

1Q FY2019

EPRP UPDATE

1Q FY2019

- This presentation will highlight important changes to EPRP data collection questions for 1Q FY2019
- Changes to measure scoring and the exit report formats will also be reviewed
- As always, it is important to review the data collection question documents and the exit report guides in addition to these slides
- These changes will be effective with the 11/5/2018 pull list

Changes

- The following slides will include a look at all EPRP instruments however some have few or no changes
- We will start with a look at the inpatient instruments

HBIPS, VTE, Global Measures

INPATIENT INSTRUMENTS

HBIPS

- There are no changes to the HBIPS data collection question or to the scoring

VTE

- There are no changes to the VTE data collection questions or to the scoring

Global Measures

- There are no changes to the Global Measures data collection questions
- There are no changes to Delirium Risk data collection questions
- There are no changes to Global Measures scoring including scoring of the Delirium Risk measure or Inpatient Medication Reconciliation measures

Inpatient Medication Reconciliation

- The first two questions in the Inpatient Medication Reconciliation module are new
- Q1 (emlr): Upon admission or during the 24 hours after admission, is there documentation the Essential Medication List for Review (EMLR) was used for medication reconciliation?
 - 1. Yes
 - 2. No

EMLR

- The intent of the question is to determine if the facility is utilizing the Essential Medication List for Review (EMLR) which is a health summary component enhancement for CPRS
- The EMLR patch was released and facilities had until 10/15/2018 to install it

EMLR

- The EMLR is used to pull the components necessary for medication review in order to generate a complete medication list and includes:
 - Allergy Health Summary Component: **MRT5**
 - Medication and Supply Health Summary Components
 - **MRR1** (no glossary version)
 - **MRT1** (glossary version)

EMLR Header

The EMLR header looks like this.
The note will list all medications alphabetically
Some categories may not be present in the list

INCLUDED IN THIS LIST: Alphabetical list of active outpatient prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as inpatient orders (local pending and active), local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 90 days.

EMLR Format

- Allergy Health Summary Component **MRT5**:
 - 1. **Local and Remote VA Allergies and Adverse Drug Reactions (ADRs)**
- Medication and Supply Health Summary Components **MRR1** (no glossary version) and **MRT1** (glossary version):
 - 1. **Local VA Prescriptions** (Active, Active-On Hold, Active-Suspended, Active/Parked, Pending, Expired/Discontinued (90 days))
 - 2. **Remote VA Prescriptions** (Active, Active-On Hold, Active-Suspended, Active/Parked)
 - 3. **DoD Prescriptions** (≤1 year from issue date) - DoD also skips those with no expiration date
 - 4. **Local Non-VA Medications** (Active only)
 - 5. **Local Inpatient Medication Orders** (Active, Pending, Expired/Discontinued (120 days))
 - 6. **Clinic (IMO) Medication Orders** (Active, Pending, Expired/Discontinued (120 days))

MRT1 Glossary

PHARMACY TERM	EXPLANATION	POSSIBLE PATIENT ACTION
ACTIVE	A prescription that can be filled at the local VA pharmacy.	If you have details, you may request a refill of this prescription from your VA pharmacy.
CLERK	A medication you received during a visit to a VA clinic or emergency department.	If you have questions about this medication, contact your VA healthcare team.
DISCONTINUED	A prescription your provider has stopped. It is no longer available to be sent to you or picked up at the VA pharmacy window.	Contact your VA healthcare team if you need more of this medication.
EXPIRED	A prescription which is too old to fill. This does not refer to the expiration date of the medication in the container.	Contact your VA healthcare team if you need more of this medication.
NON-VA	A medication that came from someone other than a VA pharmacy. This may be a prescription from either the VA or other provider that was filled outside the VA. Or, it may be an over-the-counter (OTC), herbal, dietary supplement or sample medication.	If this medication is medication information is incorrect or not up to date, please call your VA healthcare team.

EMLR

- The definition/decision rules for question 1 contains suggested data sources for the EMLR
- The use of the EMLR will be recognizable by the embedded codes
 - Look for the terms **MRT5** and **MRR1** or **MRT5** and **MRT1** depending on the version the site chose to upload.

Allergies

- Q2 (allerg1, 2, and 3)
- Upon admission or during the 24 hours after admission, is there evidence in the medical record a comprehensive review of patient allergies was made with regard to the essential medication list for review?

