EPRP UPDATE

4Q FY2022

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- Presentation Objectives:
  - Present changes to data collection questions and rules
  - Outline changes to scoring
  - Stress important points that are not new or changed

- **Changes are highlighted in yellow** in the data collection question documents
  - **Be sure to review all highlighted sections**
  - **Minor changes will not be included in this presentation**

CGPI

CGPI Validation Module

- In the Validation module as well as in certain other CGPI questions and other data collection tools, you will note that "VA Video Connect" has been added to the definition/decision rules as a type of encounter
- VA Video Connect (VVC) allows Veterans and their caregivers to meet with VA health care providers via live video on a computer, tablet or mobile device with an internet connection

CGPI CORE MODULE
q1 vhabps/vhabpd

- Acceptable BPs now include:
- **A documented "average BP" (e.g., "average BP: 139/70") is eligible for use**

- A new exclusion was added to vhabps/vhabpd:
- BP ranges and thresholds do not meet criteria

CGPI DM Module
q7 fundexam
q9 eyespec

- Note the addition to acceptable documentation of a funduscopic exam
  - Automated eye exam, Digital Retinal Imaging – where a machine is used to view the retina

CGPI MH Module

- There are only minor clarifications highlighted in the Mental Health module
- Please remember that the date entered in q23 (phq2dt), q35 (pcptsd5dt), q37 (pcptsd5dt2), and q42 (pcptsdt) must be the date of the signature on the encounter note that includes the screen

CGPI OP Med Recon Module
q2 optmed

- The highlighted wording in the definition/decision rules of optmed are for clarification but there are no changes to the intent of the rules

CGPI OP Med Recon Module
q3 opmedrev

- Reminder (not a change)
- Documentation of review of the medication list with the patient or caregiver may be in the same note as the medication list for review or the EMLR DO, or in a separate note
- Documentation must be clear that the medication list was reviewed with the patient or caregiver
  - "Medication reconciliation complete" without documentation of patient involvement is <u>not</u> acceptable

CGPI PI Module

- The series of questions about pneumococcal pneumonia immunization has been revised
  - New questions added
  - Old questions revised or removed
- Only patients age >=60 will get the pneumococcal pneumonia questions

Q7 ppsvac23

- At any time, not later than the study end date, did the veteran receive the **PPSV23** (**Pneumovax 23®, Pnu-Imune 23®)** or pneumococcal (Pneumovax) vaccination, either as an inpatient or outpatient?

- Select from the following answer options

- **1**. received **PPSV23** (Pneumovax 23®, Pnu-Imune 23®) or pneumococcal (Pneumovax) vaccination from VHA

- **3**. received **PPSV23** (Pneumovax 23®, Pnu-Imune 23®) or pneumococcal (Pneumovax) vaccination from private sector provider

- **98**. patient refused **PPSV23** (Pneumovax 23®, Pnu-Imune 23®) or pneumococcal (Pneumovax) vaccination

- **99**. no documentation patient received **PPSV23** (Pneumovax 23®, Pnu-Imune 23®) or pneumococcal (Pneumovax) vaccination

Q7 ppsvac23
Key Points

- Look for documentation of
    - **pneumococcal polysaccharide vaccine (PPSV23) which includes**
        - **Pneumovax 23® and Pnu-Imune 23®, vaccination**
        - **pneumococcal (Pneumovax) vaccination**
- **At a minimum, the year of administration must be documented**
- Historical information obtained by telephone by a member of the healthcare team and entered in a CPRS progress note is acceptable
- **Select value "98" for patient refusal** when each time it was offered the patient stated he/she does not want the **PPSV23** (Pneumovax 23®, Pnu-Imune 23®) or pneumococcal (Pneumovax) vaccination

Q8 ppsv23dt

- If the patient received the ppsv23 vaccination either in VHA or in the private sector, enter the date in q8
- At a minimum, the year must be documented
- You will get a warning if the date is >= 15 years prior to the study begin date but you may proceed if the date is accurate

Q9 pcvvac20

- Regardless of how you answer ppsvac23 you will get the following new question
- On or after 6/08/2021 and not later than the study end date, did the veteran receive the **pneumococcal conjugate 20 (PCV20 or PREVNAR 20™)** vaccination, either as an inpatient or outpatient?
- **<u>Only documentation of the PCV20 or PREVNAR 20™ vaccine is acceptable for this question.</u>**

