EPRP UPDATE

2Q FY2024

2Q FY2024 CHANGES

- The slides in this presentation will serve to provide an overview of changes to the 2Q FY2024 data collection instruments and scoring.
- Although the most important points will be covered, please be sure to review all of the highlighted sections in the Word documents that have been provided by email.

- There were no instrument or scoring changes made to the following instruments:
  - Cataract Surgery (CAT)
  - Colonoscopy Follow-Up (HOP29)
  - Common Modules
    - Inpatient Medication Reconciliation
    - Delirium Risk
  - Hospital Outpatient (HOP)
- We will review the changes to the remaining instruments in the following slides beginning with CGPI

CGPI: Mental Health Module

- To provide consistent instructions in the definition and decision rules, guidance was added to question #12, DTALSCRN mirroring the rules for depression and PTSD screening dates.
- Enter the most recent date of screening for alcohol misuse with the AUDIT-C.
- The date refers to the **date of the signature** on the encounter note.
- For example, the PCP's note started on 12/01/2023 includes documentation of an AUDIT-C but the note is signed on 12/02/2023.
  - Enter 12/02/2023 as your answer in DTALSCRN

CGPI: PI Module

- Question #66 hpvtest2
  - 98 was added as an answer option if the patient refused all hrHPV/HPV tests within the past 5 years.
- The documentation must specify refusal of testing for hrHPV/HPV in order to select 98.
- Documentation of patient refusal to have a pap smear without mention of the hrHPV/HPV test would not be acceptable.

CGPI: PI Module

- Two questions were deleted and replaced with question #26, tobrxord2, and #27, tobrxorddt2.
- These questions are similar to those added in 1Q24 but have a different date parameter.
  - 30 days prior to the tobacco screen date to 14 days after the tobacco screen date.
  - If the tobacco screening date is <14 days prior to the study end date, the software will skip the remaining tobacco questions and go to question colondx, as applicable.
- #26 tobrxord2:
  - During the time frame from (computer to display tobscrndt - 30 days to tobscrndt + 14 days) was an FDA approved medication for tobacco cessation ordered/prescribed for the patient?

1. Yes
2. No

  - If you answer 1, Yes, you will enter the most recent date an FDA approved tobacco use cessation medication was ordered/prescribed in question #27, tobrxorddt2.

CGPI: PI Module

- Two additional new questions have been added to the Tobacco Use questions.
  - Question #29, tobfdascrn:
- During the time frame from (computer to display tobrxorddt2 to tobrxorddt2 + 14 days) was an FDA approved medication for tobacco cessation **dispensed** to the patient?
- 1. Yes
- 2. No

- Review clinic notes and pharmacy notes to determine if a tobacco cessation medication was dispensed to the patient.
  - If a tobacco cessation medication was dispensed to the patient within the specified time frame, enter the date it was dispensed in question #30, tobfdadt
  - The exact date must be entered, the use of 01 to indicate missing day or month is not acceptable.

CGPI

- There were no changes made to the remaining CGPI modules
  - Core
  - CVD
  - DM
  - Outpatient Medication Reconciliation
  - Shared
  - Validation

CGPI Scoring

- The only scoring change is the addition of a new pilot indicator:
  - Smg11: Tobacco Use Cessation – Tobacco Cessation Medication Prescribed (outpt)
  - Review the CGPI Exit Report Guide for the list of denominator exclusions.
  - This is a pilot indicator and not eligible for reconsideration.

- Cases included in the denominator will pass if:
  - During the time frame from 30 days prior to the tobacco use screen date through 14 days after, an FDA approved medication for tobacco use cessation was ordered and/or prescribed for the patient by an acceptable provider.

CTR: Communication of Abnormal Test Results

- Instructions were added to the definition and decision rules for the "pro" questions (abfobtpro, abafppro, abpsapro, abmampro, abctspro, and abhivpro) to clarify when to select answer option #7.
  - Which health care staff communicated the abnormal FOBT/FIT result to the patient?
  1. Physician, APN (NP, CNS), PA
  2. Registered Nurse (RN)
  3. Licensed Practical (Vocational) Nurse (LPN/LVN)
  7. **Other staff deemed appropriate by the medical facility**

- Choose option #7 "other staff deemed appropriate by the medical facility" when:
  - Pharmacists, psychologists, social workers, and other appropriate providers communicated the abnormal results to the patient.
  - **Abnormal lab results are communicated in a letter sent to the patient which is not signed by a specific provider. For example, a letter communicating abnormal lab result is signed by "Your Primary Care Team" and no further information is found to determine which staff member sent the letter.**
- There were no other changes made to CTR.
- There were no scoring changes for CTR.

