

EPRP UPDATE

3Q FY2021

OBJECTIVES

- Call attention to new questions
- Review changes to existing questions and definition/decision rules
- Emphasize important and sometimes overlooked rules
- Outline changes to measures scoring and exit reports

CATARACT SURGERY

Visual acuity

- q3 visacuity, q4 bvca
- Two acceptable methods to document visual acuity have been added
 - **Cycloplegic refraction**
 - Cycloplegic refraction is used to determine a person's complete refractive error by using eye drops to temporarily relax the muscles that aid in focusing the eye
 - **Cylinder (CYL) correction**
 - This represents the amount of lens power needed for astigmatism
 - The value may be a plus or a minus such as -0.25 or +1

Exclude

- Do not include the following documentation of measuring visual acuity
 - pinhole (PH, PH) visual acuity
 - **visual acuity using counting fingers (CF) and hand motion (HM)**
 - **visual acuity without a method attached**

Cataract Surgery exit report and scoring

- There are no changes to scoring except the change in the timeframe for surgery

CGPI

CGPI VALIDATION MODULE

- There are numerous important changes in the CGPI Validation module
- **Q8 pnexusdt** is a new question and it is **prefilled** with the date of the most recent visit to a Nexus clinic in the past year during which the patient was seen by a physician, NP, PA Psychologist, or Clinical Nurse Specialist

Q9 valnexus

- In question 9 you will validate the pre-filled date in question 8
- Look for documentation in the medical record that the patient was seen by a physician, APN, PA, Psychologist, or Clinical Nurse Specialist in one of the Nexus® Clinics
- ***There is a list of Nexus clinics in the table at the end of the Validation module with changes from previous versions**
- **To answer "yes" all of the following are required:**
 - the visit must have occurred on the date displayed in the question; **and**
 - the patient must be seen by a physician/NP/PA, psychologist or Clinical Nurse Specialist; **and**
 - the visit must be a face to face OR clinical video telehealth (CVT) **OR telephone encounter; and**
 - the visit must be in one of the Nexus clinics
- **Note that a telephone encounter with an acceptable provider in one of the Nexus clinics is acceptable**

Next.....

- If the answer to question 9 is "yes" you will go on to questions 10-15 which is a series of pre-filled questions followed by a validation question for each pre-filled question

CVT Encounter

Prefill

- **Question 10 pcvt** will prefill yes or no to indicate if the most recent Nexus clinic visit was/was not a Clinical Video Telehealth (CVT) encounter.
- CVT is a real-time interactive video encounter between the physician, NP, PA, Psychologist, or Clinical Nurse Specialist (CNS) and the patient.

Validation

- **Question 11, valcv** (if question 10 is yes)
- **On (computer to display pncvsdt), is there documentation the visit with a physician, NP, PA, Psychologist, or Clinical Nurse Specialist was a clinical video telehealth (CVT) encounter?**
- You will need to read the note to validate whether or not the most recent Nexus visit was a CVT encounter
 - The note title may not reflect CVT
 - You may see the term VA Video Connect (VVC) used to describe a CVT visit
 - **A telephone encounter is not a CVT visit**

Telephone Encounter

Prefill

- Question 12 ptele
- Computer will prefill the response (yes or no) to indicate if the most recent Nexus clinic visit was/was not a telephone encounter.
- **Exclude:** Clinical video telehealth (CVT)

Validation

- Question 13 valtele (if question 12 is yes)
- **On (computer to display pntele), is there documentation the visit with a physician, NP, PA, Psychologist, or Clinical Nurse Specialist was a telephone encounter?**
- If the visit with a physician, NP, PA, Psychologist, or Clinical Nurse Specialist on the date displayed was a telephone encounter, enter "1".

