



EPRP Update

FY2025Q1

Jennifer Hall, RN-BSN
EPRP Assistant Director

FY2025Q1 Changes

The slides in this presentation will serve to provide an overview of changes to the FY2025Q1 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.



Instruments with no changes

- Cataract Surgery (CAT)
- Colonoscopy Follow-Up (HOP29)
- Common Modules
 - Delirium
 - Inpatient Medication Reconciliation
- Communication of Abnormal Test Results (CTR)
- Hospital Outpatient (HOP)



Instrument and Scoring Changes



Sepsis

- Changes were made to the field formatting for two questions ensuring the correct triggering event was captured for question #53, CRYSTLENDT/CRYSTLENTM.
- #43 HYPOTNSDT/HYPOTNSTM: • #45 SEPSHDT/SEPSHKTM:

Hard edit: If sephk = 2, or if sephk = 1 and sephkdt/sephktm is later than hypotnsdt/hypotnstm, hypotnstm cannot be >= crystlndt/crystlentm

Hard edit: If hypotns = 1 and hypotnsdt/hypotnstm is later than sephkdt/sephktm, sephktm cannot be >= crystlndt/crystlentm

SEPSIS: Revision per Centers for Medicare & Medicaid Services (CMS) Update

- #48 CRYSTL2: the definition/decision rules were updated to make it clear documentation a patient has a pacemaker is **not** an acceptable reason to select answer value "4" (documentation the patient has an implanted Ventricular Assist Device (VAD)).



SEPSIS: Additional Revision per CMS Updates

- #50 WEIGHT: additions were made to the definition/decision rules to clarify the provider must document the patient is obese when using other acceptable weight terms if they reference ideal body weight (IBW) in the target order fluid volume.
- Physician/APN/PA can use IBW to determine the target ordered volume **if all** of the following conditions are met. Other acceptable weight terms include predicted weight, dosing weight, and adjusted body weight.
 - Physician/APN/PA documentation that the patient is obese (defined as BMI > 30).
 - Physician/APN/PA documents IBW is used to determine the target ordered volume.
 - IBW is present in the medical record, abstractors should not calculate the IBW.



SEPSIS

- #52 TARGVOL: a revision was made to highlight and improve visibility of the crystalloid fluid order requirements to improve accuracy of abstraction.

Is there documentation the target ordered volume of crystalloid fluids (computer to display crystvol) initiated on (computer to display crystldt at crystltm) was completely infused?

Include crystalloid fluid volumes ordered that are:

- Equivalent to 30mL/kg; **OR**
- A volume within 10% less than 30 mL/kg; **OR**
- A lesser volume with a reason for the lesser target ordered volume specifically documented by the physician/APN/PA within a single source
- Include those given at a rate of > 125 mL/hr towards the target ordered volume
- Order includes the type of fluid, volume of fluid, rate or infusion duration

1. Yes
2. No



SEPSIS

- #53 CRYSTLENDT/CRYSTLENTM: two field formatting updates were made for this question.
 1. The timeframe for administering the total amount of fluids was increased to ≤ 9 hours after the start time of the crystalloid fluid administration.
 2. The hard edit was updated to include SEPSHKDT/SEPSHKTM as one of the possible triggering events requiring fluid administration.

>crystldt/crystltm
and ≤ 9 hours after
crystldt/crystltm

Hard edit: Cannot be \leq the
earliest of
hypotnsdt/hypotnstm or
sepshkdt/sepshktm



SEPSIS

- There were no other changes to the Sepsis instrument.
- There were no scoring changes for the Sepsis instrument.



Global Measures (GM)

- Three minor updates were made to GM
 1. Updated the dates in question #11, FLUSTAT, to reflect the current flu season.
 - Only vaccines administered during August through March of the current season (7/01/2024 – 6/30/2025) are acceptable.
 2. Updated question #20, DTALSCRN, to allow for capturing screening by AUDIT-C within 3 days prior to admission by a transferring facility, ED or observation unit.
 - Aligns with the guidance found in question #13, TOBSTATUS3.
 3. Updated formatting for selecting value "4" for question #26, ADDTXREF, for easier comprehension.
 - No change was made to the content found in the definition/decision rules.



