

EPRP UPDATE

1Q FY2023

1Q FY 2023 Changes

- The slides in this presentation will serve to provide an overview of changes to the 1Q FY2023 data collection instruments and scoring.
- Although the most important points will be covered, please be sure to review all highlighted sections in the Word documents that have been provided by email.

CGPI

Cerner

- Note that “**Cerner Suggested Data Sources**” have been added to some questions in CGPI.
- Adding the Cerner sources is a work in progress and more will be added in the future.
 - There are currently 5 facilities using the Cerner EHR:
 - 653 Roseburg
 - 668 Spokane
 - 687 Walla Walla
 - 692 White City
 - 757 Columbus
- If “Cerner” is not specified, the suggested data sources apply to CPRS as usual.

CGPI Validation Module

- There are several changes to this module.
- The questions about race and ethnicity have been removed so the first question in Validation is the nonvet question
- **Telephone encounters are no longer included in VHA sampling criteria for Nexus clinics**
 - The visit you will look for in q3 valnexus or in q8 seenyr2 must be a face to face visit or clinical video telehealth.
 - The questions ptele, valtele and nexustele2 have been removed.

Telehealth

- Several questions include additional wording about VA Video Connect (VVC)
- **VA Video Connect (VVC):** allows Veterans and their caregivers to meet with VA health care providers through live video on any computer, tablet or mobile device with an internet connection.
- **Clinical Video Telehealth (CVT):** uses video conferencing technology to conveniently and quickly provide Veterans with access to health care services from remote facilities by connecting a veteran in one location with a healthcare provider in a different location.

Frailty

- The good news: If a record is flagged for frailty, you will no longer get the frailty question.
 - Scoring will reflect presence of the frailty flag
- The *other* news: If a record is not flagged for frailty you will look for conditions/diagnoses consistent with frailty on **two different dates**.

Q20 frailty2

- **During the past year, is there documentation in the medical record the patient has any condition/diagnosis consistent with frailty documented on two different dates?**
 - 1. Yes
 - 2. No
- The rules for abstracting frailty remain the same as before except:
 - **In order to select value 1, a condition/diagnosis consistent with frailty must be documented on two different dates during the past year. Documentation of the same condition/diagnosis on both dates is acceptable.**
- Refer to Table 6 for specific disorders that are consistent with frailty.
- There is no requirement to see the associated ICD-10 CM codes associated with the listed conditions.

Q21 and 22

- Q21 fraildt1
- **Enter the most recent date a condition/diagnosis consistent with frailty was documented within the study year.**
- Q22 fraildt2: **During the timeframe from (computer display stdybeg – 1 year to fraildt1 – 1 day), enter the most recent date a condition/diagnosis consistent with frailty was documented.**
 - This date must be at least one day prior to the date in fraildt1 and within the study year.

Selectdx

- A new procedure has been added to the list of conditions/procedure you abstract in question 23 selectdx.
- **Selrevas 14 = Limb Revascularization in the past 2 years**
- **Limb revascularization procedure includes revascularization of the upper limb, whole arm, forearm, lower limb, and whole leg.**
 - CPT codes: 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231
 - Remember that codes are included as a guide only
- **Revasdt: Enter the date of the most recent limb revascularization procedure done anywhere in the past two years.**

Hypertension Encounters

- Nothing has changed in the questions htnenc1 and htnenc2 but we wanted to reiterate a couple of rules we don't want you to overlook.
- **Hypertension diagnosis must be recorded as the patient's diagnosis by a physician, NP, PA, or CNS in the encounter note.**
 - Mention of hypertension on a problem list alone without documentation in the encounter note is not sufficient to select "1."
 - **Documentation of hypertension on a problem list in the encounter note with evidence the hypertension was addressed (e.g., BP under control, documentation of current or new prescription of anti-hypertensive medication) is acceptable.**
- Also, just looking for HTN codes in PCE (outpatient encounters) is not a good way to abstract the dates. You need to look at progress notes to be sure the documentation meets the intent of the rules.

