EPRP UPDATE

4Q FY2020

4q fy2020 eprp uPDATE

- This presentation will provide an overview of the changes to the EPRP data collection instruments for 4Q FY2020
- There are not many changes but it is important that you review the data collection questions with attention to the highlighted sections as well as this presentation
  - Minor changes are highlighted in the questions and may not be covered here
- A summary of the changes to scoring are also included in the slides that follow but please review the revised 4Q exit report guides as well

CGPI

CGPI Validation Module

- We will begin with a look at two new questions in the CGPI Validation module
- Starting in 4Q we will collect patient race and ethnicity in Validation questions 1 and 2

Validation question 1 racerec

- What is the patient's race documented in the medical record?
  - 1. White
  - 2. Black or African American
  - 3. American Indian or Alaska Native
  - 4. Asian
  - 5. Native Hawaiian or Pacific Islander
  - 7. Not documented or unable to determine (UTD)

Patient Race

- If documentation indicates the patient has more than one race (e.g., Black-White, Indian-White), select the first listed race.
- Although the terms "Hispanic" and "Latino" are actually descriptions of the patient's ethnicity, it is not uncommon to find them referenced as race.
  - If the patient's race is documented only as Hispanic/Latino, select "White."
  - If the race is documented as mixed Hispanic/Latino with another race, use whatever race is given (e.g., Black-Hispanic — select "Black")
  - **Suggested data sources**: CPRS face sheet, demographics, history and physical, progress notes

Validation question 2 ethnicrec

•Is there medical record documentation that the patient is of Hispanic ethnicity or Latino?
- 1. Yes
- 2. No
- **Hispanic ethnicity or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  - The term "Spanish origin" can be used in addition to "Hispanic or Latino."

- Examples:
  – Black-Hispanic
  – Chicano
  – H
  – Hispanic
  – Latin American
  – Latino/Latina
  – Mexican-American
  – Spanish
  – White-Hispanic

Ethnicity

- Ethnicity may be documented as a field in administrative demographic information
  - Examples:
    o Ethnicity: Hispanic or Latino; select value 1.
    o Ethnicity: Not Hispanic or Latino; select value 2.
- Suggested data sources: CPRS face sheet, demographics, history and physical, progress notes

Change in Terminology

- You will see a change in the term "televideo" (as in seenyr) or teleconference to Clinical Video Telehealth (CVT)
  - You will find this change in several places in CGPI and other instruments
  - CVT utilizes a live video connection to connect a Specialist or Primary Care

  Provider at one location, such as the main Medical Center with a

  Veteran at either their local VA clinic or in their home

Question 10 nexuscvt

- Question 10 is also a new question
  - Was the NEXUS clinic visit on (computer display nexusdt) a clinical video telehealth (CVT) encounter?
    - 1. Yes
    - 2. No
  - Clinical video telehealth (CVT) is a real-time interactive video encounter between the <u>physician, NP, PA, Psychologist, or Clinical Nurse Specialist (CNS) and the patient</u>

OP Medication Reconciliation Module

- The nexusrx question has been retired from the Outpatient Medication Reconciliation module
- All catnum 50, 51, and 54 cases will go through the module without exclusion

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Minor Changes

- The following CGPI modules have only minor wording changes or no changes at all
  - Core
  - CVD
  - DM
  - Mental Health
  - Prevention
  - Shared

CGPI Scoring and Exit Report

- The only change to CGPI scoring is the removal of the nexusrx question from all the OP medication reconciliation measures
- There are no changes to the exit report format

COMMUNICATION OF TEST RESULTS

CTr

- There are no changes to the CTR data collection tool
- Emphasis was added to the rules for question 14, hcvdt
  - If the pre-filled report date is incorrect, you may enter the correct date the HCV result was _reported_ (not collected)
  - Also be reminded that if the test reported in the pre-filled hcvdt field was not an HCV **RNA** result (e.g. it was actually an HCV screening test), enter 99/99/9999 for hcvdt and you will go to the HCV screening test question, hcvscr

GLOBAL MEASURES

Global Measures

- There are no changes to Global Measures questions
- You will see some highlighting in question 20 (tobtxmed) to emphasize the FDA-Approved Tobacco Cessation Medications
- We also want to remind you to use BCMA to verify that tobacco cessation medications were given during the inpatient stay.
    - The nurse's initials along with the administration time indicate the medication was given
    - An "R" in front of the administration time indicates a refusal and value 98 should be entered

Global Measures Scoring

- There are scoring changes to two GM measures
- Sub20
    - Auditc=2 (no, not done) now fails sub20; in prior quarters this condition was excluded
    - **Tob20**
    - Tobstatus2=99 (not screened or UTD) now fails tob20 rather than being excluded as in the past

Inpatient Medication Reconciliation

- There are no changes to the inpatient medication reconciliation data collection instrument
- The are no changes to IP Med Rec scoring or the exit report

Delirium Risk

- There are no changes to the Delirium Risk data collection instrument or to the scoring of the FE81 measure