GM

- There were no other changes to the GM instrument.
- There were no scoring changes for the GM instrument.



Clinical Guidelines and Prevention Indicators (CGPI)

• There were no changes made to the following modules:

- Shared
- Cardiovascular Disease (CVD)
- Outpatient Medication Reconciliation

CGPI – Validation Module

- Updated the definition/decision rules to include rhabdomyolysis caused by a statin medication as an acceptable reason to answer # 33, MUSCLEDEX, with value “1”.
 - Physician/APN/PA or pharmacist documentation of myalgia or rhabdomyolysis caused by a statin medication is acceptable.



CGPI – Core Module

- Additions were made to the examples of other standardized and published ADL and IADL screening tools for questions #6, ASESADL, and #8, ASESADL.
- Refer to the definition/decision rules for more information about each tool.
 - Activity Measure for Post-Acute Care (AM-PAC) or 6 Clicks
 - Banner Mobility Assessment Tool (BMAT)
 - Functional Status Questionnaire
 - Functional Status Screen
 - Patient Reported Outcomes Measurement Information System (PROMIS), or Physical Function 5 (PFS)
 - Performance-Oriented Mobility Assessment (POMA)
 - John Hopkins Highest Level of Mobility (JHLM)
 - Specific tool for IADL screening

CGPI – Core Module

- Additional standardized fall screening tools have been added for question #12, FALLSCRN:
 - Previously listed tools:
 - MAHC-10
 - Morse Fall Scale (MFS)
 - Stopping Elderly Accidents, Deaths & Injuries (STEAR) Initiative Fall Assessment
 - Newly added tools:
 - Dynamic Gait Index
 - 4 State Balance Test
 - Gait Speed
 - Performance Oriented Mobility Assessment (POMA)
 - 30-Second Chair Stand
 - Timed up and go (TUG TEST)
- This list is not all-inclusive. See the rules for guidance in accepting other standardized and published screening tools.



CGPI – Mental Health Module

- There are 2 changes to the Mental Health Module:

1. All questions asking about the Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool have been removed.
2. All questions asking about the Comprehensive Suicide Risk Evaluation (CSRE) screening tool have been removed.

- The module will end upon completion of the PTSD questions.



CGPI – Diabetic Module

- A new question was added due to National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) specification updates to capture documentation of eye enucleation.

- Enucleation is removal of the eye from the orbit.

- #9 EYENUCL:

- Is there documentation in the medical record that the patient has had any of the following:

- Left unilateral eye enucleation and a right unilateral eye enucleation on the same or different date
- Bilateral eye enucleation
- Two eye enucleations performed 14 days or more apart from each other

1. Yes
2. No



CGPI – Prevention Indicators (PI) Module

- The majority of changes within this module have to do with the Tobacco Use Screening questions.

- We will first cover changes to the other questions in the module.

- #1 FLUVAC24:

- The question name and timeframe has been updated to reflect the current influenza immunization period
 - 7/01/2024 – 6/30/2025
- Reminder: influenza immunization given up to the pull list date (unless the study end date is after the pull list date) is acceptable.



CGPI PI Module

- #75 HRPVTEST2: updated the question with a new name due to removal of answer value “7”.

- If the documentation of the specific hrHPV test performed does not exactly match the name in values 1-5, select value “6”.

1. Digene (DNA Probe Immunoassay, signal amplified nucleic acid amplification)
2. Cervista Genfid HPV HR DA Extraction Hologic (DNA-Probe, signal amplified nucleic acid sequences)
3. Cervista HPV 16/18 Hologic (DNA-Probe, signal amplified nucleic acid sequences)
4. Roche Cobas (Fluorescent labeled DNA probe PCR signal amplified DNA)
5. Aptima GenProbe (RNA capture and amplification to detect E6/E7 mRNA from 14 high-risk types of HPV)
6. hrHPV test without specific test name
99. hrHPV test was not performed or unable to determine



CGPI – PI Module Tobacco Use Screening Questions

- As of November 18, 2024, use of the updated version of the National Clinical Reminder for Tobacco Use Screening (NCRT) will be required at all VAMC facilities using the Legacy electronic medical record.
- The updated clinical reminder is not applicable at facilities using the Oracle-Cerner electronic medical record.
- The wording is similar to the previous NCRT, but there are changes to what you will see in the documentation.
- Main Takeaways:**
 - Acceptable providers who can complete the initial screen **and** follow-up for a positive screen have changed.
 - Additional questions have been added to the PI module for patients screened as "Never" three times in the past five years.
 - The updated version of the NCRT was released to all facilities on 10/17/2024 and is required as of 11/18/2024.
 - Review the definition/decision rules for the new verbiage for patient answers that will be displayed in the documentation.



