EPRP UPDATE

4Q FY2019

4Q FY19 EPRP Update

- The following slides will provide an overview of the 4Q FY2019 changes to EPRP data collection instruments and scoring
- As always, changes are highlighted in the data collection instruments that you received by email
- Not all changes will be covered in this presentation, so be sure to review all of the highlighted wording

CGPI

CGPI Validation Module

- There are only some minor changes/clarifications to a few Validation module questions
  - Q11 inltcset: clarification that in order to answer "yes" the number of days in a VHA or community institutional setting is 60 consecutive days
  - Q14 frailty: you will get a warning if you answer no to this question and the record is flagged for frailty
  - Q18 htnenc2: the date parameter was changed so that the same date can't be entered for htnencdt1 and htnencdt2

CGPI MH Module

- Many of the highlighted changes in the MH module are skip changes due to a change in the order of the PTSD series of questions
- There are also a few changes to questions and/or definition/decision rules

CSRE Interventions

- There are several changes in q49 vacsraint1-35 and the same changes are in q87 ptcsraint1-35
- Some of the interventions have wording changes
  - Please note:
  - **The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same.**
    - **For example, option 8, provider may document "Updated Veteran's safety plan."**

CSRE Interventions

- Some of the previous interventions have been removed and several new ones added
  - 29. Referral to psychiatry/medication assessment or management
  - 30. Referral to vocational rehabilitation/occupational rehabilitation services
  - 31. Referral to Psychosocial Rehabilitation and Recovery Center (PRRC) and/or Intensive Community Mental Health Recovery (ICMHR) services
  - 32. Referral to residential mental health services
  - 33. Provide resources/contacts for benefits information
  - 34. For home based care: Increase frequency of home visits
  - 35. Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran's risk by sending a request for consultation by email to: SRMconsult@va.gov

csratext

- Free text entry for value 23 has been removed

PTSD

- As previously noted, the order of a few PTSD screening questions has changed
- The series will start with the question about a clinical encounter for PTSD
- If there was no clinical encounter for PTSD as evidenced by an applicable code, you will then go to leavduty (date of separation)

PTSD

- Q60 scorptsd5
- Note that the score for a positive PC-PTSD5 screen has changed from 3 to **4** or greater
- This change affects the path that will be followed after you answer ptsdi9out

CGPI OP Medication Reconciliation

- Q2 emlr
- There are several clarifications in the definition/decision rules for the question emlr
- The EMLR Data Object (DO) must be imported into the prescribing provider's note **OR**
  - The note in which the EMLR DO resides must be referenced by the prescribing provider during the encounter.
  - An addendum added to the original note containing the EMLR DO on the same date as NEXUSDT is acceptable

EMLR Data Object

- Please remember (not new) that use of the EMLR Data Object is recognizable by the codes imbedded and the introductory paragraph as per the Definition/Decision rules
  - **MRT5** - Allergy Health Summary Component; and
  - **MRR1** - Medication and Supply Health Summary Components (no glossary version) OR
  - **MRT1** - Medication and Supply Health Summary Components (glossary version-preferred for patients).
  - "INCLUDED IN THIS LIST: Alphabetical list of a*ctive 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.*

optmed

- Additional wording has been added to optmed but it is primarily for VHA staff
  - The highlighted section in the definition/decision rules for optmed is nothing that you need to look for as you review the record

No changes

- There are no changes to these CGPI modules:
  - Core
  - CVD
  - Diabetes
  - Prevention
  - Shared

CGPI Exit and Scoring

- The only CGPI scoring changes involve the mnemonics csra1 and csra4
  - the additions to the options for vacsraint (31-35) and ptcsraint (31-35) have been added to the scoring of these mnemonics
- There are no other CGPI exit report or scoring changes

Hospital Outpatient Measures

- As per previous notification, the HOP review will be discontinued at the facilities that currently have it and will be added at other facilities
- Those of you abstracting for facilities that will have HOP added have been notified
- A training session will be held to review the entire HOP instrument so nothing will be addressed in this presentation

HBPC

- There are multiple changes to HBPC including new questions and new measures
- Along with new questions come changes to skip patterns which you will see highlighted in the field format column
- We will start by looking at two new questions that were added to the Medication Management section of HBPC

Duplications in Therapy

- Q14 meddup
  - **During the time frame from (computer to display admisdt to admisdt + 30 days), did the pharmacist document medications were assessed for duplications in therapy?**
- To meet the intent of this question, the pharmacist must document that medications were assessed for duplications in therapy and the note must be signed by the pharmacist
  - The timeframe is within 30 days of the date of admission