HBPC

- Three questions have been deleted from the Medication Management module:
  - Medosren
  - Noasesren
  - Medappind
  - These questions were deleted due to the retirement of measures hc63 and hc64.
- Two new medication management questions have been added related to assessment of fall risk potential.

HBPC: Medication Management

- Question #14, medfalrisk:
  - During the time frame from (computer to display admisdt to admisdt +30 days), did the pharmacist assess the patient's medication regimen for fall risk potential?
  1. Yes
  2. No

- To meet the intent of this question, the pharmacist must document the medication regimen was assessed for fall risk potential or reviewed medications that may increase fall risk.
- Examples of acceptable documentation include but are not limited to:
  - Clinical Pharmacy Note in specified time frame documents "Medication reviewed by pharmacist for fall risk potential, increased fall risk, medications that are associated with increased risk of falls, or medication fall risk screening with a score."

HBPC: Medication Management

- Question #15, medfalases:
  - During the time frame (computer to display admisdt to admisdt + 30 days), did the pharmacist document why fall risk potential was not assessed?

1. Yes
2. No

- If the pharmacist did not document the medication regimen was assessed for fall risk potential or reviewed medication that may increase fall risk, review the pharmacist note for documentation of a **reason** the assessment was not performed within the specified time frame.

HBPC

- The only other change was an addition to the definition and decision rules for question #47, dtalscrn (enter the date of the most recent alcohol misuse screening with the AUDIT-C) which mirrors what was previously reviewed for CGPI question, dtalscrn.
  - Most recent date patient was screened for alcohol misuse = the most recent date the AUDIT-C was documented in the record.
  - **The date refers to the date of the signature on the encounter note.**
  - Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.

HBPC Scoring

- Measures Retired as of 2Q FY2024
  - Hc63
  - Hc64
- Measure Added as of 2Q FY2024
  - Hc65 (pilot)
    - Medication regimen assessed for fall risk potential within 30 days of admission to HBPC
- Includes all cases except:
  - Patients admitted to HBPC >120 days
  - Patient was hospitalized during the 30 days following HBPC admission
  - Patients enrolled in VHA or community Hospice or Palliative Care programs

- Cases included in the denominator will pass if:
  - The patient was on at least 1 medication
- AND
  - The documentation included a medication management plan note signed by the pharmacist within the first 30 days after admission to HBPC
- AND
  - The pharmacist documented the medication regimen was assessed for fall risk potential
- OR
  - Documented a review of medications that may increase fall risk

HBPC Scoring

- There were no other scoring changes.
- An addition to the Exit Report Guide was made to add *psychologist* to the list of acceptable providers who can document dementia/neurocognitive disorder.
  - **Note:** psychologist was previously included as one of the acceptable providers in the assessment of cognitive function questions and accompanying definition and decision rules.
  - This update to the Exit Report Guide was done for consistency and is **not** reflecting a change to the questions or scoring.

TOC

- Question #13, opvst:
  - An update was made to the definition and decision rules to clarify the intent of the question.
    - **The intent of the Patient Engagement After Inpatient Discharge indicator is interaction between the patient and acceptable healthcare provider in an outpatient setting after discharge. This indicator does not require evidence/reference to the hospital discharge.**
    - **Documentation must include evidence of patient engagement within 30 days after discharge at an acceptable outpatient visit (e.g., office visits, home visits, telehealth visits).**
- There were no other changes made to the instrument and no scoring changes were made.

SEPSIS

- Question #46, weight:
  - Removed requirement of weight documented by a physician/APN/PA in the definition and decision rules to align with CMS specifications.
  - An addition was made to specify that only weight documented during the inpatient admission under review may be considered.
  - Use the actual or estimated weight documented in the following priority order:

1. Weight documented in the crystalloid fluid order
2. Weight documented closest to and prior to the order for crystalloid fluids
3. Weight documented closest to and after the order for crystalloid fluids

- Only use weight documented during the inpatient admission under review.

SEPSIS

- There were no additional instrument or scoring changes.
- The following slides will review instrument changes that will go into effect with the 3rd pull list of 2Q FY2024 (3/6 Pull List).
  - Cases with a discharge date >=01/01/2024.