CGPI – #14 TOBSCRN18

- Additional documentation examples have been added to the definition/decision rules to capture current and future tobacco use screening.
- Acceptable providers who can complete the screen now include:
 - Health/medical technicians
 - Unlicensed Assistive Personnel (UAP)
- If the answer is value "2" or "98" and the patient is >=35 years, the software will skip to question, NOTOBUSE2.
- If the answer is value "2" and the patient is <35 years, the software will skip to question, TOBSCRN18c.
- If the answer is value "98" and the patient is <35 years, the software will skip to question, COLONDX as applicable.



CGPI – #16 TOBSCRN25

- New question** asking for the response to the Tobacco Use Screening question, "Do you smoke cigarettes or use other types of tobacco (cigars, pipe smoking, snuff, dip, or chewing tobacco)?"
- Answer options include:
 - Yes, Every Day
 - Yes, Some Days
 - Formerly
 - Never
 99. None of the above
- Do not consider use of e-cigarettes or other tobacco products.
- See the definition/decision rules for examples of documentation.



CGPI - #17 ECIGUSE

- New question** asking if the Tobacco Use Screening question indicates the patient only used electronic nicotine delivery system (ENDS) and/or other tobacco products (e.g., oral nicotine pouches) during the past year.
- ENDS includes e-cigarettes and vape pens.
- Other tobacco products may include oral nicotine pouches such as Zyn.
- Do not include documentation that includes use of cigars, pipe smoking, and smokeless tobacco categories (snuff, dip, or chewing tobacco).



CGPI – #18 NOTOBUSE2

- **New question** asks if during the stated time frame, does the Tobacco Use Screen documentation indicate the patient has never smoked cigarettes or used other types of tobacco (cigars, pipe smoking, snuff, dip, or chewing tobacco)?
 1. Yes
 2. No
- 98. Patient declined to answer National Clinical Reminder for Tobacco Use screening questions
- 99. Tobacco Use Screen not documented during specified timeframe
- Examples of “Never Tobacco User” may include:
 - The patient has never used cigarettes.
 - The patient has never used other types of tobacco (cigars, pipe smoking, snuff, dip, or chewing tobacco)



CGPI – #19 NOTOBUSE3

- **New Question.** If the answer to NOTOBUSE2 is value “1”, you will get this new question.
- During the time frame from (computer to display stdybeg – five years and stdybeg – 2 years), does the Tobacco Use Screen documentation indicated on at least two occasions that the patient has never smoked cigarettes or used other types of tobacco (cigars, pipe smoking, snuff, dip, or chewing tobacco)?
 1. Yes
 2. No
- If the answer to NOTOBUSE3 is value “1”, the tobacco questions will end and the software will skip to COLONDX as applicable.



CGPI – NOTOBUSE2 and NOTOBUSE3

- **Why are these questions being asked?**
 - If the response to tobacco screening has been “never” 3 times in the past five years, the clinical reminder will automatically be turned off or deemed as “satisfied” for an additional five years after the most recent screen.
 - EPRP will continue to collect documentation of yearly tobacco use screening and these questions will capture those cases with the NCRT satisfied outside the one year time frame.



CGPI – Tobacco Cessation Follow-Up

- The following questions had changes to the time frame stated in the question.
 - #20 TUCONSEL2
 - #21 TUCNSLDT2
 - #22 TUCREFER2
 - #23 TUCREFDT2
 - #24 OFFTUCRX2
 - #25 TUCMEDIT2
- The intent is to capture documentation of follow-up for a positive tobacco screen using the previous version of the National Clinical Reminder (<=11/17/2024).
- Documentation of follow-up for a positive screen done 11/18/2024 or later will be captured in questions 26 – 31.