Drug-drug interactions

- Q15 medinter
  - **During the time frame from (computer to display admisdt to admisdt + 30 days), did the pharmacist document medications were assessed for drug-drug interactions?**
- To meet the intent of this question, the pharmacist must document that medications were assessed for drug-drug interactions and the note must be signed by the pharmacist
  - The timeframe is within 30 days of the date of admission

Alternative Caregiving/Placement Plans

- Questions 24-28 are new and seek documentation about alternative caregiving/placement plans
- Questions are applicable when hcstatus=2
- You will be looking for documentation by the HBPC Social Worker
- Each question has suggested data sources

Alternative Caregiving/Placement Plan Education Components

- Q24 swedacp1-3, 99
- **During the timeframe from (computer to display admisdt to admisdt + 30 days), did a HBPC social worker document education about alternative caregiving/placement plans that includes any of the following components**?

Q24-alternative plan components

- **Select all that apply (cannot select 99 with any other value):**
  - **1. Education on potential VA resources**
    - **(e.g., Respite, Homemaker and Home Health Aide (H/HHA) Care, adult day care, Long Term Care placement, Medical Foster Home (MFH))**
  - **2. Education on potential VA limitations that may impact alternative caregiving/placement plans**
    - **(e.g. Veterans who are SC less than 70% would not have placement in a contract nursing home (CNH), own long term care insurance, potential placement based on personal preferences and availability in state/out of state)**
  - **3. Education on potential non-VA and community resources that may impact alternative caregiving/placement plan**
    - **(Medicaid eligibility, private insurance, personal preferences, Medicaid waivers, other state benefits etc.)**
  - 99. None of the above

Plan Components

- Look carefully for documentation of the education components within 30 days of the HBPC admission date
- Note the examples that follow each answer option
- Suggested data sources:
  - HBPC social work assessment
  - HBPC psychosocial admission assessment
  - social work section of the inter-disciplinary treatment plan (IDTP)
- If any of the components are documented, in question 25 you will enter the date that the social worker documented the education about alternative caregiving/placement plans with the patient/caregiver/guardian

Reason for no education

- Q26 noedrsn
- If no education was provided you will go to question 26
  - **During the timeframe from (computer to display admisdt to admisdt + 30 days), is there documentation by a HBPC social worker of a reason why the education about alternative caregiving/placement plans did not take place?**
- Examples of reasons for no education may include, but are not limited to:
  - lack of decision making capacity
  - no caregiver/guardian available
  - Veteran hospitalized 16 days+

Refused education

- If there is documentation the patient/caregiver/guardian **refused** education about alternative caregiving/placement, select 98
- If the answer is 98, this series of questions ends and you will go to the nutrition questions as applicable
- Otherwise, the next question is 27 ptstplan

Plan for Urgent/Emergent Care

- During the timeframe from (**computer to display admisdt to admisdt + 125 days**), did the HBPC social worker document the **plan for urgent/emergent care** by either documenting the plan or documenting the patient/caregiver/guardian's choice to decline making a plan?
  - 1. Yes, HBPC social worker documented the plan for urgent/emergent care
  - 2. No, HBPC social worker did not document the plan for urgent/emergent care
  - 98. Patient/caregiver/guardian refused/declined to make a plan for urgent/emergent care

Plan for Urgent/Emergent Care

- Look for the documentation of the plan for urgent/emergent care in social worker documentation within 125 days of the HBPC admission date
- Urgent/emergent care plans might include (but not limited to) another caregiver, family member, Medical Foster Home
- Suggested data sources:
  - HBPC social work assessment
  - HBPC social work note
  - Social work section of the inter-disciplinary treatment plan (IDTP)

Long Term Care Planning

- Q28 ptltplan
- During the timeframe from (computer to display admisdt to admisdt + 125 days), did the HBPC social worker document the plan for **long term care planning** by either documenting the plan or documenting the patient/caregiver/guardian's choice to decline making a plan?
  - 1. Yes, HBPC social worker documented the plan for long term care
  - 2. No, HBPC social worker did not document the plan for long term care
  - 98. Patient/caregiver/guardian refused/declined to make a plan for long term care

Long term care planning

- Planning for long term care may include but is not limited to Medical Foster Home, Assisted Living Facility, Medicaid LTC
- Suggested data sources:
  - HBPC social work assessment
  - HBPC social work note
  - Social work section of the inter-disciplinary treatment plan (IDTP)

Nutrition and Environment Assessments

- A note to HBPC staff has been added to the definition/decision rules of nuthyd and envases
- The note provides direction to staff about when CVT (clinical video teleconference may be used).
- **This directive does not affect your abstraction.**

