

## EPRP Update

2q fy2020

## Objectives

- The purpose of this presentation is to
  - Outline changes to the 2Q FY2020 data collection instruments
  - Provide an overview of changes to 2Q FY2020 scoring algorithms
  - Reiterate important points that have not changed but need emphasis or clarification
- The data collection questions must also be reviewed prior to the beginning of abstraction with particular attention to highlighted sections

## CGPI Validation Module

- The question vascdis has been removed
- There is a **new question** to capture documented diagnosis of ischemic vascular disease (IVD)
  - Q20 ivdenc1
  - **Within the past year is there documentation the patient had an outpatient or acute inpatient encounter with a documented diagnosis of ischemic vascular disease (IVD)?**
  - 1. Yes
  - 2. No

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## CGPI CHANGES

## ivdenc1

- The intent of the question is to determine if the patient had an outpatient or acute inpatient encounter with a documented diagnosis of ischemic vascular disease (IVD) during the past year.
  - Table 7 has a list of acceptable ICD-10-CM codes and diagnoses
    - You received Table 7 as a reference in 1Q FY2020
    - Ischemic vascular disease diagnoses may be taken from clinical documentation in the acute inpatient or outpatient setting and must include one of the acceptable diagnosis codes

## IVDenc1

- Review all clinical notes during the past year to determine if there was an outpatient or an acute inpatient encounter with a documented diagnosis of IVD.
  - For acute inpatient encounter, the discharge date must be within the past year.
  - Do not include an IVD diagnosis found only in a non-acute inpatient stay such as rehabilitation, skilled nursing care or respite care
- You will get a warning if you answered “true” for selmi, selpci, or selcabg but “no” to ivdenc1

## IVD Diagnosis Found

- If you answer “yes” to ivdenc1, you will enter the exact date of the most recent encounter with documented diagnosis of IVD in the past year
- A subsequent question, ivdenc2, asks you to look for a diagnosis of ischemic vascular disease in the year prior to the past year
  - The appropriate timeframe will be displayed in the question

## How are the IVD Questions Used?

- Ivdenc1 and ivdenc2 will replace vascdi1-9 in scoring cvrm1, cvrm2 and p10
- Please see the 2Q CGPI exit report guide for further details

## CGPI Mental Health Module

- The only change in this module involves the timeframe from which the PC-PTSD5+I9 can be accepted
- Q56 scrptsd5i9
  - On or after **9/01/2018**, was the patient screened for PTSD using the Primary Care PTSD5 +I9?
- Q57 pcptsd5dt
  - You can now enter a date of screening that is  $\geq$  9/1/2018 and  $\leq$  studyend
- This change was made because some facilities began using the PTSD5+I9 prior to 10/1/2018

## CGPI OP Medication Reconciliation Module

- Some clarification (no change) has been added to the definition/decision rules in the question optmed regarding optmed8 (allergies)
- In order to select “yes” for optmed8, **both Remote Facility AND Local Facility patient allergies must be documented**
- If the EMLR Data Object is being used, the Allergy Health Summary Component-MRT5 should **include both local and remote allergies**

## REMOTE ALLERGIES NOT DOCUMENTED

- The EMLR has specific coding designed to report the reasons for the absence of remote allergies or remote medications data
  - WARNING: Remote Data from HDR not available
  - WARNING: Connection to Remote Data Currently Down
  - WARNING: Connection to Remote Data Not Available
  - "No Remote Allergy/ADR Data available for this patient"
- The presence of any of these alerts “counts” as documentation of remote allergies **BUT**
  - **Local allergies must still be documented**

## Example of Acceptable Allergy Documentation

MRT5 – Allergies/ADRs

**No remote Allergy/ADR data available for this patient**

FACILITY	ALLERGY/ADR
-----	-----
LOCAL VAMC:	losartan
LOCAL VAMC:	azithromycin

## Example of Acceptable Documentation of Allergies

-----MRT5-Allergies/ADRs-----	
-	
FACILITY	ALLERGY/ADR
-----	-----
LOCAL VAMC	TETANUS TOXOID
LOCAL VAMC	PCN
REMOTE VAMC	IV CONTRAST MEDIA

## opmedlst2

- Please note that After Visit Summary (AVS) has been removed from the list of *suggested data sources* for abstracting the written list of reconciled medications provided to the patient/caregiver