CGPI Core Module

- Two new questions have been added to the Core Module related to falls
 - **You will only go to the new questions if askfalls (was the patient asked about falls in the past 12 months) is answered no.**
- **Q20 fallscrn**
 - **During the past twelve months, was a falls screening completed using a standardized falls screening tool?**
 - 1. Yes
 - 2. No
- In order to answer yes
 - Documentation must be within the past 12 months (outpatient record or inpatient record e.g., Nursing Assessment)
 - Screening must be completed using a standardized fall screening tool like the MAHC-10 or Morse Fall Scale
 - Other tools are acceptable but must be standardized and published (tool named and the questions and scoring must be in accordance with the authentic screening tool)

Standardized Fall Screening Tools

- **Morse Fall Scale (MFS)***
 - Assesses six areas of fall risk (history of falling, secondary diagnosis, ambulatory aid, IV therapy/heparin lock, gait, and mental status).
 - The fall risk score can range from 0 to 125.
 - A score of 25 to 45 indicates moderate risk and a score greater than 45 indicates high risk for fall.
- **Missouri Alliance for Home Care (MAHC-10)***
 - Uses a 10 point scale.
 - Age 65+, diagnosis (3 or more co-existing), prior history of falling within 3 months, incontinence, visual impairment, impaired functional mobility, environmental hazards, polypharmacy (4 or more prescriptions – any type), pain affecting level of function, cognitive impairment
 - A score of 4 or more indicates fall risk.
- * You can find a copy of the screening tools by doing an internet search.

Q21 fallscrndt

- Enter the most recent date a falls screening was completed using a **standardized falls screening tool**.

CVD Module

- Changes in the CVD Module are related to the beta blocker questions.
- If the date of discharge from the hospitalization for AMI entered in frstdcdt is <6 months prior to the study begin date, bb6mos and rsnobeta will be auto-filled as 95.
- Rsnobeta: The refusal option (value 98) has been removed from this question; it is not a HEDIS exclusion.

Diabetes Module

- The foot inspection question has been revised and two new questions have been added to the diabetes modules.
- **Q3 footinsp2:**
 - Within the past year, does the record document a visual inspection of the patient's feet during a face-to-face (in person) **or clinical video telehealth (CVT, VA Video Connect (VVC)) visit?**
 - 3. Yes, visual inspection of the patient's feet was documented during a face-to-face visit
 - 4. Yes, visual inspection of the patient's feet was documented during a CVT or VVC visit
 - 5. No documentation of a visual inspection of the patient's feet during the past year
 - 95. Not applicable
 - 98. Patient refused foot exam

Footinsp2 and footinsdt

- If the visual inspection of the patient's feet was documented during a face-to-face visit, select value 3.
 - If the visual inspection of the patient's feet was documented during a CVT or VVC visit, select value 4.
 - Other than the changes above, the rules for abstracting foot inspection remain the same.
- **Q4 footinsdt**
 - Enter the date of the most recent visit with documentation of a visual inspection of the patient's feet.

Foot Signs and Symptoms

- **If you answered that the foot inspection was done by CVT or VVC visit (footinsp2=4) you will go to question 5, a new question**
- **Q5 ftseart**
- During the CVT or VVC visit on (computer display footinsdt), did the healthcare provider ask the patient about any of the following signs and symptoms in the patient's feet?
- **Select all that apply:**
 - 1. Signs and symptoms of sensory loss
 - 2. Signs and symptoms of reduced arterial circulation
 - 95. Not applicable
 - 99. None of the above documented
- Value 1 = Signs and symptoms of sensory loss in the feet may include but are not limited to: numbness, pain, prickling or tingling sensation, sensitivity to touch, weakness.
- Value 2 = Signs and symptoms of reduced arterial circulation in the feet may include but are not limited to: coldness, numbness, pain, slower growth of toenails, sores that do not heal, weakness.
- **If numbness, pain, or weakness is documented, select values 1 and 2.**
- If there is no documentation the provider asked the patient about signs and symptoms of sensory loss or reduced arterial circulation in the feet, select value 99.