HBPC MH Questions

- Changes to the HBPC MH questions (depression and PTSD screening) mirror those discussed in the CGPI Mental Health Module, i.e. vacsraint and ptcsraint
- These changes do not affect any HBPC Mental Health measures

HBPC Exit Report and Scoring

- There are 4 new measures on the HBPC exit report
- All are **pilot** indicators
  - Hc53: Veterans assessed for duplications in medication therapy
  - Hc54: Veterans assessed for drug-drug interactions in medication therapy
  - Hc55: Education on Alternative Caregiving/Placement Plans
  - Hc56: Alternative/Placement Plan Documented
- Please see the 4Q HBPC Exit Report Guide for details on measure scoring

COMMUNICATION OF TEST RESULTS

Communication of Abnormal Results

- An additional example of acceptable documentation of communication of an abnormal test result has been added to the rules for the relevant question for each test, e.g. afobtcom, ahcvcom, aafpcom etc.
  - **A statement indicating the patient received additional testing and/or treatment based on test results is acceptable documentation**

HARD EDIT

- If you answer 1 (yes) to a communication of abnormal test results question, e.g. ahcvcom, amamcom, adexcom
  - You cannot enter value 3 (Letter not certified) or 4 (My Healthe Vet Premium account) to the "methods" questions, e.g. hcvmeth, mameth, dexmeth
  - A hard edit will prevent you from choosing one of these options that are not consistent with an acceptable method of communicating an abnormal test result that required action

HCV-RNA

- Q14 hcvdt has changes that are intended to address situations that have arisen with previous abstraction
- If the HCV **RNA** test was not done, you will be able to enter 99/99/9999.
- **For example:** The lab results indicate a HCV AB (Hepatitis C antibody test) was done and was negative, so the HCV RNA test was canceled.
  - This means no HCV RNA test was done and you should enter 99/99/9999.

HCV-RNA

- Before you enter the 9's you must be certain that no HCV-RNA was done
- Please search the lab package carefully for an HCV RNA test
- Examples include:
  - HCV RNA
  - HCV RNA PCR
  - HCV PCR
  - HCV RNA Quantitative (RT-PCR)
  - HCV RNA Quantitative (bDNA)
  - HCV RQ
  - Viral Hepatitis C RNA by PCR
  - hepatitis C Viral Load
  - HCV VL (REFLEX)

Mammo report date

- Direction was added to the rules for question 41 mamdt to address a question that has surfaced during abstraction
- The exam was performed on 9/16/18 (for example) and the report release date is 9/18/18; however, there is notation that the results were communicated to the patient on 9/16/18. **Enter 9/16/18 as the report date**.

CTR Exit Report and Scoring

- The only change to CTR scoring is allowance of the 99/99/9999 answer to hcvdt
- The change applies to CTR 20, 21, and 23
- If 9's are entered, the algorithm goes to the next test

INPATIENT DATA COLLECTION INSTRUMENTS

TJC Changes

- Changes outlined in the following slides for Global Measures, HBIPS and VTE will be effective with **July 2019 discharges**
  - You will have July discharges on the 8/5 pull list for VTE
  - You will have July discharges on the 8/19 pull list for GM and HBIPS
  - Please continue to reference 3Q instruments and exit report guides for these topics until the 4Q changes are effective as noted above
- The changes to the Inpatient Medication Reconciliation module are effective with the 7/9 pull list

GLOBAL MEASURES

Discharge Disposition

- Wording has been added to option 5 of the question dcdispo to clarify discharge to a rehabilitation facility
- Rehabilitation Facility including, **but not limited to:** Inpatient Rehabilitation Facility/Hospital, Rehabilitation Unit of a Hospital, **Chemical Dependency/Alcohol Rehabilitation Facility**
- Note that discharge to an outpatient Chemical Dependency programs and Partial Hospitalization is answered "1" as before

OP Tobacco Cessation Counseling

- Some additional guidance about OP tobacco cessation referrals has been added to the rules of question 22 refoptob
- **If a patient is referred to an outpatient tobacco cessation counseling provider that does not schedule appointments and the patient was given a specific date and time to present for counseling, select Value "1."**
  - **Example:** Discharge Instructions, "Please attend tobacco cessation clinic next Wed. 7/24/2019 at 10:00 am."
- Similar wording was added to addtxref regarding referral for additions treatment