Q9 pcvvac20

- Select the applicable answer to q9:
  - 1. received PCV20 or PREVNAR 20™ vaccination from VHA
  - 3. received PCV20 or PREVNAR 20™ vaccination from private sector provider
  - 98. patient refused PCV20 or PREVNAR 20™ vaccination
    - **Select value "98" when each time it was offered, patient stated he/she does not want the PCV20 vaccination**.
  - 99. no documentation patient received PCV20 or PREVNAR 20™ vaccination

Q10 pcvdt20

- Enter the date of the PCV20 or PREVNAR 20™ vaccination
  - At a minimum the year must be documented

Q11 pneunsp

- If you answered 98 (refused) or 99 (not documented) to pcvvac20 (q9) you will go to question 11 pneunsp
- Prior to 10/01/2012, is there documentation in the medical record of an unspecified pneumococcal vaccination?
  - 1. Yes
  - 2. No

Q11 pneunsp

- Select value "1" **_only_** if an unspecified pneumococcal vaccination is documented in the medical record any time before October 1, 2012.
- Unspecified pneumococcal vaccination may be represented by the following documentation:
  - Pneumococcal vaccine, unspecified formulation (CVX code 109)
- If an unspecified pneumococcal vaccine was given prior to 10/1/2012, you will enter the date in q12
  - At a minimum the month and year must be documented

CGPI Shared Module

- The list of ACEI medications in q15 and the list of ARB medications in q17 as well as the medications in Table A at the end of the Shared module have been updated

CGPI Exit Report

- There are changes to the scoring of some CGPI measures
- Osw1h (osteoporosis screening)
  - Patients age >=66 and <=75 are included in the measure
  - This is a change from age>=63 and <=75 in 3Q

CGPI Exit Report Changes

- PVC12 (Pneumococcal Immunization)
  - The new pneumococcal immunization questions have replaced the previous questions in the scoring algorithm
  - PPSV23 or PCV20 received >=age 60 will pass
  - Unspecified pneumococcal vaccination given prior to 10/1/2012 will also pass
  - Please see the 4Q FY22 CGPI Exit Report guide for complete details of scoring

CGPI Exit Report Changes

- P24 (Pneumococcal Immunization Refused)
  - The relevant new pneumococcal immunization questions have replaced the previous questions in the scoring algorithm
  - Patients who did not receive an unspecified pneumococcal vaccination, did not have an anaphylactic reaction to pneumococcal vaccine and refused the PPSV23 *or* did not receive PPSV23 and refused PCV20 are included in the numerator (lower is better)
  - Please see the 4Q FY22 CGPI Exit Report guide for complete details of scoring

CATARACT SURGERY

COLONOSCOPYFOLLOW UP INTERVAL

- There are no changes to the Cataract Surgery and Colonoscopy Follow Up Interval data collection instruments
- Likewise there are no changes to scoring for either instrument

Communication of Test Results

- There are no changes to the CTR data collection instrument or to measure scoring

GLOBAL MEASURES

- There is a rule change to question 9 dcdispo
- Select value "99" or unable to determine if the medical record states only that the patient is being "discharged" and does not address the place or setting to which the patient was discharged
- Previously the instruction was to select value 1 for this scenario

GM Changes

- There is a change to the definition/decision rules of GM q21 auditc
- The statement about alcohol screening in a pre-admission H&P has been removed
  - The same statement was removed from tobstatus3 several quarters ago

COMMON MODULES

- Delirium Risk Module
- There are no changes to the questions in the Delirium Risk Module

- Please abstract these questions carefully
  - Read the documentation in all three data sources (ED note, H&P, Admission note) to look for documentation of:
    - a current problem of delirium
    - a current problem of change in mental status (AMS)
    - a current problem of confusion
    - a current problem of disorientation (A&O x 2, disoriented, oriented to self and place but not year)
    - documentation the patient was assessed or screened for delirium

COMMON MODULES

- Inpatient Medication Reconciliation Module
- The highlighted wording in the definition/decision rules of q1 revptmed are for clarification but there are no changes to the intent of the rules