Nexus Clinic Location Name

Prefill

- Question 14 pnxusloc
- Computer will prefill the name of the Nexus clinic location for the visit that occurred on PNXUSD2 when the patient was seen by a physician, NP, PA, psychologist, or Clinical Nurse Specialist (CNS)

Validation

- Question 15 valnexloc
- **Does (computer to display pnxusloc), the Nexus clinic location name where the patient was seen by a physician, NP, PA, psychologist, or Clinical Nurse Specialist (CNS) on (computer to display pnxusdt), match the clinic location name documented in the record**
 - For example, clinic location name displayed is "Mt PTSD Psychology" and the clinic location name in outpatient encounter information is the same; select value 1.
 - Suggested data sources: outpatient encounter, patient care encounter (PCE), past clinic visits (CVP)

seenyr2

- If the prefilled date of the most recent visit to a Nexus clinic does not match the documentation in the record, i.e. question 9 = no, you will skip questions 10-15 and go to question 16, seenyr2
- This is the question you have abstracted in previous quarters but with an important change to the rules
- **A telephone call may be the qualifying visit if the other conditions are also met**
- You will enter the date of the most recent Nexus visit in question 17.

Questions 18-20

- Questions 18-20 are relevant to the visit identified in questions 16 and 17
 - **Q18 (nexuscvt2):** Was the Nexus clinic visit on (computer display nexusdt2) a clinical video telehealth (CVT) encounter?
 - **Q19 (nexuste2):** Was the Nexus clinic visit on (computer display nexusdt2) a telephone encounter?
 - Rules for these questions mirror the previous validation questions for the prefills
 - **Q20 (nxusloc2):** For the NEXUS clinic visit with a physician, NP, PA, psychologist or Clinical Nurse Specialist (CNS) on (computer display NEXUSD2), enter the NEXUS clinic location name.
 - **Abstractor will enter the clinic name in a text box**
 - **Please see definition/decision rules for examples and suggested data sources**

Other validation module changes

- Hypertension Diagnosis
 - Please note this reminder in the questions selhtn, htncnc1 and htncnc2
 - **Mention of hypertension on a problem list alone without documentation in the encounter note is not sufficient to select "1."**

Nexus clinic list

- The list of Nexus clinics at the end of the Validation module has been revised
- In determining whether the patient was seen in a Nexus clinic, be guided by whether the clinic is a **Mental Health clinic, Primary Care clinic or Specialty clinic (Cardiology, Endocrinology, etc.)**.
- If unable to make a definitive decision, consult with the facility Liaison for help in determining the clinic Stop Code.
 - Stop codes can be found in VistA in the Patient Care Encounter (PCE) program

CGPI Core Module

- **Q1 vhabps/vhabpd:** Please review the revised rules related to **acceptable** telehealth BP measurements and self-reported BPs
 - **Telehealth BP: A BP reading documented in a clinical video telehealth (CVT) or telephone visit note or in the vital signs package**
 - NOTE: Telehealth BP is not the same as Care Coordination (CC/H) electronic capture of BP. BP captured by CC/H will be entered in a subsequent question
 - **Self-reported BP readings by the patient/caregiver that are documented in the medical record**

Diabetes module

- The foot inspection question has been added back to the Diabetes module (q3): **Within the past year, does the record document a visual inspection of the patient's feet?**
- There is guidance about who can perform the exam:
 - Visual inspection of the patient's feet may be performed by any healthcare provider including but not limited to: physician/APN/PA, registered nurse, licensed practical nurse, health technician.
 - **Patient self-report is not acceptable.**

Foot inspection

- If a checklist is used to denote visual foot inspection, a notation of findings (e.g., within normal limits (WNL)) must be present in addition to date and initials or signature of individual performing the exam.
 - **Patient must have had a face to face or clinical video telehealth (CVT) visit on the date on the checklist.**
- **Please review the examples of documentation that is acceptable and what is not acceptable**

Foot Pulse and Sensation

- Be sure to review the definition/decision rules for the questions about pedal pulses and foot sensation which contain some additions and clarifications, although no changes
- Checking pulses and testing for foot sensation by monofilament in the patient's feet may be performed by any healthcare provider including but not limited to: physician/APN/PA, registered nurse, licensed practical nurse, health technician

