EPRP UPDATE

3Q FY2019

3Q FY2019 EPRP Update

- The following slides contain the quarterly education on changes to the EPRP data collection instruments, reports and scoring for 3Q FY2019
- As always it is important to review the data collection instruments, exit report guides, and exit report formats in addition to reading these slides

3QFY2019

CGPI CHANGES

CGPI Validation Module

- The changes in the CGPI Validation module involve clarification of the HEDIS pregnancy value set
- Note the addition to the rules of q24 ivfpreg:
  - **Evidence of pregnancy includes but is not limited to documentation of:**
    - Positive pregnancy test
    - In vitro fertilization procedure
    - Intrauterine pregnancy
    - Abdominal, ectopic, molar, ovarian or tubal pregnancy
    - Missed, spontaneous or threatened abortion
    - Induced termination of pregnancy

Q25 pregdt

- Question 25 has been re-worded to reflect the changes in q24
- Enter the most recent date there is evidence of pregnancy documented in the medical record

CGPI OP Med Recon Module

- Q2 emlr
  - There are changes to the wording of the introductory paragraph of the EMLR **Data Object** (changes in orange)
  - "**INCLUDED IN THIS LIST: Alphabetical list of** *Active prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote **and pending**) as well as local inpatient **orders (pending and active)**and **local clinic medications**, locally documented non-VA medications and local prescriptions that have expired or been discontinued in the past 90 days.*"
  - **Note the term "Data Object" refers to the EMLR that is a health summary component and is used to pull together the components necessary for medication review in order to generate a complete medication list.**

Q3 optmed1-6, 8

- There are several important changes in this question and in the associated rules
- The question now reads:
  - **During the most recent NEXUS encounter on (computer to display NEXUSDT), is there evidence in the medical record that the prescribing provider's note included or referenced a medication list for review including all of the following components?**

Prescribing Provider

- **Only one note may be considered as the essential medication list for review**
  - **The hierarchy for choosing the note has been removed from the rules**
- The essential medication list for review must be included in the **prescribing provider's** note
  - **The prescribing provider is the primary physician/APN/PA responsible for the ongoing care of the patient in the NEXUS Clinic**

OR (continued on next slide)

Note for EMLR

- **If the medication list for review is not in the prescribing provider's note……**
- The note in which the essential medication list for review resides **must be referenced by the prescribing provider** in his/her progress note
  - If the patient has multiple encounters on the same day, and an essential medication list for review has been generated, subsequent encounters may refer to that list

Examples of Prescribing Provider Referencing Another Note

- There are two examples in the rules showing how the prescribing provider might reference another note that contains the essential medication list components
- Again, the hierarchy is gone and you must use the prescribing provider's note or a note that has been referenced by the prescribing provider to abstract the essential medication list for review components

Optmed

- Note that component 7, clinic (IMO) medication orders has been removed from the question
  - In 3Q, IMOs will not be assessed because the EMLR Data Object cannot pull in the discontinued or expired medications

Optmed8 Allergies

- There is an important change to the rules for optmed8, allergies
- In order to select "yes", both Local Facility AND Remote Facility Patient Allergies must be documented AND
  - there must be at least one allergy listed or an indication that the patient has no known drug allergies (NKDA) for the Local Facility

Optmed8 Allergies

- If the EMLR Data Object is used and the Allergy Health Summary Component - MRT5 indicates that there are "No Records Found" or "No Data Found" or a warning that data is not available for "Local Allergies"…….
  - allergies must be addressed separately within the same note as the essential medication list for review (e.g., patient states he is allergic to Penicillin or has no known drug allergies, etc.).