Allergies

- You will indicate whether the following allergy components of the EMLR are present
 - Allergies-Local Facility
 - Allergies-Remote
 - Allergies-General

Allergies

- In order to say “yes” to component 1 (local) you need to see either specific allergies are listed or NKDA is noted for the local facility (facility under review)
 - For component 2 (remote); you need to see that either allergies are listed or NKDA for any remote facilities;
 - if there are no remote locations, only local will show
 - “No records found” indicates that allergies were not assessed**
- Select “yes” to allerg3 (general) if there is no differentiation between local and remote data, and select “2”, for the components allerg1 and allerg2

Allergies Example

FACILITY		ALLERGY/ADR
CENTRAL ARKANSAS RCS	PROPHETHIOBRACIL	Pulls EHR allergy data into one location
CENTRAL ARKANSAS RCS	TETANUS TOXOID	
FAVETTEVILLE AR	PROPION	
FAVETTEVILLE AR	ASPIRIN	
FAVETTEVILLE AR	LITHIUM	
Indianapolis VAMC	CONTRAST MEDIA	

Previous Med Recon Questions

- Inpatient Medication Reconciliation questions 3-7 have not changed from 4QFY2018
 - You can answer revptmed as before if the EMLR is not present in the medical record

Inpatient Medication Reconciliation Scoring

- There are no changes to the scoring of the Inpatient Medication Reconciliation measures
- The two new questions, emlr and allerg are not included in scoring of any measures in 1QFY2019
 - But this is expected to change in 2QFY2019
 - It is a good idea to alert facilities if you are not seeing the allergy component of the EMLR so they are prepared to meet the measure in the future

Hospital Outpatient Measures

- There are no changes to the HOP data collection questions nor to the measure scoring.

HOP, HBPC, CGPI

OUTPATIENT INSTRUMENTS

HBPC

- There are several changes to the HBPC data collection questions and to the scoring
- We will start with a look at the HBPC question changes

Medication Education

- An important point has been added to the rules of question 15 (newmedrx)
- When determining whether a new medication was prescribed, added or identified during the medication reconciliation process, please note:
 - **A change in the dose of a current medication is not considered a new medication**

Questions Deleted

- The questions about caregiver strain (Zarit Burden Scale) have been retired and removed from the HBPC instrument
- The two associated measures were removed from the exit report

Depression Screening

- The series of HBPC depression screening questions (q42-71) have been changed as applicable and now are the same as the CGPI depression screening questions including
 - PHQ-2+I9
 - C-SSRS (Columbia-Suicide Severity Rating Scale)
 - CSRE (Comprehensive Suicide Risk Evaluation)
- The HBPC questions reflect 1Q FY19 changes to the CGPI questions, which we will discuss in later slides
- Q71 (deplan) remains the same as before

PTSD

- Likewise, the PTSD questions (q76-110) have been revised similarly to CGPI
 - PC-PTSD5+I9
 - C-SSRS (Columbia-Suicide Severity Rating Scale)
 - CSRE (Comprehensive Suicide Risk Evaluation)
 - Follow up intervention questions

Influenza Immunization

- The influenza questions (111, 112) have been revised to reflect the timeframe for the current influenza immunization season
- Although influenza data will be collected, it won't be scored in 1Q

HBPC Measures

- Three new HBPC pilot measures have been added:
 - Hc50: Primary suicide risk screening while screening for depression
 - Hc51: Primary suicide risk screening while screening for PTSD
 - Hc52: Timely secondary suicide risk screening
- These measures mirror the CGPI measures sui40, sui50 and sui2
- Please see the 1Q FY19 HBPC Exit Report Guide for details about the numerator and denominator

HBPC Scoring Changes

- The following measures have been revised to include the PHQ-2+I9 or PC-PTSD5+I9, C-SSRS and CSRE questions as applicable
 - Hc38: Screened Annually for Depression
 - Hc39: Positive Depression Screen with timely suicide risk evaluation
 - Hc40: Positive Depression Screen with timely treatment plan
 - Hc41: Screened for PTSD at required intervals with PC-PTSD
 - Hc42: Positive PC-PTSD screen with timely suicide risk evaluation