DM Module

- If footinsp2 is answered 3, 5, or 98 you will go to the questions about pedal pulses and testing for foot sensation that are the same as in previous quarters.
- There are changes to Table 9 (ESRD and Dialysis codes) which has been sent to you by email.
- There are no changes to the other questions in the DM module.

CGPI Mental Health Module

- Q1 dementdx2
- There have been both additions and deletions from the list of ICD-10-CM codes for dementia/neurocognitive disorder.
- Table 10 (provided by email) contains the current list of codes along with the narrative description.
- Obviously it will require careful review to determine if any of the codes on Table 10 are in the medical record in the past year.

AUDIT-C

- The previous information about AUDIT-C question 3 reflecting differences based on gender has been removed from q11 scrnaudc and q15 audc3.

Depression Diagnosis Codes

- Q18 deptxyr
- There are several additions to the list of ICD-10-CM depression diagnosis codes
- Codes added:
 - F32.A
 - F33.40
 - F33.8
 - F34.81
 - F34.89
 - F53.0
 - F53.1
 - O90.6
 - O99.340-O99.345

PTSD Screening

- The order of some of the PTSD screening questions has changed.
- The PC-PTSD5 questions are asked first since this instrument is the only instrument accepted for screening on or after 1/1/2021
- If the patient was not screened or refused screening with that instrument you will go to the questions about screening with the PC-PTSD5+i9
- **Q36 scrptsd5i9**
- The timeframe (**9/1/2018-12/31/2020**) has been added to the question about screening using the PC-PTSD5+i9.
- Q37 will only accept a date in above timeframe.

PTSD Screening with SIPS-B

- If screening was not done using the PC-PTSD5, the PC-PTSD+i9, or the PC-PTSD, you will go to a new question ptsdsips
- Q47 ptsdsips
- **During the past year, was the patient screened for PTSD using the Single Item PTSD Screener-B (SIPS-B) at a VHA facility that uses the Cerner electronic health record?**
 - 1. Yes
 - 2. No
- **SIPS-B Question:** Think about the biggest threat to life you've EVER witnessed or experienced first-hand. In the PAST MONTH, how much have you been bothered by disturbing memories, feeling distant from others, or avoiding certain activities as a result of this experience?
- The response scale is 0 (not bothered at all) to 10 (extremely bothered). A rating of 3 or greater is considered positive and should prompt completion of the PTSD Checklist (PCL-5) or referral to behavioral health for PCL-5 completion and further evaluation.

SIPS-B

- The SIPS-B is used to screen adults for PTSD in the Department of Defense Military Health System facilities.
- At this time, the SIPS-B may be documented at VHA facilities that use the Cerner electronic health record.
 - You may find notes from the Cerner facility in JLV
- **The VHA only accepts screening completed with the PC-PTSD5.**
 - If the patient was only screened with the SIPS-B the case will be excluded from PTSD51.
- Q48 sipsbdt
 - In this question you will enter the date within the past year the SIPS-B was completed.
- There are no other changes in the Mental Health module

Prevention Indicators Module

- Influenza Immunization
- The time frame in the influenza questions has been changed to reflect the current immunization season **7/1/2022 through 6/30/2023**.
- For the purposes of review, influenza immunization **given up to the pull list date (unless the study end date is after the pull list date) is acceptable.**
 - For example, the pull list date is 11/07/2022 and medical record contains documentation the influenza immunization was administered on 11/04/2022, enter value "1".

Pneumococcal Immunization

- The changes in questions 7 and 8 are clarification that PPSV23 may be documented as Pneumovax23[®], Pnu-Imune[®] **or Pneumovax vaccination.**
- If documentation only states “pneumococcal” vaccine was given or received, select value 99 for question 7.
- Note: Unspecified pneumococcal vaccination documented prior to 10/01/2012 will be captured in a subsequent question.