CGPI Mental Health Module

- Q13 audc3
- As previously noted, in FY2021 the VA revised question 3 of the AUDIT-C to reflect gender (i.e., for males, 6 or more drinks on one occasion in the past year; **for females, 4 or more drinks on one occasion in the past year**)
- At this time either format of the question is acceptable
- Please be alert for the new version of this question as you review

Depression screening

- The outcome question has been removed from the PHQ-2 series of questions
- The rules of question 26 phqtotal, reflect the positive score threshold which is 3 or greater

PTSD Screening

- The question about interpretation of the PC-PTSD5 and PC-PTSD screens has also been removed from the Mental Health module

Columbia screener

- If the C-SSRS is positive, you will get question 56 adminpt (was patient admitted to inpatient or residential treatment), which has been moved to the end of the C-SSRS questions
 - If adminpt is yes, you will go to the end of the MH module

Q57 vacsre

- If the Comprehensive Suicide Risk Evaluation (CSRE) was not completed or the patient refused to complete it, you will go to the end of the Mental Health module rather than to the adminpt question as before

Outpatient medication reconciliation

- Q1 nexusp
- If the prefilled date of the Nexus visit was validated, that date will display in this question, otherwise the date you selected for the Nexus clinic date will display
- Some clarifications have been added to the rules

emlr

- The question about the emlr data object has been removed

Q2 optmed

- You will notice a lot of highlighting in q2 optmed
- An attempt was made to simplify and clarify the rules for abstracting the elements of the medication list in the prescribing provider's note
- It is critically important that you read the rules and follow them carefully as you abstract

optmed

- If you are unsure whether the medication list is acceptable or whether documentation one of the elements of the medication list is adequate, please consult with your Regional Manager for guidance
- Remember, both local facility allergies and remote facility allergies must be addressed in order to answer "yes" to optmed8
- The other questions in the OP Medication Reconciliation module have no changes

Prevention module

- The osteoporosis series of questions has changed to mirror those in the Osteoporosis and Kidney Health Evaluation focused study that was completed in 2Q FY2021
- Since you have seen the questions previously we will focus only on the changes but please be sure to review all the questions and rules carefully

Q79 ostmed

- During the timeframe from (computer to display < = 3 years to stdybeg date and > 1 year prior to the stdyend) is there documentation in the medical record the patient had a dispensed prescription for any of the following medications for treatment of osteoporosis?
- Generic or brand medication names should be included
 - For example, Fosamax (Alendronate). Vitamin D3 alone would not be acceptable, however, the combination of alendronate and cholecalciferol (vitamin D3) are listed in the table and would be acceptable

Q81 ostscrn

- During the timeframe from (computer to display patient's 65th birthday to studyend), is there documentation in the medical record of any of the following screening tests for osteoporosis?
 - Ultrasound bone density (radial, wrist and/or heel)
 - Computed Tomography (hips, pelvis, and/or spine)
 - DEXA scan (hips, pelvis, and/or spine)
 - DEXA scan (peripheral - radius, wrist and/or heel)
 - Dual energy X-ray absorptiometry (DXA), (hips, pelvis, and/or spine)
- **Note: If using a CT, an indication it was for osteoporosis screening should be documented.**
- If one of the above tests was performed in the timeframe, you will enter the date of the most recent screening in **q82 ostscrndt**

Q83 vaostscrn

- Was the osteoporosis screening test performed by the VHA?
 - 3. Screening performed at a VAMC
 - 4. Screening performed **outside VHA, fee basis**
 - **May be determined by checking to see if screening was ordered by and consult placed by VHA but performed outside VHA**
 - 5. Screening performed private sector, not fee basis
 - Includes documentation the osteoporosis screening was performed outside VHA such as
 - patient self-report documented by VHA PCP or
 - outside screening report without evidence it was ordered by VHA

Shared Module

- There is only one small change in the CGPI Shared module
- Question 25 has been changed to clarify that you are to enter the most recent daily dose of the statin medication