HBPC Scoring Changes

- The pneumococcal immunization measures have been updated to check the patient's age as of 01/01/2018
 - Hc49: Pneumococcal vaccination age 65 and greater
 - Hc45: Pneumococcal vaccination refused
- The influenza measures have been removed from the exit report until 3Q but you will continue to collect influenza immunization data

CGPI

- There are many changes to CGPI including changes to every module except:
 - CVD
 - DM
 - Shared
- All other modules have changes that will be noted in the following slides
- Please read the definition/decision rules to be sure you understand the changes in context

HEDIS Exclusions

- Questions 10, 11 and 12 have been added to the Validation module to capture HEDIS exclusions
- We will look at the questions first, then will discuss how the exclusions will work in scoring

HEDIS Exclusion-Living in Institutional Setting

- The question **inltcset** (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?) has been moved from the PI module to question 10 in the Validation module.
- You will get this question when the patient is **>= age 66** at the time of the Nexus clinic visit
 - Note the change to the age inclusion
- There are no other changes to the questions or definition/decision rules
- A **“yes” answer to this question will exclude the case from certain measures.**

Advanced Illness

- Q11 advillns
- Is there documentation in the medical record the patient has an active condition/diagnosis considered an advanced illness?
 - 1. Yes
 - 2. No
- Advanced illness may include but is not limited to:
 - any malignancy
 - Parkinson's
 - Alzheimer's
 - CKD/ESRD
 - HF
- Refer to Table 5 for other specific disorders
 - Table 5 will be included in the abstraction software and will be sent to you as a reference document

Advanced Illness

- In order to answer “yes” to advillns
 - Medical diagnoses must be recorded as the patient's diagnosis by a physician, NP, PA, or CNS in clinic notes or discharge summary
 - It must be an ‘active’ condition/diagnosis, i.e. the condition was ever diagnosed and there is no subsequent statement, prior to the most recent outpatient visit, indicating the condition was resolved or is inactive

Advanced Illness Diagnosis

- Advanced illness diagnoses documented on a problem list must be validated by a clinician diagnosis
 - Because a problem list may not be all-inclusive, it is expected that you will read all progress notes for the Nexus clinics for a year to identify all diagnoses

Frailty

- Q12 (frailty)
- During the past year, is there documentation in the medical record the patient has any condition/diagnosis consistent with frailty?
 - 1. Yes
 - 2. No

Frailty

- Frailty may include but is not limited to:
 - presence of pressure ulcers
 - abnormalities of gait and mobility
 - adult Failure To Thrive (FTT)
 - history of fall(s)
- Refer to Table 6 for other specific disorders
 - Table 6 will be in the abstraction software
 - Will also be sent to you as a reference document

HEDIS Exclusions

- In addition to the questions about advanced illness and frailty, **flags** for cases with advanced illness diagnoses and/or a condition consistent with frailty will be sent to us on the pull list
- The 1QFY19 CGPI Exit Report Guide will show how “yes” answers to the advanced illness and/or frailty questions and the flags along with age will exclude cases from some measures

HEDIS Exclusions

- As an **example**, the following is a denominator exclusion for p32h Breast screen age 50-74
- **The patient is age >=66 and**
 - the case is flagged for frailty **OR** during the past year there is documentation of a condition/diagnosis consistent with frailty **AND**
 - The case is flagged for advanced illness **OR** there is documentation that the patient has an active condition/diagnosis considered an advanced illness

ivfpreq

- Although q18, ivfpreq in the Validation module has not changed, please review the question and rules carefully
- It is unlikely you will find a positive response to this question frequently but please make sure you are doing a thorough search through the progress notes of applicable patients for pregnancy and/or in vitro fertilization
- IRR showed the need for improvement on this question

CGPI Core Module

- There is a change to the definition/decision rules for Core module question 1 (vhabs/vhabpd) to clarify conditions when a BP reading should be included
- **BP readings taken on a day of low intensity or preventive procedures are acceptable to use.**
 - Low intensity/preventive procedures include but are not limited to
 - vaccinations
 - allergy injections
 - lidocaine injections
 - eye exams with dilating agents
 - wart or mole removal

CGPI Mental Health Module

- Q6 scrnaudc
- The definition/decision rules of this question were revised to include the following instruction:
 - **On or after 1/01/19, AUDIT-C completed during inpatient hospitalization or in the Emergency Department is not acceptable for outpatient screening for alcohol misuse**
- The same guidance was added to questions about the PHQ-2+I9 and the PC-PTSD5+I9