GLOBAL MEASURES EXIT REPORT

- There are no changes to the scoring of Global Measures other than to update the discharge date parameter effective for discharges >=7/1/2022
- There are no changes to scoring of Inpatient Med Rec measures or the Delirium Risk measure

HBPC

- The timeframe for the required documentation for the following HBPC questions has changed to 30 days prior to admission to 30 days after admission
  - q17 swedacp1, 2, 3
  - q19 noedrsn
- The timeframe for the required documentation for the following HBPC questions has changed to 30 days prior to admission to 125 days after admission
  - q20 ptstplan
  - q21 ptltplan

HBPC

- The changes to the pneumococcal immunization questions that were made in CGPI are the same in HBPC
- Also note the rule for entering the signature date for the date of the mental health screens is the same as in CGPI

HBPC EXIT REPORT

- The scoring of hc45 (Pneumococcal Immunization Refused) and hc57 (Pneumococcal Immunization) has been updated in the same way as previously discussed for the comparable CGPI measures

- Please see the 4Q HBPC Exit Report Guide for scoring details

HOSPITAL OUTPATIENT (HOP)

- New questions have been added to capture the pre-filled date and time of ED departure

- Additional new questions will ask you to validate the pre-filled data

HOP
ED Departure Date

- Q8 edcdt1
- The computer will pre-fill the date the patient departed from the Emergency Department (ED) using data from the patient list provided by the VA Program Office

- Q9 edcdtval
  - Is the pre-filled emergency department (ED) departure date on (computer display edcdt1), the date documented in the medical record that the patient departed the ED?
    - 1.Yes
    - 2.No
- As you look for the ED departure date documented in the record, follow the rules which are the same as in prior quarters

HOP ED Departure Date

- Q10 edcdt2: If the pre-filled ED departure date is incorrect you will enter the date documented in the record in question 10
- The rules for this question are the same as in prior quarters

HOP ED Departure Time

- Q11 edctm1
- The computer will pre-fill the time the patient departed from the ED
- The time will come from the patient list provided by the VA program office

HOP ED Departure Time

- Q12 edctmval
- You will validate the pre-filled ED departure time by abstracting the time documented in the medical record
- Use the rules for abstraction which are the same as prior quarters
- If the time in the medical record does not match the pre-filled time, enter the time in the medical record in question 13

HOP EXIT REPORT

- Scoring for hop18a, b, c and d has changed to include checks for the pre-filled ED departure date and time as well validation of the pre-fills and the medical record documentation of date and time
- See the 4Q HOP Exit Report Guide for details of scoring

SEPSIS

- There are two 4Q FY2022 Sepsis data collection tools
- The "PRE" tool will be used for discharges <07/01/2022 which you will have on the July 5 and the August 1 pull lists
- The "POST" tool will be used for discharges >= 7/1/2022 (August 22 pull list)

Sepsis Pre Changes

- The change you will find in the "pre" tool is a wording change in several questions involving abstraction of laboratory values
  - The primary source for abstracting the value is the test result *released* time
  - This wording correlates with what you will find in CPRS

Sepsis Post Changes-q10

- Please note the change to the rules of question 10 dcdispo:
- Select value "99" or unable to determine if the medical record states only that the patient is being "discharged" and does not address the place or setting to which the patient was discharged
- Previously the instruction was to select value 1 for this scenario

Sepsis Post Changes

- The rules for several questions have been updated to include "severe sepsis with shock", e.g., from q13:
  - If there is **not** physician/APN/PA documentation of severe sepsis, **but there is** physician/APN/PA documentation of septic shock or severe sepsis with shock, enter the **earliest date and time septic shock or severe sepsis with shock was documented** for this data element

Sepsis Post q14

- Please note the additional positive qualifiers added to the rule below
- Select value "1" (Yes) for COVID-19 **only if the physician/APN/PA documented the terms** "possible" "probable" "likely" **"suspected" "present" or "confirmed" in relation to COVID-19**

Sepsis q28 and q29

- There are wording changes and examples added to the rules of bloodcul, bldcludt, and bldcultm to clarify blood culture collection

Sepsis q30

- Two examples of acceptable delays in collecting blood cultures were added to q30 bldculdel

