions such as disorders of the immune system, functional or aplastic anemia, cerebrospinal fluid leaks, or cochlear implants should receive the PCV13 and PPSV23 at least 8 weeks apart
- The answer to this question as well as dates PCV13 and PPSV23 were received will be used in measure scoring
  - The exit report guide will include more information

## Tobacco question changes

- An exclusion statement has been added to the questions notobuse and tobnow
- **Exclude: Documentation of the use of electronic nicotine delivery devices such as e-cigarettes, vape pens or tank devices, e-cigars.**
- Tobnow also has the following clarification:
  - **If the patient reports he/she currently uses tobacco some days or every day, consider the patient a current tobacco user and answer “1”.**

## Mamgram2 Clarification

- The following clarification was added to mamgram2
  - **For the purpose of this question, if documentation clearly indicates only tomosynthesis or 3D mammogram was performed, answer “No”.**
    - This data will be collected in a subsequent question.

## CGPI Shared Module

- Hypertensive Medications
- Two medications have been added to Table A, the table of hypertensive medications used in the Shared module
  - azilsartan has been added to the list of ARBs
  - sacubitril/valsartan has been added to the list of fixed dose combination drugs

## Aspirin

- There are some changes to the aspirin questions
- The following is now included in the rules for q31 onasa:
  - If any of the following are listed among the patient’s medications, it is also acceptable to answer “yes”:
    - clopidogrel (Plavix)
    - **a combination of aspirin and extended release dipyridamole (Aggrenox)**
    - prasugrel (Effient)
    - ticagrelor (Brilinta)
    - ticlopidine hydrochloride (Ticlid)

## notasa

- In conjunction with the change to onasa, the previous instructions to answer "97" to q32, notasa, if the patient is on clopidogrel (Plavix) or ticlopidine hydrochloride (Ticlid) have been removed

## CGPI Diabetes Module

- There is some additional guidance in the rules for question 9, fundexam, regarding patients with bilateral enucleation
  - **Documentation of bilateral eye enucleation (removal of both eyes) anytime during the Veteran's history is acceptable to answer "1" or "3"**

## Previous Retinal Exam

- Some additional guidance has been added to q14 retinpath2 (finding of retinopathy on previous retinal exam)
  - **If there is documentation of a negative retinal or dilated eye exam by an eye care professional (optometrist, ophthalmologist), select "2".**
  - **Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy**
    - However it must be clear that the patient had a dilated or retinal eye exam and retinopathy was not present.

## CGPI OP Medication Reconciliation

- There is an addition to the rules for q1 optmed (medication list components)
- **An addendum added to the original medication list for review note containing a medication list for review on the same date as NEXUSDT is acceptable.**

## No Changes

- There are only minor wording changes to the Validation module and no changes to the CVD module

## CGPI Exit Report and Scoring

- There are several changes to the CGPI exit report and scoring
- These mnemonics have been **discontinued**
  - p31h and p32 (breast screening)
  - p42 and p43h (cervical screening) and
  - p1 and p1s (pneumococcal immunization)

## New CGPI Mnemonics

- Three new mnemonics have been added
  - p32h: Women age 50-74 screened for Breast Cancer (includes 3D)
    - Scoring change:
      - Exclusion for age>= 65 living long term in an institutional setting (inltcset)
  - pvc11h: Pneumococcal immunization
    - Scoring changes include
      - Exclusion if pnucex=1
      - Check for administration of both PCV13 and PPSV23
      - Calculation of number of days between administration of pcv13 and ppsv23 for immunocompromised patients and calculation for those not immunocompromised
  - pvc11s: Pneumococcal immunization (SCI&D)
    - Scoring change as in pvc11h

## CGPI Scoring Changes

- mdd40, mdd41, sre1
  - all references to and checks for PHQ-9 were removed
- ihd51h, ihd52h, p33, p61h
  - new exclusion for age>= 65 living long term in an institutional setting (inltcset)
    - Inltcset is also an exclusion for p32h as previously noted

## CGPI Scoring Changes

- p25h, p26h, p19s (influenza immunization)
  - removed from exit report until the study interval beginning 04/01/2018
- cvrm2 (Statin therapy for patients with cardiovascular disease)
  - When fluvastatin is the prescribed medication, the daily dose must be >=80 mg in order to pass this measure

## CGPI Exit Report and Scoring Changes

- Further details of scoring changes and new mnemonic scoring will be in the 1Q18 CGPI Exit Report Guide
- Be sure to review the Guide and Exit Report Format to familiarize yourself with the changes

1Q18 Question and scoring changes

## HBPC

## HBPC

- In the next several slides we will look at a few changes to the HBPC instrument including some that mirror changes to questions in CGPI
- We will also look at changes to the HBPC exit report and scoring

## medchg

- The definition/decision rules have been revised to distinguish between a medication change and clarification of a medication prescribed
- Pharmacist documentation of a clarification is NOT considered a recommendation for change in the patient's medication regimen.
  - For example, "Last BP was 160/70. Will discuss with interdisciplinary team that patient is on furosemide, lisinopril and nifedipine and clarify if home BPs are similar."