CGPI New Tobacco Use Follow-Up Questions (Questions 26 – 31)

The purpose of the new questions are to capture documentation as of 11/18/2024 that reflects the use of the updated National Clinical Reminder for Tobacco Use Screen and follow-up counseling.



CGPI – Advised to quit or stop smoking

#26 TOBFOL25

- During the past year was the patient advised to quit or stop smoking using the National Clinical Reminder?
- Refer to the list of acceptable providers who can complete this task.
 - LPNs are not considered acceptable providers.

#27 TOBFOLDT25

- Enter the date the patient was advised to quit by an acceptable provider.
- The software will give a warning if the date is prior to 11/18/2024.



CGPI – Tobacco cessation offer of treatment

#28 TUCOUN25

- During the past year, was information about behavioral counseling or treatment other than medication to assist with tobacco cessation discussed with the patient using the National Clinical Reminder?

#29 TUCOUNT2

- Enter the date the information was discussed with the patient by an acceptable provider.
- The software will give a warning if the date is prior to 11/18/2024.



CGPI – Offer of FDA-approved tobacco cessation medication

#30 OFFTOBRX25

- During the past year, was the patient offered a FDA-approved medication to assist in tobacco use cessation by an acceptable provider using the National Clinical Reminder for Tobacco Follow-up?

#31 TOBRX25DT

- Enter the date the offer of approved medication was made by an acceptable provider.
- The software will give a warning if the date is prior to 11/18/2024.



CGPI

- There were no other changes made to the CGPI instrument.
- **Scoring Changes:**
 - **Dmg31h Retinal Exam, timely by disease:** if the patient has had a bilateral eye enucleation, left or right unilateral eye enucleation on the same or different date or two eye enucleations performed 14 days or more apart from each other, the case will be excluded from the measure.
 - **P27 Influenza Immunization Refused:** updates made to the dates to account for the new influenza immunization season.
 - **P25h and P26h (Oracle-Cerner sites only) Influenza Immunization:** updates made to the dates to account for the new influenza immunization season.



CGPI – Smg8, Smg9, Smg10 Denominator Changes

- **Denominator:**
 - An addition to the denominator exclusion was made due to the verbiage change in the new clinical reminder.
- **Includes all cases except:**
 - During the past year the patient was screened using the National Clinical Reminder and did not use tobacco at all or is a former, never user of tobacco, or only used electronic delivery systems (ENDS) and/or other tobacco products



CGPI – Smg8 Tobacco Use Cessation Advised to Quit Numerator Changes

- **Cases included in the denominator will pass if:**
- If the within the past year the patient was screened by an acceptable provider using a National Clinical Reminder and used tobacco every day or some days and
- On or prior to 11/17/2024, the patient was advised to quit smoking or stop using tobacco using the National Clinical reminder OR
- On or after 11/18/2024, the patient was advised to quit smoking or stop using tobacco by an **acceptable** provider using the National Clinical Reminder for Tobacco Screen Follow-Up OR
- The patient was screened by an acceptable provider at an Oracle-Cerner facility during the past year and the screening was positive and the patient was advised to quit smoking or stop using tobacco.



CGPI – Smg10 Tobacco Use Cessation Discussed Cessation Medications Numerator Change

- **Cases included in the denominator will pass if:**
- During the past year, the patient was screened by an acceptable provider using the National Clinical Reminder and used tobacco every day or some days and
 - The patient was offered FDA approved medications by an **acceptable** provider to assist in tobacco use cessation using the National Clinical Reminder
- OR
- The patient was screened by an acceptable provider during the past year at a Oracle-Cerner facility and the screening was positive and
 - The patient was offered FDA approved medications by a provider to assist in tobacco use cessation



CGPI – P7 Screened for Tobacco Use Nexus Clinics

- Due to implementation of the new National Clinical Reminder for Tobacco Use Screening, p7 will be a **pilot indicator** for FY2025Q1.
- Cases included in the denominator will pass if:
 - During the past year, the patient was screened for tobacco use by an acceptable provider using the National Clinical Reminder for Tobacco Use
- OR
 - The patient is \geq age 35 and during the past five years the patient was screened for tobacco use on at least three occasions and the documentation indicates the patient has never smoked cigarettes or used other types of tobacco.
- There were no other scoring changes for CGPI.