Sepsis q43

- An example of crystalloid fluids initiated by multiple orders was added to q43 crystldt and crystltm
  - Time frame for acceptable crystalloid fluids is 0800 through 1700.
    - IV Fluid Orders:
    - 12:00: NaCl 0.9% IV volume 1,000 mL bolus wide-open
    - 13:00: NaCl 0.9% IV volume 3,750 mL, rate 999 mL/hr
  - MAR:
    - 12:00: new bag 1000 mL, stop time 12:30
    - 13:00: new bag 1000 mL at 999 mL/hr
    - 14:00: new bag 1000 mL at 999 mL/hr
    - 15:00: new bag 1000 mL at 999 mL/hr
  - Enter the crystalloid fluid infusions beginning at 12:00

Sepsis q46

- Examples of colloid fluids were added to q46 targvol
  - Albumin
  - Hydroxyethyl starches or hetastarch

Sepsis Exit Report

- Effective with the 8/22 pull list the inclusion dates for the measures is 7/1/2022 to 12/31/2022
- There is no change to the scoring of the measures

Transitions of Care

TOC q7 ptexpire

- The timeframe for exclusion of a case if the patient expires has been updated to 01/01/2022 to 6/30/2022

TOC q13
opvst

- The engagement visit within 30 days after discharge may be with
- a physician/APN/PA or CNS

- Or with licensed clinical staff responsible for the patient's care including
  - Licensed psychologist (PhD, PsyD)
  - LCSW, LCSW-C, LMSW, LISW
  - LMFT
  - LPMHC
  - Clincal pharmacist (RPH/PharmD)
  - Clinical pharmacy specialist
  - Registered Nurse (RN)

TOC q13 opvst

- Abbreviations:
  - LCSW: Licensed Clinical Social Worker
  - LCSW-C: Licensed Certified Social Worker-Clinical
  - LMSW: Licensed Master Social Worker
  - LISW: Licensed Independent Social Worker
  - LMFT: Licensed Marriage and Family Therapist
  - LPMHC: Licensed Professional Mental Health Counselor

TOC q13 opvsit

- The types of visits that meet criteria for the outpatient visit after discharge have not changed
  - Face to face outpatient visit
  - Telehealth visit (e-visit, virtual check-in)
  - Telephone visit
  - Home Based Primary Care (HBPC) visit
  - Transitional care management services
- There is additional guidance for transitional care management services
  - Transitional care management services encounter with documentation of CPT code 99495 or 99496
- Outpatient visits such as a telephone call for prescription refills or to schedule an appointment are not acceptable

TOC q15 medrec

- Agreement was poor for the TOC medrec question on 2Q IRR
- The definition/decision rules have been re-arranged to emphasize important points
- Some additional guidance has also been added

TOC q15 medrec

- Please be sure to read all the rules carefully
- The intent of the question is to look for documentation in which the discharge medications are reconciled with the most recent medication list in the outpatient record
- Please review all bullets under this heading: *Any of the following documented in an outpatient encounter meets criteria to select value "1":*

TOC q15 medrec

- Medication Reconciliation may be documented in a post-hospital discharge follow up note if the following was met:
  - Documentation of the current medications with evidence that the patient was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
  - Evidence that the patient was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the patient's hospitalization or discharge.
  - **Exclude:** "post-op/surgery follow-up" notes without a reference to "hospitalization", "admission" or "inpatient stay" in the medication reconciliation note

TOC q15 medrec

- Example: PCP telephone note titled "Post Hospital Discharge Follow-up Visit" contains a current medication list and states "medication reconciliation complete and includes medications ordered post hospitalization;" select value "1".
- If there is no mention of hospitalization or inpatient admission as part of the medication reconciliation process, select value "2

HOP q15 medrec

- There are two scenarios that are acceptable documentation of medication reconciliation involving the <u>inpatient discharge summary</u>
  - Documentation in the ***discharge summary*** that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days) OR
  - Notation that no medications were prescribed or ordered upon discharge. (i.e., "no changes in current medications since hospital discharge.")

TOC Exit Report

• There are no changes to the TOC measures

Questions?

• Please take time to become familiar with the 4Q changes
• Ask questions if you don't understand any of the new questions or rules and how they apply to the documentation in the record
• Thanks for your good work and dedication to valid and accurate EPRP data