## Medication Education

- There are some changes to **q15 newmedrx**
- The changes involve removal of some previous instructions
- You are now only looking for new medications prescribed, added or identified during the most recent HBPC encounter when medication reconciliation was performed, i.e. at this visit
  - The previous wording "or during the time period between this visit and the next most previous HBPC visit where medication reconciliation was performed" has been removed

## New Medication

- If a new medication was prescribed, added or identified during the most recent HBPC encounter when medication reconciliation was performed you will enter the name of the new medication(s) in the text field in **q16 newmed**

## Oxygen Safety Risk Assessment

- q33 asesoxy
- There is no real change but the rules were revised to emphasize that the home oxygen safety risk assessment must be performed **during a face to face encounter in the Veteran's home.**

## Depression Screening

- The series of questions about depression screening has been revised as in CGPI
- The PHQ-9 is no longer acceptable to answer the screening questions
- All references to the PHQ-9 have been removed

## HBPC Influenza Immunization

- If HBPC admission is greater than or equal to 30 days but less than or equal to 1 year (hcstatus=2) and the date of admission is <07/01/2017, you will get new **question 65 hbpcflu**
- Was the patient enrolled in HBPC during the timeframe from 7/01/2017 to 3/31/2018?
  1. Yes
  2. No
- If the answer is no, you will skip the influenza immunization questions

## fluvac17

- As in CGPI, the fluvac17 question was updated to reflect the current influenza immunization period, 07/01/2017 to 3/31/2018

## Pneumococcal Immunization

- The changes to the pneumococcal immunization questions in HBPC are the same as those in CGPI
  - new question pneuexc
  - removed questions about allergy to PCV13 and allergy to PCV23
  - new question immcomp

## HBPC Scoring and Exit Report Changes

- hc44 (pneumococcal immunization) has been discontinued and replaced by hc49
  - Scoring for hc49 mirrors that described for pvc11h in CGPI
- hc45 (pneumococcal immunization refused)
  - New exclusion for pneuexc
  - The exclusions for allerpcv and allerppsv were removed
  - Refusing either ppsv23 or pcv13 will “pass” i.e. include cases in the numerator

## HBPC Scoring and Exit Report Changes

- All references to the PHQ-9 have been removed from scoring for hc38, hc39, and hc40 (depression screening)
- The influenza measures (hc46, hc47, and hc48) will not appear on the exit report until the April study interval
  - Those not enrolled in HBPC during the current immunization period will be excluded

## HOP

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

1Q18 Question and Scoring Changes

**GLOBAL MEASURES****GM flustat**

- There are some wording revisions for clarification in q16 flustat
  - Wording added to value 98:
    - 98. Documentation of patient's refusal or caregiver's refusal of influenza vaccine **during this hospitalization**
  - **Wording added to definition/decision rules:**
    - **Guidance for selecting value 99:**  
If there is documentation the patient received the vaccine the year prior to the current year and the discharge is NOT January, February, or March, select "99."  
– For example, the record documents the patient received the vaccine in 2016 and the discharge date for this hospital stay is October 2017, select "99."

**Inpatient Medication Reconciliation**

- There are two important additions to the definition/decision rules for the question revptmed
  - **An addendum added to the original medication list for review note containing a medication list for review upon admission or during the 24 hours after admission is acceptable.**
  - **If there are multiple notes/addendums containing medication list(s) for review within the specified timeframe, use the earliest medication list for review note/addendum to answer this question.**

**Delirium Risk**

- The instruction to look for documentation in the **assessment/plan section** of the ED note or admission note **has been deleted** from docdel, dochgms, doconf, docorient, rskdeli
  - For example:
    - Physician/APN/PA documentation of a change in mental status in an ED note (e.g. 1010M) or admission note is acceptable.

**Delirium Deleted Questions**

- Two questions have been deleted from the delirium risk module: delimh and othterm

**GM**

- There are no other changes to the Global Measures instrument
- There are no changes to the GM exit report or scoring including the Delirium Risk measure or the Medication Reconciliation measures.