## CGPI PI Module

- Influenza immunization: q2 fluvac19
- During the period from (**computer display 7/01/2019 to (pulldt or <= stdyend if stdyend > pulldt)**), did the patient receive influenza vaccination?
  - Note the change in the timeframe displayed in the question
  - Be sure to look for influenza immunization in the complete time period allowed
- Q3 fluvacdt allows entry of a date up to the pull list date
  - If the study end date is > the pull list date (e.g. the pull list date is 2/24/2020 and the study end date is 2/29/2020), abstract to the study end date

## Tobacco Use Screening

- Please see the highlighted portion of the definition/decision rules for q13 (tobscrn18)
- This information is not a change, but was added to clarify what you should expect to see when tobacco screening was completed using National Clinical Reminder for Tobacco Use
- The screening questions will not appear in the documentation
- The lead in is “Tobacco Use Screening”

## Examples of Tobacco Use Screening Documentation

- **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.

## CGPI Shared Module

- There is a change to value 3, question 32 notasa
  - There are additional medications (in red below) that allow selection of “3”
  - Does the record document any of the following reasons for not prescribing aspirin?
    - 1. Aspirin allergy
    - 3. Taking warfarin/(Coumadin); **apixaban (Eliquis); dabigatran (Pradaxa); edoxaban (Savaysa); or rivaroxaban (Xarelto)**
    - 95. Not applicable
    - 97. Other reason documented by a physician/APN/ PA or pharmacist
    - 98. Patient refusal of aspirin documented by physician/APN/PA or pharmacist
    - 99. No documented reason

## No Changes

- There are no changes to the following CGPI Modules:
  - Core
  - CVD
  - DM

## CGPI Exit/Scoring

- Ptsd51 and sui51: the date parameter was changed to include screening done 9/1/2018 and after as previously noted in the questions scrptsd5i9 and pcptsd5dt
- Changes to cvrm1, cvrm2 and p10 as noted in a previous slide
- Mrec54-62 changed from Pilot indicators to Quality indicators

## Pneumococcal Immunization

- The measures pvc11h and pvc11s have been discontinued and replaced by new measures
- Pvc12 and pvc12s
  - The PCV13 immunization is not part of the scoring for these new measures
  - Only the PPSV23 is considered in the measures
  - If the PPSV23 was given when the patient is age 60 or greater the case will pass
  - If the PPSV23 was given prior to age 60 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine, the case will be excluded
  - Or if the PPSV23 was refused or not given and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine, the case will be excluded

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## HBPC

## New Questions!

- Two new questions have been added to the Nutrition/Hydration section of HBPC
- The questions ask you to look for documentation of a malnutrition assessment and the date it was performed

## Q23 assesmal

- During the timeframe from (computer display admisdt – 30 days to admisdt + 30 days), was an assessment for malnutrition completed by a Registered Dietitian (RD) or Registered Dietician Nutritionist (RDN) during the initial face to face clinical encounter?
  - 3. Yes, the HBPC RD or RDN initial nutrition assessment contains an assessment for malnutrition that was completed by a RD or RDN during the initial face to face encounter
  - 4. No, the HBPC RD or RDN initial nutrition assessment does not contain an assessment for malnutrition completed by a RD or RDN during a face to face encounter
  - 5. No, documented this HBPC program is rural and face to face encounter cannot be completed
  - 98. No, an assessment for malnutrition was not completed by the HBPC RD or RDN and the initial nutrition assessment contains documentation that the patient/caregiver/guardian refused or declined to participate in the assessment for malnutrition

## Malnutrition Assessment

- The malnutrition assessment must contain the ASPEN/AND Malnutrition Diagnosis Guide
- AND/OR
- The malnutrition assessment must include evaluation of:
  - energy intake
  - interpretation of weight loss
  - body fat loss (based on nutrition focused physical exam)
  - muscle mass loss (based on nutrition focused physical exam)
  - fluid accumulation and
  - reduced grip strength