Question deleted

- The question that asked about the data source used to answer the optmed question has been deleted
- There are no changes to other OP Med Recon module question or rules
- Changes to scoring will be discussed in later slides

CGPI PI Module

- There is one change in the PI module that applies to several questions
- The change involves **patient self report** and applies to:
  - prevcolon (colonoscopy)
  - sigmoid5 (sigmoidoscopy)
  - ctcolon (CT colonography)
  - testpap (Pap test)
  - hpvtest (HPV test)
  - mamgram3 (mammogram)

Patient Self Report <10/1/2018

- **For [colonoscopy, Pap, mammo, etc.] performed by a community provider PRIOR to 10/01/2018:**
  - **Patient self-report of the result of a [applicable test] done outside the VHA is acceptable.**
  - **The medical record documentation must include the year the [applicable test] was performed and the results**

Patient Self Report >10/1/2018

- **For** [applicable test] **performed by a community provider ON or AFTER 10/01/2018**
- **Patient self-report of a** [applicable test] **done outside the VHA is acceptable if the Primary Care Practitioner documentation clearly indicates that the** [applicable test] **was performed, the year and results.**
  - **Primary care practitioner (PCP): A physician or non-physician (e.g., nurse practitioner, physician assistant) who offers primary care medical services.**
  - **Licensed practical nurses and registered nurses are not considered PCPs.**
  - **Nurse documentation of patient self-report is NOT acceptable.**

Reminder

- A few questions have arisen about the **National Clinical Reminder for Tobacco Use**
- Nothing has changed about the questions or rules but we wanted to remind you of the documentation you should expect to see when the clinical reminder is being used
- Remember that you do not need to see the question: Do you smoke cigarettes, or use tobacco every day, some days, or not at all?

National Clinical Reminder for Tobacco Use

- **EXAMPLES OF PROGRESS NOTE DOCUMENTATION IN CPRS:**
  - **Tobacco Use Screening:**
    The patient uses tobacco every day.

  OR
  - **Tobacco Use Screening:**
    The patient uses tobacco some days.

  OR
  - **Tobacco Use Screening:**
    The patient is a former tobacco user.
    The patient quit less than one year ago.

  OR
  - **Tobacco Use Screening:**
    The patient has never used tobacco.

  OR
  - **Tobacco Use Screening:**
    The patient declines to say if they use tobacco.
    (FAILS – reminder reset)

CGPI Mental Health Module

- Q17 deptxyr
- There are some new ICD-10-CM diagnosis codes that are used to identify a clinical encounter for depression

New Codes for deptxyr

- **F0151**: vascular dementia with behavioral disturbance
- **F3281**: premenstrual dysphoric disorder
- **F3289**: other specified depressive disorder
- **F4321**: adjustment disorder with depressed mood
- **F4323**: adjustment disorder with mixed anxiety and depressed mood

Depression Question Order Change

- You will find that the questions about screening with the PHQ-2+I9 now are **prior to** the "old" questions about screening with the PHQ-2
- You will only go to the scrphq2 question if the answer to scrphqi9 is 2 or 98

Acceptable Provider

- Psychometrician (psych tech) was added to the list of acceptable providers who can complete the C-SSRS
- You will find this change in the rules for the questions cssrs and ptsdcssrs

Outcome4 Auto-fill

- Q42 outcome4
- Due to an issue with the outcome being passed from the Clinical Reminder to the note, a positive **or negative** outcome will be auto-filled based on the answers to the C-SSRS questions
- The same applies to outcome5 in the PTSD series of questions

Skip change

- Q51 depeval only applies to cases with a positive depression screen without other follow up (e.g. C-SSRS)
- So in some cases, this question will now be skipped

PTSD Question Order Change

- Q56 scrptsd5i9
- The PTSD5+I9 questions now precede the PC-PTSD questions
- If the answer to scrptsd5i9 is 2 or 98 you will go to ptsrnpc

Skip change

- Q89 ptsdeval only applies to cases with a positive PTSD screen without other follow up (e.g. C-SSRS)
- So in some cases, this question will now be skipped

CGPI Modules with no changes

- There are no changes to
  - Core module
  - CVD module
  - Diabetes module
  - Shared module

Remote Data

- As you know, for CGPI review it is required that you look in remote data for applicable documentation not found in the local facility record
- In order to make your journey into JLV a little easier, the full SSN will now be displayed at the top of the record in the software
  - You won't have to go out to the main menu to find it when you are accessing JLV