Screening for Tobacco Use

- The exclusions from screening for tobacco use due to cognitive impairment are no longer applicable, i.e., you will get the tobacco screening questions even if [(dementdx2 = 1) AND (permci = 1)] OR [(demsev = 1, 2 or 3) AND (cogscor2=5)] OR (incsevci = 1) OR (modsevci=1)]
- If you answer 2 (no) to tobscrn18 (i.e., patient was not screened using the National Clinical Reminder) you will go to tobscrn18c.
 - **During the past year, was the patient screened for tobacco use by an acceptable provider at a VHA facility that uses the Cerner electronic health record?**
 - **1. Yes**
 - **2. No**
 - **98. Patient declined to answer screening questions**
- If the patient was seen at one of the 5 Cerner facilities, look in JLV for screening for tobacco use by an acceptable provider.

Colorectal Cancer Screening

- Male and female patients age **≥ 45 and ≤ 75** will get the questions about screening for colorectal cancer screening.
- If the patient is male and age < 45 or > 75 the PI module will end after the tobacco screening questions.
- The question about reasons for no CRC screening due to limited life expectancy or unable to tolerate work up due to co-morbidities has been removed to be consistent with HEDIS guidelines and eQMs.

Cervical Cancer Screening

- Females age ≥ 24 and < 65 will get the Cervical Cancer screening questions.
- **Q55 testpap** no longer has an option 7 and there is new guidance in the definition/decision rules
 - **Do not count lab results that explicitly state the sample was inadequate and no result was reported. For example, "sample inadequate for interpretation", select value 99.**
 - The rule about inadequate samples has also been removed from question **57 paprptdt**.
- The nocascrn question (no screening due to limited life expectancy or unable to tolerate work up due to co-morbidities) has been removed to be consistent with HEDIS guidelines and eQMs.

Chlamydia Testing

- The sequence of the questions following q67 (sxactv) has been re-ordered but there are no changes to the questions or rules.

Breast Cancer Screening

- As previously noted the nocascrn question (no screening due to limited life expectancy or unable to tolerate work up due to co-morbidities) has been removed to be consistent with HEDIS guidelines and eQMs.
- Otherwise, there are no changes to this series of questions.

CGPI Shared Module

- There are changes to the series of questions used to score the kidney health evaluation measure.
 - The order of questions has changed.
 - Four questions have been deleted.
 - There are three new questions.
- The question about a urine albumin-creatinine ratio is now the first question in the series.
 - If a uACR is found and a valid date is entered, you will skip to the question about eGFR.

Urine Creatinine Test

- If you did not find a urine albumin-creatinine ratio documented in the past year, you will go to **q6 ucreatalb**.
- **During the past year is there documentation in the medical record of a urine creatinine test within 4 days prior to or after a urine albumin or microalbumin test?**
 - 1. Yes
 - 2. No
- **In order to select value 1, there must be documentation of both a urine creatinine and a urine albumin (or microalbumin) test performed 4 days or less apart.**

Q6 ucreatalb

Urine Creatinine

- Look for a urine creatinine test done within 4 days prior to or after the urine albumin test.
- Creatinine must be taken from a urine test or urinalysis.
- There must be a result present to select value “1” or yes.
- **Exclude:** creatinine blood (serum) tests.

Urine Albumin

- Urine microalbumin or albumin measurement is acceptable and is usually reported in Mass/volume (mg/L) in urine test results.
- Quantitative refers to a numerical value. There must be a result present to select value “1” or yes.
- **Exclude:** Urine protein alone (e.g., urinalysis results document protein 2+) is not acceptable and does not meet criteria for Kidney Health Evaluation.

Dates

Q7 ucreatdt2

- Enter the exact date of the most recent urine creatinine test performed within 4 days prior to or after a urine albumin or microalbumin test.

Q8 ualbd2

- Enter the exact date of the most recent urine albumin or microalbumin test performed within 4 days of the urine creatinine test.

OP Medication Reconciliation

- There are no changes to the Outpatient Medication Reconciliation module.

CGPI Scoring Changes

- There are multiple changes to CGPI measure scoring.
- Some of the changes will be highlighted in these slides.
- Be sure to review the CGPI exit report guide for a complete look at the changes
- Frailty was replaced with **frailty2** in multiple measures.
- **Ptsd51**: scoring was changed
 - to accommodate the question order change
 - the date parameters and
 - the SIPS-B tool.
 - If the patient was only screened with the SIPS-B, the case will be excluded.