SEPSIS: POST (Effective 3/6 Pull List)

- Question #13, septdt2/septm2 & Question #15, shkdt/shktm:
  - An update was made to the definition and decision rules for both questions to provide guidance for those patients who present to the ED.
  - This update was made to align with updated CMS guidelines.
- **ED Patients:** Use the earliest documented arrival date and time for patient who enter the ED with physician/APN/PA documentation of
  - Severe sepsis clinical criteria met in pre-hospital records.
  - Severe sepsis in pre-hospital records.
  - Severe sepsis was present on arrival.
  - Severe sepsis was present with a documented presentation date/time that is prior to arrival.

SEPSIS: POST (Effective 3/6 Pull List)

- Question #16, covid:
  - To align with updated CMS guidelines, updates were made to the definition and decision rules.
  - Select value 1 (Yes) for COVID-19 only if the physician/APN/PA documented the terms "possible" "probable" "likely" "suspected" "present" or "confirmed", **or synonymous with these terms in relation to COVID-19.**
- Additional updates were made to the guidance for selecting value 2 (No):
  - If the physician/APN/PA refers to a previous diagnosis of COVID-19 (e.g., "recent COVID-19" or "history of COVID-19").
  - For documentation that COVID-19 is suspected or present if there is physician/APN/PA documentation that coronavirus or COVID-19 is not suspected or present within six hours following the initial documentation that coronavirus or COVID-19 is suspected or present.
- **Example:** ED MD note at 07:00: "suspect COVID-19 is cause of current respiratory symptoms." Admitting MD note at 11:15: "possible pneumonia, COVID-19 test negative." Select value 2 because there is subsequent physician documentation within 6 hours indicating COVID-19 is not present.

SEPSIS: POST (Effective 3/6 Pull List)

Questions #26 cmoplc & #43 cmoplc2

- An update was made in reference to the inclusion terms for these questions
  - Only accept terms identified in the list of inclusions **OR synonymous with an inclusion term.**

Documentation of comfort measures only or palliative care

Inclusion (Or synonymous terms)	
Brain dead/dead	Hospice care
Comfort care	Organ harvest
Comfort measures	Palliative Care
Comfort measures only (CMO)	Palliative Consult
Comfort only	Terminal care
Do Not Resuscitate Comfort Care (DNR-CC)	Terminal extubation
End of life care	Withdraw care
Hospice	Withhold care

SEPSIS: POST (Effective 3/6 Pull List)

- Question #48, targvol:
  - The definition and decision rules for multiple orders and lesser volume orders has been updated due to updated CMS guidelines.
  - **A lesser volume with a reason for the lesser target ordered volume specifically documented by the physician/APN/PA within a single source (e.g., note or order.**
- **Reasons may include, but are not limited to:**
  - If there are multiple physician/APN/PA orders for lesser volumes with documented reasons, use the total of the lesser volumes ordered with the specified time of six hours prior through three hours after the triggering event.
  - If a lesser volume is ordered and there is physician/APN/PA documentation indicating the target ordered volume is 30mL/kg within six hours after the lesser volume is ordered, use the 30 mL/kg volume as the target ordered volume.
  - Review the definition and decision rules for additional reasons

GM

- There are no instrument or scoring changes to GM for discharges <01/01/2024.
- The following slides contain the changes to GM for discharges >=01/01/2024.
- These changes will be effective with the **3/6 Pull List**.

GM: POST (Effective with 3/6 Pull List)

- The following questions have been deleted:
  - Tobtxcoun1
  - Tobtxcoun2
  - Tobtxcoun3
  - Reftobcoun
  - Tobtxmed
  - Notobmed
- Question #14, refoptob:
  - Patients being cared for at Oracle/Cerner facilities are no longer included as acceptable to choose answer option 4.
  - Guidelines for answer option 99 were updated to remove reference to "practical counseling".
    - If the patient was counseled on tobacco cessation or refused counseling during the hospitalization, a referral for outpatient tobacco cessation counseling must still be offered at the time of discharge. Select "99" if a referral for outpatient counseling was not offered at the time of discharge.
- Question #15, tobmedc:
  - Patients being cared for at Oracle/Cerner facilities are no longer included as acceptable to choose answer option 3.

GM: POST SCORING Changes

- Effective with the 3/6 Pull List:
  - Tob20 has been retired
  - Tob40 changes:
    - Patients who are being cared for at a facility using the Oracle-Cerner Electronic Health Record are no longer excluded from the denominator.
  - There are no other scoring changes for GM.

Thank you for reviewing the 2Q FY2024 Updates

Please submit any questions to your Regional Manager via the Q&A Application