Brief Alcohol Counseling

- Q16 albac
- Changes have been made to the list of acceptable providers that can provide brief alcohol counseling

Acceptable Providers

The list of providers now includes (changes bolded)

- | | |
|---|------------------------------------|
| – MD/DO | • RN |
| – Licensed Psychologist (PhD/PsyD) | • PA |
| – LCSW, LCSW-C, LMSW, LISW | • MS Level Counselor |
| – LMFT (Licensed Marriage and Family Therapist) | • Addictions Therapist |
| – LPMHC (Licensed Professional Mental Health Counselor) | • Clinical Pharmacist (RPH/PharmD) |
| – APRN (NP or CNS) | • Clinical pharmacy specialist |
| | • Mental Health Pharmacist |

Depression Screening Changes

- There are changes to several of the questions in the depression screening series
- Please review all highlighted wording
 - The same wording change may appear in multiple places but will only be pointed out once in this presentation
- Q21 (scrphq2): Wording was added to indicate the PHQ-2 screen is acceptable prior to 10/01/2018
 - The same change is in other questions that refer to the PHQ-2

Screening Dates

- Q22 (phq2dt): There is new guidance in the definition/decision rules regarding the date of screening
 - **The date refers to the date of the signature on the encounter note**
 - The same guidance appears in the rules for other “date” questions

Primary Suicide Risk Screen

- Wording has been added to several questions to refer to item9/question #3 of the PHQ-2+I9 as the **Primary Suicide Risk Screen**

deprisk

- q31 deprisk
- The question will now display acceptable dates for follow up of a positive PHQ-2 done prior to 10/1/2018
- The list of acceptable providers has been revised as previously noted for the albac question
 - The same changes to the acceptable providers is found in question 31 deprisk and question 33 cssrs

outcome4

- An auto-fill has been added to question 42
- If cssrscor3, 4, 5, or 8=1, outcome4 will be auto-filled as positive
- This auto-fill was added due to an issue with the outcome being passed from the Clinical Reminder to the note

CSRE

- Comprehensive Suicide Risk **Evaluation** has replaced the former wording Comprehensive Suicide Risk Assessment
- The note title for the CSRE may be labeled Suicide Risk Evaluation-Comprehensive.

CSRE Acceptable Providers

- The list of acceptable providers who can complete the CSRE has been revised
- Please note the providers are somewhat different from acceptable providers for other tools so please look at the list carefully as you review
- There is also a list of providers that are NOT acceptable

CSRE

- | | |
|--|--|
| <ul style="list-style-type: none"> • Acceptable Providers <ul style="list-style-type: none"> – MD, DO – Licensed Psychologist (PhD/PsyD) – LCSW, LCSW-C, LMSW, LISW – LMFT, LPMHC – APRN (NP/CNS), PA – Clinical pharmacist (RPH/PharmD, clinical pharmacy specialist, mental health pharmacist) | <ul style="list-style-type: none"> • Not Acceptable Providers <ul style="list-style-type: none"> – RN, LPN – Addiction Therapist – Peer Support Specialist – Unlicensed Assistive Personnel <ul style="list-style-type: none"> • Health Tech • Medical Assistant • Nursing Assistant |
|--|--|

New Question refcsre

- If the answer to question 43 is 98 (patient refused to complete the CSRE), you will go to question 44
- The CRSE does not contain a refusal option
- If there is documentation by the acceptable provider that the patient refused to participate in completion of the CSRE, the following documentation is required

Validity of CSRE

- (REQUIRED) The validity of the information contained within this evaluation is in question (select all that apply):
- No
- Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.). Optional comment may be noted.
- Yes, due to Veteran's medical condition (e.g., dementia, etc.). Optional comment may be noted.
- Yes, due to Other (e.g., refusal)

refscrc

- You will answer question 44 based on the required documentation as in the preceding slide
- If "no" is checked (or documented no reason to question validity of CSRE information), enter "4".
- If none of the other options are documented, enter "99".