Delirium Risk Module

- There are no changes to Delirium Risk

Inpatient Medication Reconciliation

- Q1 emlr
- The EMLR Data Object (DO) must be imported into the prescribing provider's note **OR**
  - The note in which the EMLR DO resides must be referenced by the prescribing provider in his/her admission progress note or during the 24 hours after admission
  - An addendum added to the original note containing the EMLR DO upon admission or during the 24 hours after admission is acceptable

emlr

- **Note: For surgical care cases that have surgery on the day of admission, documentation of the EMLR Data Object in the pre-op H&P done prior to admission including provider documentation prior to surgery that the medications are unchanged (or similar wording) from the pre-op H&P is acceptable**

revptmed

- Additional wording has been added to revptmed but it is primarily for VHA staff
- The highlighted section in this question is nothing that you need to look for as you review the record

Global Measures Exit and Scoring

- There are no changes to Global Measures, Inpatient Medication Reconciliation or Delirium Risk measures/scoring

HBIPS

HBIPS Changes

- Changes to dcdispo value 5 as discussed in previous slide
- There is also a change in the definition/decision rules for q32 whymor1 (justification for two or more antipsychotics at discharge) regarding failed multiple trials of monotherapy:
  - **The trials could have been conducted with three different medications in which** the documentation must include at a minimum the names of the antipsychotic medications that previously failed.

  OR
  - **There could have been multiple trials with the same medication but different doses and timing of administration, in which case the documentation should include the names of the medication and a statement that the trials failed with different dosing and/or timing**

HBIPS Exit Report and Scoring

- There are no changes to the HBIPS exit report or scoring.

VTE

- The change to dcdispo value 5 as previously noted is also found in VTE

VTE

Diagnosis on Arrival

- Q9 arrvtedx
- There are some clarifications to the rules for this question
  - **Note:** it is not necessary for a VTE Diagnostic Test to be linked with the physician/APN/PA documented diagnosis of PE or VTE.
  - Additional examples of acceptable documentation of VTE on arrival:
    - Results of a Doppler are positive for an acute nonocclusive LLE thrombus on the day after admission, select "Yes."
    - Physician documents in H&P on day of admission, "DVT right lower extremity," select "Yes"
  - If an acceptable test is ordered for a PE or VTE indication and results are documented as negative by 23:59 the day after admission, then suspicion of PE or VTE has been ruled out. Select "No."

Diagnosis on Arrival

- Q9 arrvtedx
- VTE diagnostic testing <u>acceptable</u> documentation example:
  - Bilateral venous Doppler of the lower extremities is ordered on the day after admission for redness and swelling left calf, select "Yes."
- VTE diagnostic testing *unacceptable* documentation example
  - Bilateral venous Doppler of the lower extremities is ordered on the day of arrival for redness and swelling left calf. Results returned the same day document no acute VTE in left common femoral vein or popliteal vein, select "No."

Diagnosis on Arrival

- Q9 arrvtedx
- Example for patients who are under treatment and receiving anticoagulation therapy for PE/VTE at the time of hospital arrival
  - Patient presents with a documented diagnosis of PE on the day of arrival. Coumadin placed on hold to evaluate for GI bleed, select "Yes."
- When patient is on anticoagulation therapy for a condition other than PE/VTE at the time of arrival (e.g. atrial fibrillation) **EXCEPTION:**
  - Patient on apixaban prior to arrival for a history of atrial fibrillation. Apixaban discontinued on arrival for surgery the day after admission, select "No".

Diagnosis on Arrival

- Q9 arrvtedx
- If the patient was admitted and had surgery on day of or day after hospital admission or ICU admission, and there was no documentation of diagnosed/suspected VTE prior to surgery, VTE is not considered present on admission and "No" would be selected.
  - **Disregard diagnostic procedures performed, e.g., cardiac catheterization, endoscopy, ERCP**

Diagnostic Test for VTE

- Q12 vtetest
- The following has been added to the all inclusive list for VTE diagnostic tests
  - **CT pulmonary angiogram (CTPA)/CTPA Scan/CT pulmonary embolism (CTPE)**

VTE Defined Locations

- Q14 posvte
- A new location for DVT has been added
  - **Infrarenal IVC**
- Two new location <u>exclusions</u> have been added, i.e. exclude VTE located in:
  - Amniotic fluid embolism/emboli
  - Cement embolism/emboli

No VTE Prophylaxis

- Q17 nomedpro, q22 norxpro
- This statement has been *removed* from the rules for these questions:
  - If the VTE diagnostic test was performed the day of or the day after arrival or admission, select "Yes."

VTE Exit Report and Scoring

- There are no changes to the VTE exit report or scoring

Changes

- Although some of the 4Q changes seem minor, all changes are important
- It is critical to review them and **read the rules as you abstract** to be sure you incorporate the changes into the way you look at the records
- Thanks for your continued diligence in collecting accurate data