## HBIPS Admission Screening

- q9 admscrn
- Clarification has been added regarding acceptable providers who can document admission screening
  - Documentation may be accepted from an admission screening completed by a psychiatrist, psychologist, **Advance Practice Nurse (APN), Physician's Assistant (PA), Master of Social Work (MSW) and/or Registered Nurse (RN) within the first 3 days of admission.**
  - The admission screening may be completed by one or more of the listed qualified psychiatric practitioners. **MSW titles may vary from state to state and acceptable titles include LMSW, LCSW, and LCSW-C.**

1Q18 Question and Scoring Changes

### HBIPS

#### assessud and assesalc

- The following has been added to the rules for q12 assessud and q15 assesalc
- **All components of the screen for alcohol use must be documented in ONE note.**

#### Screening for risk of violence to self

- The only other changes to the HBIPS instrument involves changes to the harmself question in an attempt to help better capture accurate data
- As before, the intent of this data element is to screen the patient for violence risk to self that occurred during the 6 months prior to admission

#### harmself

- During the timeframe from [computer to display psyadmdt to psyadmdt + 3 days (or dcdte if psyadmdt + 3 days > dcdte)], is there documentation in the medical record that the patient was screened for the following components of **violence risk to self during the past 6 months** by a Psychiatrist, Psychologist, APN, PA, MSW, or RN?

Component
1. Suicide ideation 1. Yes 2. No
2. Past suicidal Behavior 1. Yes 2. No
3. Risk/protective factors 1. Yes 2. No
4. Unable to complete admission screening (Documentation in the medical record that a screening for violence risk to self during the past 6 months cannot be completed due to the patient's inability or unwillingness to answer screening questions within the first 3 days of psychiatric admission.) 1. Yes 2. No 99. Not applicable

#### harmself

- Important points to remember
  - **All components of the screen for violence risk to self must be documented in ONE note.**
  - Documentation of violence risk to self must at a minimum state over the past 6 months.

## harmself

- Important points to remember
  - Select value “1” if the component (suicidal ideation, past suicidal behavior, risk/protective factors) is addressed in the screen for violence risk to self.
  - If any of the components are NOT addressed in the screen for violence risk to self, select value “2” for that component.

## harmself

- Important points to remember
  - **Remember for harmself1, 2, and 3 you are answering whether or not the patient was screened for these components, not whether or not the component was present**
  - If the patient is admitted to psychiatric care for violence risk to self (e.g., suicidal thoughts) AND assessment of any of the components are documented, select value “1” for that component

## harmself

- Select value “1” for **harmself4**
  - If there is documentation in the medical record that a screening for violence risk to self during the past 6 months cannot be completed due to the patient’s inability or unwillingness to answer screening questions within the first 3 days of psychiatric admission or
  - If there is documentation the patient was medically unstable requiring transfer to a medical or surgical unit within the first 3 days of admission and admission screening for violence risk to self was not completed

## New question-suidea

- If the patient was screened for suicide ideation (i.e. harmself1=1) new question 20 suidea is enabled
- Is there Psychiatrist, Psychologist, APN, PA, MSW, or RN documentation in the admission screening note for violence risk to self that suicide ideation was present?
  - Examples of suicide ideation statements that may be documented
    - “I would be better off dead.”
    - “I’ve thought about different ways to kill myself.”

## Plan/preparation

- If suicide ideation was present (i.e. suidea=1) another new question (21) suiplan will be enabled
- Is there Psychiatrist, Psychologist, APN, PA, MSW, or RN documentation in the admission screening note for violence risk to self that the patient **was screened for plans/preparation and/or intent to act upon plans for suicide**?
- Again, you may find that the patient did or did not have plans/preparation/intent to act; the question is asking if the patient was screened

## HBIPS Exit Report and Scoring

- The only change to HBIPS scoring is to incorporate the new harmself questions into scoring
- Screening for harm to self must include all three components (screening for suicide ideation, past suicidal behavior, risk/protective factors) and if suicidal ideation is present the patient also must be screened for plan/preparation/intent to act.

1Q Question and Scoring changes

## VTE

### VTE Questions Deleted

- Because two of the VTE measures have been discontinued, vte3 and vte5, several of the VTE questions have been discontinued
  - VTE overlap therapy questions
  - VTE discharge instructions questions
- There are no other changes to VTE questions

### VTE Exit Report and Scoring

- The discontinuation of vte3 (overlap therapy) and vte5 (discharge instructions for patients on warfarin) are the only changes to the VTE exit report/scoring

### Questions?

- If you have questions while reviewing this presentation, the questions, or exit report guides, please contact your Regional Manager or Quality Insights
- These changes are effective with the 11/6/2017 pull list
- Thanks for taking time to prepare for 1QFY2018 review