CGPI Scoring Changes

- **p7, smg8, smg9, smg10, smg19mn, smg19n:**
 - The exclusions for cognitive impairment have been removed from the tobacco measures.
 - If the patient was not screened using the National Clinical Reminder for tobacco use the algorithm will check to see if the patient was screened by an acceptable provider at a Cerner facility.
- **P44h (Cervical CA screen):**
 - The lower age parameter was changed from 21 to 24.
 - Removed exclusions for nocascrn =1 and testpap=7.
- Cervical CA measures **p42** and **p45h** have been discontinued.
- **P61h (CRC screening):**
 - The lower age parameter was changed to >=46.
 - Removed exclusion for nocrcscr=1.
- **P32h and p33 (Breast CA screening):**
 - Removed exclusion for nocascrn=1.

CGPI Scoring Changes

- A check for the new Validation module question selrevas was added to **cvrn1 and cvrn2** (Cerner only measures).
- The exclusion for resnobeta=98 was removed from **ihd20h**.
- **Fe3:** Cases will pass if during the past 12 months the patient asked about the presence/absence of any falls during the preceding 12 months **OR if falls screening was completed using a standardized falls screening tool during the past 12 months.**
- **Ked1h:** Scoring was changed to accommodate the new questions.
 - Cases will pass if a urine albumin-creatinine ratio was documented in the past year and an eGFR was done within the past year OR during the past year a urine creatinine was done within 4 days prior to or after a urine albumin or microalbumin and an eGFR was done within the past year.
- **C5, c6, and c7n** have been discontinued.

New Measure Dmg61: Foot Exam

- **Denominator Exclusions:**

- The case is not flagged for DM
- The patient has quadriplegia/paraplegia
- The patient has a past stroke resulting in sensory loss in feet
- The patient is a bilateral amputee

- **Numerator:**

- Within the past year
 - A visual inspection of the patient's feet was performed during a face to face visit and
 - Pulses were checked in the patient's feet and
 - The record documents the result of testing for foot sensation by monofilament

OR

- Within the patient year visual inspection of the patient's feet was documented during a CVT or VVC visit and
 - The healthcare provider asked the patient about any signs and symptoms of
 - sensory loss and
 - reduced arterial circulation

HBPC

Cerner

- As in CGPI, Cerner suggested data sources have been added to some HBPC questions.

Q13 medcomm

- Clarification has been added to the rules of medcomm related to communication of a change to the medication regimen.
- Any of the following are acceptable:
 - direct communication (e.g., pharmacist calls the provider).
 - co-signature of the medication plan review note by the HBPC or primary care provider.
 - **documentation of a medication change in the interdisciplinary team conference that included the HBPC or primary care provider.**

Q17 swedacp

- Clarification has been added to the rules for the question about HBPC social worker documentation of education about alternative caregiving/placement plans.
- **Documentation a resource was declined without documentation that education was provided is not acceptable.**
 - For example, “Declined nursing home” is not acceptable to select value 1.

Urgent/Emergent and Long Term Care Planning

Q20 ptstplan

- Please note the clarification of acceptable and unacceptable documentation of a plan for urgent/emergent care.
- **Note that “local emergency room” is unacceptable documentation of a plan for urgent/emergent care.**

Q21 ptltplan

- There is also clarification of acceptable and unacceptable documentation of a plan for long term care planning.
- **Documentation that the Veteran will remain at home or in current situation without indicating feasibility and discussion of other options is not acceptable.**

Hand grip assessment

- An example of documentation of a hand grip assessment is in the rules for the question assesmal2
 - **Hand grip assessment:**
 - Patient seated upright, feet on floor
 - Reference ranges for camry device:
 - Male Age 70 -99 21..3 – 35.1 kg
 - Left hand, June 7, 2022, 33, 31, 35 (x = 33)
 - Right hand, 29, 31, 28 (x = 29)
 - [X] Normal grip strength
 - [] Measurably reduced grip strength

Q36 dementdx2

- As in CGPI, numerous codes have been added to the list of ICD-10-CM diagnosis codes for dementia/neurocognitive disorder.
- Table 10 lists the codes along with a narrative description of the diagnosis.