CGPI Exit Report and Scoring changes

- Two measures were added to the CGPI Exit Report
 - C5: Foot Inspection
 - The scoring is the same as in the past
 - OSW1h: Females 65–75 years of age who received osteoporosis screening
 - The numerator includes patients who were screened for osteoporosis with one of the acceptable tests during the timeframe from her 65th birthday up to the study end date
 - Please see the exit report guide for complete scoring details for both measures

CGPI Exit Report and Scoring changes

- The outcome/interpretation of the PHQ-2 or PHQ-2+i9 is no longer required for the numerator of mdd40
- The outcome/interpretation of the PC-PTSD5, the PTSD5+i9, or the PC-PTSD is no longer required for the numerator of ptsd51

COLONOSCOPY FOLLOW-UP

Colonoscopy Changes

- There are only a couple of changes in the Colonoscopy instrument
- Q3 othcolon: Look for a colonoscopy in the timeframe displayed in the question (stdybeg to stdyend)
 - This is a change from the timeframe of 180 days before or after the prefilled dates
- Q9 reasless: Please note the example of how family history of colon cancer might be documented as a reason for follow up of less than 10 years
 - e.g., colonoscopy report states "Indication: immediate family history of colon cancer" and "Impression: Normal colonoscopy, Recall: 5 years"

HOP29 Exit Report and Scoring

- There are no changes to the HOP29 exit report or scoring for 3Q

COMMUNICATION OF TEST RESULTS

Face to face encounters

- There is a clarification in the questions about a face to face encounter, e.g. fobtcnc
 - During the timeframe from (computer display fobtdt to fobtdt + 30 days), did the patient have a face to face encounter with a physician/APN/PA?
- The encounter should **be an actual face to face visit, NOT a telehealth or telephone visit**, with a provider from the same specialty as the ordering provider (e.g. member of the team or a covering provider)

Abnormal Tests

- There is a change to the *wording* of questions about abnormal test results requiring action (e.g. afobbt)
- During the timeframe from (computer display fobtdt to fobtdt + 7 days), did the ordering provider document the positive FOBt/FIT result required action [or that action was taken?](#)
- There are examples of test result actions in the definition/decision rules
 - starting treatment/medication
 - changing treatment/medication
 - referral/consult to any health care professional
 - follow up test
 - repeat test
 - patient education/counseling
- Remember that the action does not need to be implemented in order to answer "1".

Q14 hcvdtd

- **Computer to prefill the date the HCV-RNA test result was reported.**
- There are no changes to this question but there are clarifications in the rules
- For this question you must validate that a **HCV-RNA test** was reported on the pre-filled date
 - Please review the examples of **HCV-RNA** tests
 - If the HCV RNA test was **not** done, enter 99/99/9999
 - **Note that an HCV antibody test is NOT acceptable to answer this question**
 - Review the examples of HCV antibody tests in the rules

Q83 ctsdt

- **Computer to prefill the date the CT Scan result was reported.**
- If there are multiple CT scans with separate reports on the same date, **use the date of the most recent scan performed.**

Q112 hivdt

- **Computer to prefill the date the human immunodeficiency virus (HIV) confirmatory test result was reported**
- There are no changes to this question but there are clarifications in the rules
- For this question you must validate that a **HIV confirmatory test** was reported on the pre-filled date
 - Please review the examples of [HIV confirmatory tests](#)
 - If the HIV confirmatory test was **not** done, enter 99/99/9999
 - **Note that a HIV screening test is NOT acceptable to answer this question**
 - Review the examples of HIV screening tests in the rules

CTR Exit Report and Scoring

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

GLOBAL MEASURES

Q13TOBSTATUS3

- Please note this clarification in the rules of tobstatus3
- If screening documentation states "denies tobacco use" and there is no conflicting information documented on the patient's history of smoking, select value "4", never tobacco user

Q25 audc3

- As previously noted, in FY2021 the VA revised question 3 of the AUDIT-C to reflect gender (i.e., for males, 6 or more drinks on one occasion in the past year; **for females, 4 or more drinks on one occasion in the past year**)
- At this time either format of the question is acceptable
- Please be alert for the new version of this question as you review