Acute Risk

- In q45 (not new) you enter the clinical impression of acute risk documented by the acceptable provider i.e. high, intermediate or low risk
 - The provider is required to enter an explanation in the "as evidenced by" section in the medical record
- In **question 46**, which is a free text box, you will enter the explanation of Acute Risk as documented in the record by the acceptable provider

Chronic Risk

- Another new question (48 csrchrtext) asks you to enter the explanation of Chronic Risk as documented in the record by the acceptable provider

CSRE Interventions

- The acceptable provider list for documenting the CSRE interventions has been updated in the definition/decision rules of question 50
- Question 51 is new and is based on the interventions that you entered in question 50
- If intervention 12, 13, 14 and/or 23 was documented by the acceptable provider and entered in question 50, you will enter any additional comments/interventions documented by the provider in the text box
- Only the appropriate boxes will be enabled

PTSD

- The changes to the series of PTSD questions mirror those in Depression screening
- Again, it is critically important to read each question and the rules carefully as you abstract so that you are aware of the changes
- We expect that you will begin to see the PHQ2+I9, PC-PTSD5+I9, the C-SSRS and the CSRE in the records soon so please be sure you are doing a thorough search for them

Outpatient Medication Reconciliation

- Q1 in the OP Medication Reconciliation module, nexusrx has not changed but a warning has been added if you answer 2
- Please remember that prescription or modification of medication(s) includes:
 - **renewal**
 - **change to a current medication (e.g., changing dose, frequency, route), and**
 - **discontinuation of a medication**

New Questions

- The two new questions discussed in the slides about Inpatient Medication Reconciliation also were added to the OP Medication Reconciliation module
 - emlr
 - allerg1, 2, 3
- The rules are the same and, like the inpatient module, neither of the questions are used in scoring of the current mrec measures
- The remaining questions in this module have not changed

Prevention Module

- Q2 fluvac18 is a revision of the influenza immunization question that includes the dates of the current immunization season
- Even though the influenza data is being collected, it will not be scored until 3QFY19

Screening for Tobacco Use

- There is a new series of questions for tobacco use screening starting with question 11 in the PI module
- Tobacco use screening on or after 10/1/2018, must be completed by an acceptable provider using the **National Clinical Reminder for Tobacco Use**
- **As you proceed through questions 11-25 (as applicable) please keep in mind that all of these questions must be answered in association with the National Clinical Reminder for Tobacco Use**

Tobacco Use

- Tobacco Use Includes:
 - Cigarettes
 - Cigars
 - Pipe smoking
 - Smokeless tobacco
 - Snuff
 - Dip
 - Chewing tobacco
- Does Not Include
 - Electronic cigarettes
 - Vaping devices or any electronic nicotine delivery devices

Acceptable Providers

- Include
 - Physicians
 - APN, PA
 - RN, LPN
 - Pharmacists
 - Social Workers
 - Psychologists
 - Dentists
 - Substance abuse counselors
- Do Not Include
 - **Health/Medical Technicians**
 - Clerical Staff

National Clinical Reminder

- The first question of the National Clinical Reminder for Tobacco Use is:
- Do you smoke cigarettes, or use tobacco every day, some days, or not at all?
 - Every Day
 - Some Days
 - Not at all
 - Declined to Answer

Screening Using the Reminder

- You will answer question 11 based on whether the patient was screened by an acceptable provider using the National Clinical Reminder for Tobacco Use
- During the time frame from (**computer display 10/01/2018 to studyend**), was the patient screened for tobacco use **by an acceptable provider** using the **National Clinical Reminder for Tobacco Use**?
 - 1. Yes
 - 2. No
 - 98. Patient declined to answer National Clinical Reminder for Tobacco Use screening questions

Screening Using the Reminder

- Please note that in order to answer “98”, the refusal must be documented in association with the National Clinical Reminder for Tobacco Use
 - Refusal to answer questions (e.g. have you ever used tobacco) other than the reminder questions is not acceptable

Screened with Clinical Reminder

- If the patient was screened using the Clinical Reminder, you will go on to question 12 and enter the date of the most recent screening using the National Clinical Reminder
 - The date must be $\geq 10/1/2018$ and \leq the study end date

Q13 tobscrn1

- Next, you will enter the patient’s response to Tobacco Use Screening question #1 “Do you smoke cigarettes, or use tobacco every day, some days, or not at all?”
 - 1. Every Day
 - 2. Some Days
 - 3. Not at all