## RD or RDN, Face to Face

- The malnutrition assessment must be completed by
  - A Registered Dietician (RD) or
  - A Registered Dietician Nutritionist (RDN)
- The assessment must be performed during a face to face encounter in the patient's home UNLESS
  - There is documentation the HBPC program is rural and a face to face encounter cannot be completed (select value 5)
    - **Rural HBPC Program:** Veteran is in a rural location and the HBPC program has less than 40 patients enrolled in those rural locations as outlined in VHA Directive 1411
    - This is monitored by the Program Office

## Date of Assessment

- The assessment for malnutrition must be completed within 30 days prior to or after the HBPC admission date
- Enter the exact date of the malnutrition assessment in q24 asesmaldt

## PTSD Date Change

- The change to the date parameter for abstracting the PC-PTSD5+I9 is changed in HBPC as previously noted for change
- This change is reflected in questions 77 (scrptsd5i9) and 78 (pcptsd5dt)

## HBPC Exit/Scoring

- Hc49 has been retired and replaced by the new pneumococcal immunization measure, hc57
  - Scoring is as described for the CGPI pneumococcal measures in a previous slide
  - Also, the checks for the PCV13 immunization were removed from hc45 (pneumococcal vaccination refused)
- The date parameter for the PC-PTSD5+I9 was changed for hc41 and hc51

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**HOP**

## ED Departure Time

- Please note the highlighted clarification in q8, edctm
  - A departure time listed within a disposition heading from the ED may be used
  - **The actual departure time must be documented: note signature time is NOT acceptable**
- **This rule is different than the Global Measures rule!**

## Questions Removed

- Effective with discharges  $\geq$  01/01/2020, the following questions will no longer be abstracted for HOP
  - Cardpain
  - Ecgdt
  - Ecgtm



## HOP Exit/Scoring

- HOP5 (Median time to ECG) has been retired effective with discharges  $\geq$  01/01/2020
- The 2/3/2020 pull list is the last list that will have discharges prior to 1/1/2020

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## COMMUNICATION OF TEST RESULTS

## CTR

- There are no changes to CTR questions or exit/scoring

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## HBIPS

## HBIPS

- Additional guidance re: abstraction of discharge to an Assisted Living Facility (ALF) has been added to the question dcdispo
- If the patient is being discharged to assisted living care or an assisted living facility (ALF) **that is located within a skilled nursing facility** and the documentation in the medical record also includes nursing home, intermediate care or skilled nursing facility, select Value "1" ("Home").

## HBIPS

- There are no additional changes to HBIPS questions

## HBIPS Exit/Scoring

- There are no changes to HBIPS scoring
- We will no longer collect data for HBIPS beginning with discharges  $\geq 01/01/2020$  (2/24 pull list)

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## TRANSITIONS OF CARE

## TOC

- We will receive a pull list for TOC on 1/6/2020
- Since we have not used this data collection instrument since 4Q FY2019, it is a good idea to review it in its entirety before beginning review

## TOC

- There is only one change to the data collection instrument Q10 dcomp
  - For the inpatient admission on (computer to display admtdt), is there documentation the discharge information for the discharge on (If readm = 2, computer to display dcdt OR If readm = 1, computer to display readmdcdt), includes the following required components?
  - **Select all that apply:**
    - 1. The practitioner responsible for the patient's care during the inpatient stay
    - 2. Procedures or treatment provided
    - 3. Diagnoses at discharge
    - 4. Current medication list
    - 6. Testing results, documentation of pending tests or no tests pending
    - 7. Instructions to the PCP or ongoing care provider for patient care
    - 99. None of the above
  - **Value 5 (medication allergies) is no longer included as one of the required components**

## TOC Exit/Scoring

- The only change to scoring is to remove dcomp5 from trc2h

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## GLOBAL MEASURES

## GM Changes

- Changes to the Global Measures instrument are effective with discharges  $\geq 01/01/2020$ .
- You will see these cases starting with the 2/24/2020 pull list
- Meantime the questions/rules for 1QFY2020 are applicable

## Arrival Date and Time

- An addition to the rules for questions 1 and 2 (arrival date and time) clarifies that pre-arrival orders may not be used for arrival date and time
  - **Exclude: Pre-Arrival Orders**

## Dcdispo-ALF

- The same guidance about ALFs as previously discussed in HBIPS has been added to GM
- If the patient is being discharged to assisted living care or an assisted living facility (ALF) **that is located within a skilled nursing facility** and the documentation in the medical record also includes nursing home, intermediate care or skilled nursing facility, select Value “1” (“Home”).