Q28 addtxref

- There is no change to the intent of this question but please note that several clarifications have been added to the answer options and rules
- In order to answer "1" you must find documentation of an [appointment date and time](#) for substance use treatment
- Additional guidance related to substance use treatment programs are in the rules
 - Note that self-help interventions in the form of printed/electronic/digital media and support groups that are not considered treatment such as Alcoholic Anonymous (AA) are not included

Delirium Risk Module

- There are no changes to the Delirium Risk module but the text of each question now includes all three potential sources of documentation
- For example: Did the physician/APN/PA document a current problem of delirium in the History and Physical, [ED note](#), or [admission note](#)?
- Be sure to look in all three sources for documentation of a current problem of delirium, change in mental status, confusion, etc.

Inpatient medication reconciliation

- The emlr question was removed from the Inpatient Medication Reconciliation module
- The intent of question 1 revptmed has not changed from previous quarters, but as in CGPI, some rules have been re-worded and condensed in an attempt to provide clarification
- Note that a medication list in a note other than the prescribing provider's note must meet the criteria specified in the rules in order to be acceptable
- There are no changes to the other questions in the Inpatient Med Rec module

GM Exit Report and Scoring

- There are no changes to scoring of Global, Delirium, or Inpatient Medication Reconciliation measures

HBPC

Q23 assesmal2

- Please note the change in the rules related to assessment of hand grip strength that is part of the malnutrition assessment
- Assessment of hand grip strength using a [dynamometer](#) can be conducted by a trained member of the HBPC team other than the RD/RDN and may include: physician/ APN/PA, registered nurse (RN), licensed practical nurse (LPN), therapist (PT/OT/KT). The Hand Grip Strength measurement must be completed [and numeric results](#) documented in the RD Initial Nutrition Assessment as part of the assessment or as an addendum within the required timeframe to meet the EPRP requirement.

Alcohol Screening

- Questions 44-49
- The alcohol screening questions (AUDIT-C) were added to HBPC
- During the timeframe from **(computer display 3/01/2021 to stdyend)**, was the patient screened for alcohol misuse with the AUDIT-C?
 - Note the applicable timeframe for this question
- Q50 alcbac, brief alcohol intervention/counseling was also added

Mental Health Question Changes

- Other changes in the mental health section of HBPC mirror those in CGPI
- If adminpt=1 or vacsre=2 or 98, you will go to hbpcflu as applicable

HBPC Exit Report and Scoring

- Three new measures have been added to the HBPC exit report
 - hc60: Timely VA comprehensive suicide risk evaluation (CSRE)
 - hc61: Screened annually for alcohol misuse
 - hc62: Screened for alcohol misuse with score 5 or greater with timely brief intervention
- The scoring for these measures mirror the comparable measures in CGPI
- The HBPC exit report guide will provide details of scoring

HBPC Exit Report and Scoring

- The outcome/interpretation of the PHQ-2 or PHQ-2+9 is no longer required for the numerator of hc38
- The outcome/interpretation of the PC-PTSD5, the PTSD5+9, or the PC-PTSD is no longer required for the numerator of hc41

HOSPITAL OUTPATIENT (HOP)

Hop clarifications

- There are no real changes to HOP questions or rules, only a few clarifications
- Q7 edcdt: ED departure date rule addition
 - For patients who are placed into observation services, enter the date of the physician/APN/PA order for observation services as ED Departure Date

HOP Exit Report and Scoring

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

SEPSIS

Sepsis changes

- There are several changes to the Sepsis definition/decision rules
 - Most are noted here but some minor ones are not included in this presentation so be sure to look at all highlighted areas
- Several examples have also been added to help clarify rules
- In some cases highlighting may only be due to formatting changes

Q14 covid

- **At any time during the admission, is there physician/APN/PA documentation coronavirus or COVID-19 is suspected, present or confirmed?**
- This question includes some new direction:
 - If the physician/APN/PA **orders a test for possible or suspected COVID-19**, you would select value "1" (Yes) for COVID and exclude the case.