HBPC

HBPC Changes

- There are several changes in HBPC
- There are highlighted wording changes in several places, e.g.
  - Visit ➡ Encounter
  - Telemedicine ➡ CVT
  - There are some revised definition/decision rules
  - There are some new questions replacing old questions

Question 1 visithbpC

- Clinical video telehealth (CVT) encounter has been added to the definition of *HBPC encounter* in question 1

Question 15 medinter

- The rules for this question have been clarified
  - To meet the intent of this question, the pharmacist must document that medications were assessed **for drug interactions or may use the more specific term, drug-drug interactions**, and the note must be signed by the pharmacist

Question 16 swedacp

- Clarification and examples have been added to q16 swedacp to emphasize we are looking for documentation of the *educational components* re: alternative caregiving/placement plans
- Please review the examples of documentation applicable to each of the three answer values
- If you are unsure if the documentation meets the intent of the answer values, please check with your Regional Manager

CVT for Nutrition and Environmental assessments

- The wording about using CVT only in rural locations has been removed from the nuthyd and envases questions

Q23 assesmal2

- The assesmal question has been replaced with assesmal2
- Parts of the question remain the same as the previous one but there are several changes related to CVT encounters that are now acceptable for all patients and not limited to those in rural locations
- Please note that value 4 is now a "yes" answer when the malnutrition assessment was completed during the initial CVT encounter
- Value 5 is applicable when there is no malnutrition assessment during a face to face OR CVT encounter

Q28 asesoxy2

- The asesoxy question has been replaced by asesoxy2
- The yes/no responses have been replaced by the following:
    - **3. Yes, a home oxygen safety risk assessment including all components above was documented by a HBPC team member during a face-to-face encounter in the patient's home**
    - **4. Yes, a home oxygen safety risk assessment including all components above was documented by a HBPC team member during a CVT encounter**
    - **5. No home oxygen safety risk assessment was documented by a HBPC team member during a face-to-face or CVT encounter**
  - The definition/decision rules remain the same except for the addition of CVT as an acceptable encounter

HBPC Scoring

- The scoring changes to HBPC measures involve the new HBPC questions
- Hc36, hc36a, hc36b, hc36c, and hc36d now check for the answers to asesoxy2 instead of asesoxy
- Hc58 now checks for the answers to assesmal2 instead of assesmal2
- Please see the 4Q HBPC Exit Report Guide for details

HOP

No changes

- There are no changes to the HOP data collection instrument
- You will notice some highlighted text in the question edctm
- This is to call attention to the difference in the rules for HOP versus the rules for the same question in GM
  - **Note signature time of a disposition note is <u>not</u> acceptable for HOP**
    - If there is a discharge time listed on the disposition sheet, this may be used for ED Departure Time
- Also be reminded of this HOP rule for patients who go to Observation:
  - **For patients who are placed into observation services, <u>use the time of the physician/APN/PA order for observation services</u> as *ED Departure Time***
- There are no changes to HOP scoring or the Exit Report

TRANSITIONS OF CARE

Transitions of Care

- We will receive a TOC pull list in 4Q FY2020
- The only changes in the 4Q data collection instrument are some wording changes in the definition/decision rules for clarification

Q8 vapcp

- This question is asking whether the patient's primary care provider (PCP) OR ongoing care provider is a VA provider
- If the patient does not have a VA PCP look for an ongoing care provider
- Ongoing Care Provider
  - The practitioner who assumes responsibility for the patient's care in and out of the hospital
    - physician, NP or PA practicing in a specialty area, such as cardiology, mental health, surgery, orthopedics, etc.

Q9 ntfyadm

- Please note the highlighted text in the description of a shared EMR system
  - **When using a shared EMR system, documentation of a "received date" is not required to meet criteria.**
  - **Evidence that the information (e.g., admission note, admission H&P) was located/accessible in the shared EMR on the day of admission or the following day meets criteria for the Notification of Inpatient Admission indicator**

q10dccomp

Further clarification has been added about some of the required components of the discharge information

- 6. Testing results, documentation of pending tests or no tests pending
  - **A summary of tests completed with results**; or **documentation of "no tests ordered during this admission"** or "no tests pending" is acceptable

- 7. Instructions to the PCP or ongoing care provider for patient care
  - Instructions to the PCP or ongoing care provider should include documentation of what should be done next to assist in the transition of care from inpatient to outpatient.
  - **Examples** that meet criteria (as long as they are addressed to the provider) include, but are not limited to:
    - scheduled lab tests
    - scheduled procedures
    - upcoming appointments with specialists

ntfydc

- Some clarification has been added about documentation of receipt of discharge information in a shared EMR
- When using a shared EMR system, documentation of a "received date" in the EMR is not required to meet criteria
- Evidence that the information (e.g., discharge summary with all required components) was located/accessible in the shared EMR on the day of discharge or the following day meets criteria for Receipt of Discharge Information indicator

TOC Scoring/Exit

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

Summary

- Please remember to keep this PPT handy as you complete the 4Q Learning Assessment
- We can't say it too much….Read the Rules! It is especially important to re-read rules that are lengthy and/or complex
- Ask questions as needed. We are all here to help!
- Thanks for all you do! You are a critical part of EPRP work