11/30/2021 & 12/14/2021 EQRS System Demo Questions/Suggestions

Presenter: Preston Brown

Identify Depressed Patients Module

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| Stakeholder | Area | Question/Suggestion | CMS Comments |
| Nathan | Identify Depressed Patient Report for ~patient~ | There are two questions here. One is for depression screening and the other is for cognitive decline. If the patient is screened for cognitive decline, there is a place to enter a score. No score is required for depression screening.  If the score is only for cognitive decline, then   1. Clarify that the score is only for cognitive decline and, 2. Clarify that the question “Has the patient been referred for treatment” refers only to cognitive decline and, 3. Disable the options to indicate if the patient has been referred for treatment, to indicate a decline, and enter a score when cognitive decline screening is No. | Patients screened for cognitive decline should also be screened for depression.  Okay,  “Referred to treatment” is follow-up with treatment by a licensed behavioral health care professional  (What is the score for? Cognitive decline or Depression?  The Score is for Cognitive Decline- |
| Nathan | Identify Depressed Patient Report for ~patient~ | There is no standard cognitive decline scoring method, so the score will be irrelevant. |  |
| Vlad | Identify Depressed Patient Report for ~patient~ | There is no discussion or mandate about cognitive decline screening. |  |
| Nathan | Identify Depressed Patient Report for ~patient~ | The question “Has the patient completed a depression screening this month?” conflicts with the quarterly reporting requirement.  Change the question to reflect a quarterly screening. | Question will identify patients having completed a quarterly screening or not. Patients should be screened only if they have previously be identified as depressed, with subsequent screening occurring as professional clinical guidelines dictate. |
| Vlad/Nathan | Identify Depressed Patient Report for ~patient~ | Add a data point for the date the patient was screened for depression in addition to the quarter. This would allow CMS to eliminate the question about which quarter the screening occurred. | See above |
| Nathan | Identify Depressed Patient Report for ~patient~ | The current design on the depression screening questions requires submitters to report on every patient every quarter even if they haven’t been screened because the question “Has the patient completed a Depression screening this month?” applies to every patient. This is confusing because CMS indicated that they only want submitters to report patients who were screened.  Add a data point for the depression screening score the patient received. Nathan believes all submitters track this data already. This answers the question about whether the patient was screened and qualifies as depressed. All providers do not perform the same screening, so the results would not be comparable. | Patients should be screened only if they have previously be identified as depressed, with subsequent screening occurring as professional clinical guidelines dictate, with results reported quarterly. |
| Vlad | Identify Depressed Patient Report for ~patient~ | What is CMS’ expectation around screening patients for depression? Most screen annually. | Expectations are that have been patients screened or that need to be screened for depression are identified. |
| Nathan | Identify Depressed Patient Report for ~patient~ | Change all the terminology around being depressed. Use ‘Positive” instead of ‘Based on the screening, does the patient qualify as depressed?’ Assessments that submitters do don’t diagnose depression. Getting the highest score possible on the screening does not mean a patient is depressed. | “Positive,” or “based on screening” for depression screening will be entered after assessment by licensed behavioral health clinician. |
| Nathan | Identify Depressed Patient Report for ~patient~ | Will CMS provide users the ability to get this data (depression screening) out of EQRS other than getting it from the NCC; an export or ability for users to pull it? |  |
| Leah | Identify Depressed Patient Report for ~patient~ | Build reporting capability into each module so submitters can validate data quality. |  |

Admission in Support of Transplant

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| Stakeholder | Area | Question/Suggestion | CMS Comments |
| Kathleen | View patient Admissions ~patient 11111~ | If admission reason is New to ESRD (because first episode is transplant), can the Admit Reason be Dialysis in Support of Transplant? YES  \*\*\*Historical Information: the event that the transplant fails- right now the entry would still be “Death”  Should enforce the Transplant Centers being responsible for completing the 2746.  If the transplant fails- suggestion New Admission-Transplant failed- (Should this be the case?) Michael- Lisa wanted to track/Can be tracked a number of ways. Program needs to make a decision-understand new admission and discharge will have on 5 Star and QIP. | * This is not really related to the feature that we implemented in this PI, however, the rules for all of the admission reasons and discharge reasons is attached to that feature - admission and supportive transplant * The current rules did not change * Information has been posted on the public confluence page |
| Nathan | View patient Admissions ~patient 11111~ | Please share the validation errors will be thrown if a user selects the wrong discharge reason related to admission in support of a transplant, and which facility is responsible for entering the date of death if a patient expires (when the second admission is to a different facility). | * There are not any new validation errors for this feature, so the existing validation would apply here * Information has been posted on the public confluence page (see link above) * If there is a new election, how can there not be new validations?   + The current validation rules for admissions for what admission can be after another, and what discharge can go after a reason, the validation is the same   + There are no new error codes   + In this feature had to create a new discharge reason code * Rules are posted at the bottom of the feature page |
| Leah | View patient Admissions ~patient 11111~ | Please share the logic of what's acceptable for an admit and discharge reason for this case (what discharge reason is acceptable for a particular admit reason). | There is a “grid” that has this kind of information; pe Scott, we’ll add it. |
| Leah | View patient Admissions ~patient 11111~ | Will this data appear on the Patient Events report and in the patient population, and will there be an indicator that this is a temporary admission? | * This feature uses the dialysis and supportive transplant admission reason and patients who have been admitted with that admission reason do appear on the patient events report * Patients who have been discharged with the new discharge reason do not appear on that report because there was no requirement to do so   + If this is something needed, will need to speak to Lisa about getting it added |
| Nathan | View patient Admissions ~patient 11111~ | Which facility will trigger the 2746? | ADO has user stories planned to test what forms are triggered.   * The 2746 form will be triggered by the facility who actually enters the death * There was no requirement to restrict that for this feature, to only the transplant facility * It will work like it does today, any facility that enters the death, the form will trigger * If somebody reports dialysis and supportive transplant, the system is designed so that it doesn't automatically discharge the patient from the transplant unit, right? Yes * If a dialysis facility enters a discharge reason of death, what is the transplant unit supposed to discharge the patient at?   + This question will have to be answered by the Program (action item Lisa)   + If the dialysis clinic puts in the death, does the system automatically do something for the transplant record or vice versa     - Per Yvette, it will not automatically do anything for the transplant record today     - If the Program says a specific Unit should put in the death, does it also then trigger an automatic action so that the other provider doesn't have to go in and do anything? |
| Nathan | View patient Admissions ~patient 11111~ | Are there limitations on the modalities that are related to the support of transplant admission? This could improve data quality, so they should be added. | * Right now, currently there are no limits on the modalities * Per Nathan, we should consider some secondary prompts, pop ups to the user |
| Nathan | Identify Depressed Patient  (Submitted, Unsubmitted, etc) | Change the verbiage of the label "Depression status" to "Screening status" | 1/7   * No answer at this time, Lisa still taking back to the Program * Shalon is working with someone to review the questions |
| Chris Brown/Nathan | Identify Depressed Patients Reporting History “Final submission” | Change the verbiage to the history modal link from "Depressed patients details" to 'Submitted patient details" | 1/7   * No answer at this time, Lisa still taking back to the Program * Shalon is working with someone to review the questions |