Audit-C

- The same change noted in CGPI is also in HBPC r/t Audit-C question 3.
- The previous information about AUDIT-C question 3 reflecting differences for gender has been removed.

Depression Diagnosis

- The list of ICD-10-CM depression diagnosis codes in q53 deptyr have been revised per HEDIS guidelines.
- The revisions are the same as previously noted in CGPI.

PTSD Screening

- The revisions to the PTSD series of questions are the same as those described in CGPI.
 - Re-ordering of questions.
 - Timeframe specified in scrptsd5i9.
 - Addition of SIPS-B questions.

HBPC Immunization Questions

- The influenza immunization questions were removed from HBPC and the associated measures were retired.
- The clarification re: Pneumovax in question 105 (ppsvac23) is the same as previously discussed in CGPI.

HBPC Scoring Changes

- **Hc46, 47 and 48** (influenza immunization measures) were retired.
- **HC41** (PTSD Screening): Changes are the same as those made in PTSD51 in CGPI.
- **Hc61, hc63, and hc64** are no longer pilot measures and were moved out of the Pilot Indicators section on the HBPC exit report format.

Global Measures

Influenza Immunization

- The dates of the current influenza immunization season have been updated in the flustat question.
 - **Only vaccines administered during August through March of the current season (7/01/2022 - 6/30/2023) are acceptable.**

Cognitive Impairment

- **Q13 tobstatus3**
- Please note the following guidance r/t value 97:
 - **Any documentation within the first day of admission from the admitting provider or nurse stating that the patient was unable to be screened or assessment was unable to be completed due to cognitive impairment, select value "97".**
 - Be sure to read all other rules about cognitive impairment and apply them to the documentation.
- If the correct answer to tobstatus3 is 97, the question auditc will be auto-filled as 97 and you will go to the end of the instrument.

Q21 auditc

- The same guidance re: cognitive impairment that is in tobstatus3 is in auditc
- The following guidance r/t H&Ps and admission assessments that has been in tobstatus3 was added to auditc
 - **For the H&P source, use only the H&P report for the current admission. The H&P may be a dictated report, a handwritten report on an H&P form, or a separate entry labeled as the H&P in the progress note.**
 - **Classify a form as a nursing admission assessment if the content is typical of nursing admission assessment (e.g., med/surg/social history, current meds, allergies, physical assessment) AND the form is completed/reviewed by a nurse or labeled as a “nursing form.”**
- The previous information about AUDIT-C question 3 reflecting differences based on gender has been removed.

Informed Consent

- As you know from the 10/3 pull list, the informed consent questions have been deleted and the measures removed from the exit report.

Global Measures Scoring

- There are no changes to Global Measures Scoring including scoring for fe81 and the IP Med Recon Measures.

Sepsis

- The only change to the Sepsis data collection tool was to move the thrombocytopenia examples from sepsirs to the rules for seporg.
- There are no changes to Sepsis scoring.

No Changes

Instrument

- No changes to Cataract questions/rules.
- Minor wording change to Colonoscopy questions/rules
- No changes to CTR questions/rules.
- No changes to Inpatient Medication Reconciliation or Delirium Risk questions/rules.

Scoring

- No changes to Cataract scoring.
- No changes to Colonoscopy scoring.
- No changes to CTR scoring.
- No changes to Inpatient Medication Reconciliation or Delirium Risk scoring.

Careful Review

- It is important to take note of the changes to questions and rules and the new questions as you begin review.
 - The changes are highlighted in the software.
 - **Read the rules!**
- Please review the exit report guides for information about scoring changes.
 - Remember it is important that you are able to explain scoring to facility staff.
 - If you don't understand it, please ask your Regional Manager for assistance.