CGPI Exit/Scoring Change

- Mrec63 (Clinic (IMO) medication orders) has been discontinued
- Optmed7 (Clinic (IMO) medication orders) has been removed from the scoring algorithm for mrec54, mrec55, mrec56, mrec57, mrec58, mrec59, mrec60, mrec61, mrec62

CGPI Exit/Scoring Change

- Scoring for mdd40, mdd41, and sui40 will check for scrphqi9 before scrphq2
- Scoring for ptsd51, ptsd52, and sui51will check for scrptsd5i9 before ptsrnpc
- Scrphq2 and ptsrnpc were removed from scoring of sui2, csra1, csra2, csra3 and csra4

CGPI Exit Report Changes

- A link to the RAPID Helpdesk and the Combined Measure Master (CMM) were added in the box at the top of the report
  - These links are for VAMC personnel and are not accessible by abstractors
- Additional information about verification of weighted scores has been added to the introductory section of the report

Influenza Measures

- The influenza immunization measures have been added to the 3Q CGPI exit report
  - p25h, p26h and 19s will be scored beginning with the 5/6 pull list (April visits)

CGPI Exit Report Changes

- A few measures have description changes:
  - ptsd51: PTSD Screening
  - smg8, smg8s: Tobacco Use Cessation-Advised to Quit (outpt)
  - smg10, smg10s: Tobacco Use Cessation – Discussed Cessation Medications (outpt)
  - smg9, smg9s: * Tobacco Use Cessation – Discussed Cessation Strategies (outpt)

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COMMUNICATION OF TEST RESULTS

Clarification

- Clarification has been added to several questions regarding communication by certified letter when test results are positive/abnormal (e.g. afobt, aafpcom)
- **Certified letter - required for abnormal results that require action**
- Letters do not have to be certified when the result of the test is normal or when the test is abnormal but there is documentation that no action is required

HCV Test Change

- We are now looking for communication of test results for the HCV-**RNA** test
- Q15 hcvrna is a new question that captures whether the result was abnormal
  - **Was the HCV-RNA result on (computer to display hcvdt) abnormal based on the reference range in the lab report?**
    - 1. Yes
    - 2. No

HCV-RNA Quantitative Results

- An *example* of an HCV-RNA quantitative test is the RT-PCR
- Quantitative results will be a numeric value
- **You will use the reference range to determine whether the numeric value is abnormal**
  - **Reference range** = a set of **values** that includes upper and lower limits of a **lab test**
  - **The reference range may not be the same at all VA facilities**

HCV-RNA Qualitative Results

- Qualitative results are a text value
- Examples of abnormal qualitative results:
  - Detected
  - Detected <15
  - Positive
- Examples of normal qualitative results:
  - Not detected
  - Negative

HCV-RNA

- There are no other changes to the HCV series of questions except to add “RNA” to the test name

CTR Exit/Scoring Changes

- The only change is that the algorithms now use the value for HCV-RNA rather than the HCV value

HBPC Changes

- The changes to HBPC involve the depression screening and PTSD series of questions
- These changes mirror those in CGPI as discussed in prior slides
  - ICD-10 diagnosis code changes for depression
  - Change of question order for depression and PTSD screening questions
  - Auto-fill for outcome4 and outcome5
  - Skip change involving cases that go to depeval and ptsdeval

HBPC/Exit Scoring Changes

- hc38, hc39, hc40, hc50 – reversed order of checks for scrphqi9 and scrphq2
- hc41, hc42, hc51 – reversed order of checks for ptsrnpc and scrptsd5i9
- hc52 – removed checks for scrphq2 and ptsrnpc

HBPC Exit Report Changes

- The influenza immunization measures have been added to the HBPC Exit report
  - hc46, hc47, and hc48 will be scored on the 5/6 pull list (April study interval)
- The description for hc41 was changed to PTSD Screening

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HOP

HOP

- There are no changes to HOP questions/rules
- There are no changes to HOP scoring
- The link to the Combined Measure Master was added to the Exit Report
  - The link is for VAMC personnel and is not accessible by abstractors