Q16 sepinf

- **Is there physician/APN/PA or nursing documentation of infection in the medical record?**
- Note the following clarification in the rules
 - If physician/APN/PA documentation within six hours following the initial documentation of the infection indicates that the infection is not present **or is due to a viral, fungal, or parasitic source**, disregard the initial documentation of the infection.
 - Example: ED APN Note at 1500 documents "Likely pneumonia." Hospitalist Note at 1830: "CXR with PNA r/t influenza." **disregard the infection documentation of pneumonia at 1500 because of the physician documentation within six hours after 1500 attributing pneumonia to a viral infection**

Q18 sepsirs

- **Is there documentation in the medical record of two (2) or more of the following manifestations (indications) of systemic infection?**
- An example has been added to clarify this rule (not new):
 - If within the same physician/APN/PA documentation, there is conflicting documentation indicating SIRS criteria is normal for the patient due to a chronic condition or medication AND due to or possibly due to an infection, the criteria value **should be used**.
 - Example: Vital Signs flow sheet indicates elevated heart rate of 125, PA documentation "chronic A-Fib, rate controlled. The elevated heart rate of 125, would be used as SIRS criteria because the PA documentation does not include a term that defines elevated heart rate as being due to a chronic condition.

Q19 seporg

- **Is there documentation of organ dysfunction in the medical record?**
- Addition to the rules: **Do not use** hypotensive BPs documented from an orthostatic BP evaluation

Q36 lactate Level

- **What initial lactate level result was documented in the record?**
- Note addition to the rules:
- If lactate levels are reported as mEq/L, this is also acceptable and the following conversion should be used:
 - 1mEq/L = 1 mmol/L

Q39 hypotns

- **During the time frame from (computer to display sepresdt/seprestm - 6 hours) to (computer to display sepresdt/seprestm + 6 hours) is there documentation initial hypotension was present?**
- There is an addition to the list of **hypotensive BP's NOT acceptable to use**
 - If the target ordered volume of crystalloid fluids was completely infused before the hypotensive readings.

Q42 sepskdt, sepsktm

- **Enter the earliest date and time a physician/APN/PA documented the presence of septic shock OR the earliest date and time on which the final criterion was met to establish the presence of septic shock.**
- New rule related to determining the earliest date and time of the presence of septic shock
- If septic shock is documented multiple times within the same note, use the earliest specified time.

Q46 crystldt/crystltm

- Note the addition to the rules for determining the date and time crystalloid fluids were initiated
- If multiple infusions end at the same time, and complete the target ordered volume, use the start time of the infusion that was started last.
 - Example: 30 mL/kg = 2500 mL
 - Order 1: NS 2000 mL over 2 hours -started 0800 and Order 2: NS 500 mL over 30 minutes -started 0930 Because both infusions end at 10:00, use 09:30, the time of the infusion that was started last, for the Crystalloid Fluid Administration Time.

Q51 persistent hypotension

- **During the time frame from (computer display crystlend) to (computer to display crystlend + 1 hour) is there physician/APN/PA documentation that persistent hypotension or new onset of hypotension was present?**
- A new situation for selecting value 2 was added to the rules
- If more than two BPs, refer to the last two consecutive BPs and there is a normal BP followed by another normal BP; a normal BP followed by a low BP; or a low BP followed by a normal BP;
 - **Example:** The hour to assess for Persistent Hypotension is from 0950 to 1050. At 1020 the systolic BP is 92 and at 1045 it is 84. Select value "2" there is a normal blood pressure followed by a low blood pressure

Sepsis exit report and scoring

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

3Q FY2021

- Workload will be a bit lighter in 3Q with no TOC records
- There will be only one Focused study, the Kidney Health Evaluation
- We appreciate that all of you have persevered and many of you have even take on more work when asked. Thank you for your dedication!