Tobacco User

- If the patient responded that he/she used tobacco, you will enter the responses as documented in the record to questions 14 (tobscrn2) and 15 (tobscrn3)
- 14. Enter the response to the Tobacco Use Screening question “Do you smoke or use tobacco within 30 minutes of waking up?”
- 15. Enter the response to the Tobacco Use Screening question “How long have you smoked or used tobacco?”
 - 1. Less than 1 year
 - 2. 1 year to less than 5 years
 - 3. 5 years to 15 years
 - 4. More than 15 years and less than 30 years
 - 5. 30 years or more
 - 99. Not documented
- After these two questions you will go on to question 18 (tuconsel2)

Not a Current User

- If the patient is not a *current* user, i.e. the patient’s response to Clinical Reminder question 1 is “not at all”, you will go to tobscrn4 (question 16)
- Enter the response to the Tobacco Use Screening question “Has the patient ever used tobacco?”
 - 1. Yes
 - 2. No
 - 99. Not documented

Past User

- If the patient used tobacco in the past, you will enter the response to the screening question as in tobscrn5 (q17)
- Enter the response to the Tobacco Use Screening question “How long ago did they quit?”
 - 1. Less than 1 year
 - 2. 1 to less than 5 years ago
 - 3. 5 to < 15 years ago
 - 4. 15 or more years ago
 - 99. Not documented

Tobacco Counseling

- If the patient is not a current tobacco user, the tobacco questions end with question 16 or 17 as applicable
- If the patient *is* a current user, you will continue to new questions about advice to quit, behavioral counseling, and tobacco cessation medications
- Remember that these questions are different than the previous similar questions and must be answered with regard to use of the National Clinical Reminder for Tobacco Use

Q18 tuconsel2

- On or after 10/01/18 and up to (computer to display study end date), was the patient advised to quit smoking or stop using tobacco **using the National Clinical Reminder for Tobacco Use?**
 - 1. Yes
 - 2. No

Advice To Quit

- **The National Clinical Reminder for Tobacco use includes general guidance on elements such as:**
 - Quitting smoking or tobacco use is one of the most important things you can do to protect and improve your health and VA has the resources to support you.
 - Set a quit date when you are ready to quit.
 - Get support from your family and friends.
 - Review any past quit attempts- What helped? What didn't?
 - On the day you plan to quit, get rid of all cigarettes and tobacco products from your home, car or work.
 - Using a combination of behavioral counseling or other support strategies and FDA-approved cessation medications is the most effective way to ensure success in quitting.

Advice to Quit

- Who can provide advice to quit?
 - Any provider who is able to screen for tobacco use is able to advise patient to quit
 - **Please note: Health Techs cannot provide advice to quit**
- How is advice to quit provided?
 - In addition to face to face, documentation of advice to quit using tobacco via telephone is acceptable
 - Provision of a brochure or pamphlet to the patient without documented direct discussion of how to quit is NOT acceptable.

Counseling or Treatment Options other than Medications

- Information about behavioral counseling/other options **must be documented using the National Clinical Reminder for Tobacco Use**, which includes:
 - Behavioral counseling or other support strategies greatly increases your chances of successfully quitting smoking or tobacco use by helping you develop a quit plan and providing support and other strategies to make behavioral changes to help you quit
 - VA has a number of behavioral counseling options to help you with quitting, including:
 - Provide information about the facility smoking or tobacco use treatment options or clinics
 - VA's national quitline, 1-855-QUIT-VET, with counseling available Monday-Friday

Q22 offtucrx2

- On or after 10/01/2018 and up to (computer to display study end date), was the patient **offered FDA approved medications by a provider to assist in tobacco use cessation using the National Clinical Reminder for Tobacco Use?**
 - 1. Yes
 - 2. No

Q20 tucrefer2

- On or after 10/01/2018 and up to (computer to display study end date), did the provider provide information about **behavioral counseling or treatment options other than medication** to assist patient with quitting smoking or using tobacco **using the National Clinical Reminder for Tobacco Use?**
 - Yes
 - No

Counseling or Treatment Options other than Medications

- If documentation indicates the program was offered, **answer “1” even if the patient refused to enroll or participate**
- Any provider who is able to screen or advise to quit is able to provide information about behavioral counseling or treatment options other than medication to assist patient with quitting smoking or using tobacco