Home Based Primary Care (HBPC)

- Please review the definition/decision rules carefully for the following questions:
 - #11 MEDREVDT
 - #18 EDACPDT
 - #24 NUTHYDT
 - #27 ASESMDLDT
 - #30 ENVASEDT
 - #34 ASESXYDT
- To comply with the HBPC directive that the HBPC note must be entered and signed within 7 calendar days of the encounter date, you will enter the encounter date, **not the note signature date**, for these questions.



HBPC: New Questions

- Six new questions have been added to ensure the HBPC directive is in compliance and all applicable notes were entered and signed within 7 calendar days of the encounter date.
 - #12 MEDREVSIG
 - #19 EDACPSIG
 - #25 NUTHYSIG
 - #28 ASESMSLSIG
 - #31 ENVASESIG
 - #35 ASESXYSIG
- Each question follows the same pattern. Below is related to the medication review note question (MEDREVSIG) as an example:
- Did the pharmacist sign the medication review note during the time frame from (computer to display medrevdt to medrevdt + 7 days)?
 1. Yes
 2. No



HBPC

- Additions were made to the definition/decision rules to improve clarification and improve abstraction for the following:
- #1 VISITHBPC
 - **Exclude:**
 - Documentation that indicates the patient is no longer enrolled in HBPC such as bereavement note
 - Documentation that a HBPC team member left a voicemail for the patient.
- #13 MEDCHG:
 - Examples of acceptable documentation by pharmacist:
 - "Patient's BP consistently above 150/90; recommend increasing Lisinopril to 20 mg PO daily."
 - "Patient no longer taking Fish Oil, removing from medication list."
 - "LDL 148, could consider increase to statin if patient is compliant."



HBPC: Social Worker Questions Clarifications

- #17 SWEDACP:
 - Additional guidance was added to improve abstraction.
 - **Documentation of education on the topic, such as potential VA resources, without examples of those resources or details specific to the patient's situation, is not acceptable to select value 1.**



HBPC: Social Worker Questions Clarifications

- #21 PTSTPLAN:
 - The Veteran/caregiver/guardian should identify a care plan if urgent/emergent care becomes necessary to provide basic Activities of Daily Living/Instrumental Activities of Daily Living (ADL/IADL) needs (bathing, toileting, ambulating, eating, drinking, etc.) and remain safely in the home.
 - Identification of an emergency contact that will provide necessary care is sufficient.
- The plan should be specific and include enough detail for the plan to be initiated easily.
- This may include many of the following options: Healthcare Power of Attorney, adult child, neighbor, emergency contact, homemaker/home health aide (H/HHA), respite, short-term nursing home care, a medical foster home (MFH), assisted living facility (ALF), or community living center (CLC), etc.



HBPC: Social Worker Questions Clarifications

- #22 PTLPLAN:
 - The Veteran/caregiver/guardian should identify a long-term plan that identifies how the Veteran will be cared for financially and physically in the event they are unable to care for themselves.
 - This may include many of the following options: Medicaid options, long-term care insurance, family caregiving, home care options, VA or community CLC, VA or community skilled nursing facility (SNF), MFH, adult care home, ALF, adult day healthcare, care by family or friend other than current caregiver, etc.



HBPC Table 2 Rural Waiver for Telehealth

- New HBPC teams added to Table 2:
 - 459
 - 459GA MAUI HBPC
 - 459GC Kona HBPC
 - 636
 - 636GB NP PACT HBPC
 - 667
 - 667GA TEX HBPC 01
 - 667GB MON HBPC 01
 - 667GB MON HBPC 02
- HBPC teams removed from Table 2:
 - 558
 - 558GA TEAMLET GOLD
 - 578
 - 578 LaSalle Team 1
 - 598
 - 598 LIT HBPC 05
 - 598 LIT HBPC 09
 - 612
 - 612B4 RDG HBPC 03
 - 631
 - 631 NHM/PO HBPC PACT 2
 - 648
 - 648GA HBPC Bend II



HBPC

- There were no other changes to the HBPC instrument.
- There were no scoring changes for HBPC.

- Thank you for reviewing the FY2025Q1 updates.
- Please submit any questions to your Regional Manager via the Q&A Application.