## ED Departure Time

- There are additions to the rules about patients who are placed into observation services and abstraction of ED departure time (q15 edctm)
- For patients who are placed into observation outside the services of the ED abstract the time of departure from the ED.
  - If the patient is placed into observation services and remains in the ED or in a unit of the ED, abstract the time they depart the ED or ED unit for floor/surgery etc
  - **Do not abstract the time they are placed into observation services**

## Observation Services

- For patients who are placed into observation under the services of the ED, abstract the time of departure from the ED observation services.
  - If a patient is seen in the ED and admitted to an observation unit of the ED, then discharged from the observation unit, abstract the time they depart the observation unit.
  - If the patient is placed into observation services and remains in the ED or in a unit of the ED, abstract the time they depart the ED or ED unit for the floor/surgery, transfer to another hospital, admission to an inpatient bed, etc.
- Do not abstract the time the patient is placed into observation services or the time that the observation order was written**

## Influenza Vaccination

- “Anaphylactic latex allergy”** and **“anaphylactic allergy to eggs”** has been deleted from value 4 and from the definition/decision rules for value 4
- This change was made to align with CDC, HEDIS and DOD
- Q16: What is the patient’s influenza vaccination status?
  - 4. There is documentation of :**
    - Allergy/sensitivity to influenza vaccine, OR
    - is not likely to be effective because of bone marrow transplant (or autologous stem cell transplant, ASCT) within the past 6 months, OR
    - prior history of Guillain-Barre syndrome within 6 weeks after a previous influenza vaccination

## Cognitive Impairment

- There is an addition to one of the examples of cognitive impairment that is part of the questions tobstatus2 and auditc
- Examples of cognitive impairment include: Altered level of consciousness (LOC); altered mental status; cognitive impairment; cognitively impaired; cognitive impairment due to acute substance use; overdose; acute intoxication; confused; dementia; **intubation and patient is intubated through the end of Day 1**; memory loss; mentally handicapped; obtunded; psychotic/psychosis with documented symptoms; sedation.

## Tobacco Cessation Medications

- If tobstatus2=2 (smoked cigarettes daily on average in a volume of four or less cigarettes (< ¼ pack) per day AND/OR ..... ) the questions about tobacco cessation medications are now applicable
- This change is due to a scoring change for tob20 and tob40 (more on that later)

## Inpatient Medication Reconciliation

- The Inpatient Medication Reconciliation module will only be enabled if the length of stay is >1 day
- Cases with a LOS < =1 day will be excluded since the facility has not had the full amount of time to complete medication reconciliation (Upon admission or during the 24 hours after admission)

## Remote and Local Allergies

- The addition to the rules for revptmed regarding documentation of remote allergies is the same as previously noted in the CGPI question optmed

## GM Exit/Scoring Changes

- Tob20
  - Now requires an FDA approved tobacco cessation medication received or refused during the hospital stay when tobstatus2=1 **or 2** or
  - There was a documented reason for not administering one of the FDA approved tobacco cessation medications

## GM Exit/Scoring Changes

- Tob40
  - Now requires an FDA approved tobacco cessation medication prescribed or refused at discharge when tobstatus2=1 **or 2** or
  - There was a documented reason for not prescribing one of the FDA approved tobacco cessation medications

## Inpatient Med Rec Scoring Changes

Cases with a LOS  $\leq 1$  day will be excluded from:

- |          |          |
|----------|----------|
| – Mrec21 | – Mrec48 |
| – Mrec34 | – Mrec49 |
| – Mrec44 | – Mrec50 |
| – Mrec45 | – Mrec51 |
| – Mrec46 | – Mrec52 |
| – Mrec47 | – Mrec74 |

## Quality Indicators

- Mrec44-52 and 74 have changed from Pilot Indicators to Quality Indicators

## Don't Forget

- Read all questions and associated rules carefully
- Check with your RM if you aren't sure the documentation meets the intent of the question
- Be sure to review all acceptable sources for appropriate documentation (e.g. for CGPI cases, review documentation at other facilities where patient was seen during the appropriate timeframe)
- Remember some changes noted in this PPT are not effective until discharges  $\geq 1/1/2020$ ; be sure to read what is in the software carefully