Tobacco Cessation Medications

- All **“Offering of Medications” provided on or after 10/01/2018, must be documented using the National Clinical Reminder for Tobacco Use**
- Documentation of offer of FDA approved tobacco cessation medications using the National Clinical Reminder for Tobacco Use includes:
 - Medications for Nicotine replacement therapy such as the patch, gum or lozenge, and other medications such as varenicline or bupropion, can play an important role in the initial weeks and months after you quit smoking or tobacco use
 - Medications help with cravings and withdrawal symptoms and they greatly increase your chances of successfully quitting

Tobacco Cessation Medications

- **Examples of tobacco cessation products and medications such as:**
 - **Nicotine replacement products (OTC):**
 - Nicotine patch (Nicoderm CQ, Habitrol)
 - Nicotine gum (Nicorette)
 - Nicotine lozenges (Commit)
 - **Nicotine replacement products prescription:**
 - Nicotine inhaler (Nicotrol inhaler) - prescription only
 - Nicotine nasal spray (Nicotrol) - prescription only
 - **Oral medications:**
 - Bupropion (Zyban, Wellbutrin)
 - varenicline (Chantix) – prescription only

Tobacco Use Medications

- **If the provider offered tobacco cessation medication to the patient and the patient accepted or declined, enter “1”.**
- **If there is no documentation the provider offered tobacco use cessation medication to the patient, enter “2”.**
- Any provider who is able to screen or advise to quit is able to provide information about FDA approved medications to assist patient with quitting smoking or using tobacco

Interested In Meds?

- Q24 ptregrx2
- On or after 10/01/2018 and up to (computer to display study end date), did the provider document the patient was interested in a prescription for tobacco cessation medications?
 - 1. Yes, patient is interested in a prescription for tobacco cessation medications
 - 2. Yes, “non-prescribing provider” notified prescribing provider of patient’s interest in a prescription for tobacco cessation medications
 - 3. No, documented patient was not interested in a prescription for tobacco cessation medications
 - 99. No documentation if the patient was or was not interested in a prescription for tobacco cessation medications

Cessation Medications

- The documentation (using the National Clinical Reminder) must indicate if the patient was or was not interested in a prescription for tobacco cessation medication
- If the provider documents the patient was not interested in a prescription for tobacco cessation medication, enter “3”.

Cessation Medication

- Select option 2 if a non-prescribing provider notified the prescribing provider of the patient’s interest in a prescription for tobacco cessation medications
- Non-prescribing provider = This includes, but may not be limited to
 - pharmacists
 - Psychologists
 - RNs and LPNs
 - social workers
 - substance abuse counselors.

Cessation Medication

- Select option 1 if a prescribing provider documents the patient was interested in a prescription for tobacco cessation medications
- Prescribing provider = includes, but may not be limited to:
 - MD/DOs, dentists
 - APNs, Pas
 - PharmDs
 - Facilities may have local policies in place allowing other providers to prescribe over-the-counter nicotine replacement therapy

Q25 tobaxord

- You will go to question 25 if the patient was interested in tobacco cessation medications
- On or after 10/01/2018 and up to (computer to display study end date), is there documentation a tobacco use cessation medication was ordered for the patient?
 - 1. Yes
 - 2. No
- **Please check clinic notes and physician orders to determine if a tobacco cessation medication was ordered for the patient**

Tobacco Use Screening

- If the patient was screened for tobacco use $\geq 10/1/2018$ and up to the study end date, using the National Clinical Reminder for Tobacco Use, you are finished with the tobacco questions
- If the patient was not screened as above, you will need to look for tobacco use screening prior to 10/1/2018 and during the past year.
 - You will use the “old” tobacco screening questions to abstract this information, starting with question 26 and continuing as applicable through question 36

Colorectal Cancer Screening

- Please review the highlighted changes in the colorectal cancer screening questions
 - Results must be in the record for a colonoscopy, sigmoidoscopy or CT colonography done at **any** VAMC
 - Patient self-report of the result of a colonoscopy or sigmoidoscopy or CT colonography done outside the VHA is acceptable **if the PCP documentation** clearly indicates that the colonoscopy was performed.
 - **Nurse documentation of patient self-report is not acceptable for the above procedures**
 - Documentation of outside test results in a note must be done by the PCP
 - As before, patient self-report of gFOBT, iFOBT and stool based DNA is NOT acceptable