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HBIPS

HBIPS

- There is only one minor wording change in q4 and there are no scoring changes for 3Q
- The link to the Combined Measure Master was added to the Exit Report
  - The link is for VAMC personnel and is not accessible by abstractors

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VTE

VTE

- There are no changes to VTE questions or rules
- There are no changes to VTE scoring
- The link to the Combined Measure Master was added to the Exit Report
  - The link is for VAMC personnel and is not accessible by abstractors

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GLOBAL MEASURES

Global Measures Changes

- Q13 dectm
- There is further attempt to clarify the new rules for time of decision to admit that were effective with January discharges

dectm

- **If the specific decision to admit time is documented, enter that time.**
- **If multiple decision to admit times are documented and the earliest time is not the admission order time, use the priority source list below and enter the earliest time for the highest priority source.**
  - Specified time the decision to admit was documented.
  - Specified time the decision to admit was documented in a non-narrative location (e.g., flowsheet, checklist, screening).
  - Note opened time for the decision to admit documented in a non-narrative location without a specified time (e.g., flowsheet, checklist, screening).
  - Note opened time for narrative documentation identifying the decision to admit was made without a specified time.
- **Please NOTE that note signature time is NOT in the priority source list**

Referral for Substance Use Treatment

- Examples of substance use treatment programs were added to the rules of question 32 addtxref
  - **SATP:** Substance Abuse Treatment Program
  - **STAR:** Substance Treatment and Recovery
  - **SUD Clinic:** Substance Use Disorder Clinic
  - **IOP:** Intensive Outpatient Program
  - **SARRTP:** Substance Abuse Residential Rehabilitation Treatment Program
- This list is not all inclusive

Delirium Risk

- There are no changes to the Delirium Risk module
- The highlighted sections contain previous wording in a different format for emphasis
- Please review terms that can be considered equivalent terms for the presence of delirium, as well as those that cannot be considered equivalent terms

Inpatient Medication Reconciliation

- The changes in the Inpatient Medication Reconciliation module are generally the same as those in the OP Med Recon module as noted in previous slides

Q2 revptmed 1-6, 8, 9

- Upon admission or during the 24 hours after admission, is there evidence in the medical record that **the prescribing provider's note included or referenced** a medication list for review including all of the following components?
- As with OP, the clinic (IMO) medication orders component has been removed

Note with emlr components

- **Only one note may be considered as the essential medication list for review**
- **The essential medication list for review must be included in the prescribing provider's note**
- **The prescribing provider is the physician/hospitalist/attending physician responsible for the care of the patient on the inpatient unit**

Note with emlr components

- **The essential medication list for review must be included in the prescribing provider's note**

OR

- The note in which the essential medication list for review resides must be referenced by the prescribing provider in his/her **admission** progress note or **during the 24 hours after admission**
- If referencing another note, the prescribing provider must also include any modified or newly prescribed patient medications in that note as well

Examples

- Please review the examples provided in the definition/decision rules, including the following which addresses essential medication list for review documented prior to admission
  - **An essential medication list for review is generated prior to admission in a setting from which the patient is intended to be admitted (e.g., ED, Urgent Care, Outpatient Clinic, Observation). The prescribing provider documents in the admission note, e.g., "The patient was seen in the ED and the essential medication list for review was completed. No changes were made."**

Inpatient Medications

- If there were no inpatient medications on admission but Inpatient Medications are listed in the statement *preceding* the medication list for review select "1" for Inpatient Medications.

Global Measures Scoring/Exit

- Mrec53 was discontinued (Essential medication list for review includes clinic (IMO) medication orders)
- Revptmed7(clinic (IMO) medication orders) has been removed from the following algorithms: mrec44, mrec45, mrec46, mrec47, mrec48, mrec49, mrec50, mrec51, mrec52, mrec74
- The link to the CMM was added as on other exit reports

Follow the Rules!

- We can't overemphasize the importance of reading and correctly applying the definition/decision rules for each question
- It is critical that all abstractors use the same standards to determine how questions are answered
- If you aren't sure whether the documentation is acceptable, please ASK!