PAP and HPV Tests

- Changes to q57 testpap and q64 hpvtest mirror those in the colorectal screening questions
 - Results must be in the record for a Pap or HPV test done at **any** VAMC
 - Patient self-report of the result of a Pap or HPV done outside the VHA is acceptable **if the PCP documentation** clearly indicates that the test was performed.
 - **Nurse documentation of patient self-report is not acceptable for the above procedures**

Mammogram

- Q74 mamgram³
- To answer this question you are looking for a screening, digital or tomosynthesis (3D) mammogram
- Results of mammogram must be in the medical record for tests done by **any** VAMC
- Patient self-report of the result of a mammogram done outside the VHA is acceptable **if the PCP documentation** clearly indicates that the mammogram was performed
- Nurse documentation of patient self-report is **not** acceptable

Nomammo

- There is a change to the rules of question 82 with regard to two unilateral mastectomies
 - Documented evidence the patient had two unilateral mastectomies **on the same date or different dates of service is acceptable**

CGPI Exit Report and Scoring Changes

- Three measures have been discontinued; all were hypertension measures: ihd5h, ihd51h and ihd52h
- There are 4 new measures and several changes to existing measures
- We will address an overview of the new measures and the changes here
 - But please be sure to refer to the 1Q FY19 CGPI exit report guide for details

New Measures

- Ihd53h: HTN: BP<140/90 age 18-85
 - Denominator **exclusions**:
 - Age <18 and >85
 - No diagnosis of HTN (selhtn=false)
 - Dochospce=1
 - Patient age >= 66 and Living long term in an institutional setting
 - Patient age >= 66 and
 - Case is flagged for frailty or frailty=yes and
 - Case is flagged for advanced illness or advillns=yes
 - Patient age >=81 and
 - Case is flagged for frailty or case is flagged for advanced illness or frailty=yes or advillns=yes
 - Numerator: the most recent blood pressure is recorded as <140 systolic and <90 diastolic

New Measures

- Smg19n: Tobacco Use-Current Non-Mental Health (catnum 50 only)
 - Denominator **exclusions**:
 - Dochospce=1
 - Patients who declined to answer the National Clinical Reminder for Tobacco Use questions
 - Patients who were not screened for tobacco use using the National Clinical Reminder for Tobacco Use
 - Numerator
 - The patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use during the timeframe from 10/1/2018 to the study end date AND
 - Smokes cigarettes or uses tobacco every day or
 - Smokes cigarettes or uses tobacco some days

New Measures

- Smg19mn
 - Same as smg19n except includes only catnum 51
- Smg19s
 - Same as smg19n except includes only catnums 36 and 61

Measure Changes

- Checks for frailty/advanced illness exclusions were added to the denominator of:
 - P32h
 - P61h
 - Cvrn2
 - Ihd20h: also added check for inltcset=1
 - C9h
 - Dmg23h
 - Dmg27h
 - Dmg34h
 - Cvrn1
 - p33

MH Measure Changes

- **Ptsd51 and 52**: revised to reflect that screening with the PC-PTSD tool is acceptable only <10/1/2018
- **Mdd40 and 41**: revised to reflect that screening with the PHQ-2 tool is acceptable only <10/1/2018
- **Csra1-4**: revised to include a check for the new question refcsrc (re: validity of information contained in the CSRE was in question)

Tobacco Measure Updates

- Smg8, smg8s, smg10, smg10s, smg9, smg9s, smg2n, smg2mn, smg2sn, p7 and p7s
- All of the tobacco measures have been revised to include checks for screening using the National Clinical Reminder for Tobacco Use when screened $\geq 10/1/2018$
 - Checks for the “old” tobacco use questions are in place for those screened $< 10/1/2018$

CTR

- Anna Sites will be presenting a conference call to review the 1Q19 CTR instrument on 10/31/2018
- Please be sure to join the call or listen to the recording if you are unable to attend live

Take-Aways

- Review this presentation, the 1Q FY19 data collection questions and the 1Q FY19 exit report guides
- Read the changes highlighted in the software carefully as you abstract
 - Be sure the information you are abstracting meets the intent of questions/rules
- Know how the measure changes affect the scoring so that you can provide an informative exit conference
- Share information about 1Q changes with Facility staff at the exit conference for the 11/5 pull list

Be Sure to Ask Questions As Needed

