

VHA EXTERNAL PEER REVIEW PROGRAM
 SHARED DATA MODULE
 Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
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		Lipid Profile		
1	lipsrch	<p>Is there documentation in the record that the patient was enrolled in a clinical trial or research protocol that precludes access to the lipid profile?</p> <p>1. yes 2. no 95. not applicable</p>	<p>*1, 2, 95</p> <p>If dmflag = <, auto-fill as 95</p> <p>If dmflag = 1, abstractor can enter 1 or 2, but cannot enter 95</p> <p>*If 1, go to Diabetes Lab Tests</p>	<p>Enrolled in a research protocol = as evidenced by a formal document in the medical record signed by the patient agreeing to participate in a clinical trial or research study.</p> <p>Precluded access to the lipid profile = outcome of patient lipid profile is "blinded" to all individuals other than research staff.</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
2	lipidt	Enter the report date of the <u>most recent</u> lipid profile that included all components obtained during the past five years.	<p>mm/dd/yyyy</p> <p>Abstractor can enter default 99/99/9999 if no full lipid profile is reported in the record</p> <p>If lipidt <= 1year prior to stdybeg and < = stdyend, auto-fill ptnolipd as 95, and go to totldone</p> <p>If lipidt > 1 yr prior to stdybeg or 99/99/9999, go to ptnolipd</p> <p>If <99/99/9999, auto-fill totldone, hlldone, and lldone, as 1</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>< = 5 years prior or = stdybeg and < = stdyend</p> </div>	<p>A cholesterol level alone is not a lipid profile. Total cholesterol, triglycerides, HDL and LDL must be included in the lipid profile components. If the triglycerides are too high to report a valid LDL, consider that an LDL was done because the attempt was made to measure all lipid profile components.</p> <p>The lipid profile is usually done as an outpatient; however, if the most recent profile was done as an inpatient and the patient had a principal diagnosis of AMI, the lipid profile must have been done within the first 24 hours after admission.</p> <p>Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately.</p> <p>If no lipid profile that included all components is reported in the medical record, enter 99/99/9999</p>
3	ptnolipd	<p>Is there documentation by the provider that the patient refused a lipid profile within the past year?</p> <p>1. Yes</p> <p>2. No</p> <p>95. Not applicable</p>	<p>1, 2, 95</p> <p>Will be auto-filled as 95 if lipidt within past year</p>	<p>In order to answer "1," there must be documentation in the record by the provider that the patient refused to have a lipid profile test performed within the past year.</p>

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4	totldone	Was a total cholesterol in mg/dL or mg/100ml obtained during the past 5 years?	<p>1, 2 If 2, auto-fill choldt as 99/99/9999, z-fill totalc, and go to hlddone</p> <div>Will be auto-filled as 1 if lipidt <> 99/99/9999</div>	The question refers to a total cholesterol done during the past 5 years up to and including the study end date that may or may not have been part of a complete lipid profile.
5	choldt	Enter the date the <u>most recent</u> cholesterol value in mg/dL or mg/100ml was obtained.	<p>mm/dd/yyyy If totldone=2, will be auto-filled as 99/99/9999</p> <div>< = 5 years prior or = stdybeg and < = stdyend</div>	Use the date of the laboratory report, not the date the sample was drawn.
6	totalc	Enter the most recent total cholesterol level.	<p>— — — If totldone = 2, will be z-filled</p> <div>Whole numbers only Hard edit: Must be > 0</div>	Value is generally reported as mg/dL and the normal range is usually less than 200mg/dL. The computer will z-fill the total cholesterol value if TOTL DONE = 2. If TOTL DONE = 1, the abstractor cannot z-fill the total cholesterol.

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
7	hdlldone	Was an HDL value in mg/dL or mg/100ml obtained during the past 5 years ?	<p>1, 2 If 2, auto-fill hdlldt as 99/99/9999, z-fill hdlval and go to llddone</p> <div>Will be auto-filled as 1 if lipidt <> 99/99/9999</div>	The question refers to an HDL done during the past 5 years up to and including the study end date that may or may not have been part of a complete lipid profile. Value is generally reported as mg/dL and the normal findings are usually greater than 45 mg/dL in males or 55 mg/dL in females.
8	hdlldt	Enter the date the <u>most recent</u> HDL value in mg/dL or mg/100ml was obtained.	<p>mm/dd/yyyy If hdlldone=2, will be auto-filled as 99/99/9999</p> <div>< = 5 years prior or = stdybeg and < = stdyend</div>	Use the date of the laboratory report, not the date the sample was drawn.
9	hdlval	Enter the most recent HDL cholesterol mg/dL value.	<p>— — — If hdlldone = 2, will be z-filled</p> <div>Whole numbers only Hard edit: Must be > 0</div>	<p>Disregard any number to right of decimal (e.g., HDL reported as 25.4; enter 25).</p> <p>Value is generally reported as mg/dL and the normal findings are usually greater than 45 mg/dL in males or 55 mg/dL in females.</p> <p>The computer will z-fill the HDL cholesterol value if HDL DONE = 2. If HDL DONE = 1, the abstractor cannot z-fill the HDL cholesterol value.</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
10	ldldone	Was an LDL obtained (or attempt to measure LDL) during the past 5 years?	<p>1, 2 Will be auto-filled as 1 if lipidt < 99/99/9999</p> <p>If 2, auto-fill ldldt as 99/99/9999, ldldcalc as 95, z-fill ldldclvl2, and go to postldl</p>	<p>The question refers to an LDL-cholesterol done at any time that may or may not have been part of a complete lipid profile. A calculated or direct LDL is acceptable.</p> <ul style="list-style-type: none"> If the triglycerides are too high to report a valid LDL, answer "1" because the attempt was made to measure LDL. Answer "3" to ldldcalc to clarify the reason a valid LDL could not be done. If the triglycerides are too low to calculate a LDL value, the abstractor should check for a direct LDL. If direct LDL value is not found, answer "2".
11	ldldt	Enter the date the <u>most recent</u> LDL value in mg/dL or mg/100ml was obtained (or attempt to measure LDL).	<p>mm/dd/yyyy If ldldone=2, will be auto-filled as 99/99/9999</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>< = 5 years prior or = stdybeg and < = stdyend</p> </div>	<p>Use the date of the laboratory report, not the date the sample was drawn. If the <u>most recent</u> lipid profile or LDL test report does not contain a LDL value due to "triglycerides are too high to report a valid LDL-C," enter the date of this report.</p> <p>Computer will auto-fill 99/99/9999 if LDLDONE = 2. Abstractor cannot enter 99/99/9999 default date if LDLDONE = 1.</p>
12	ldldcalc	How was the LDL measured? 1. direct 2. calculated 3. triglycerides too high to obtain valid LDL 95. not applicable	<p>1, 2, 3, 95 If ldldone = 2, will be auto-filled as 95 If 3 and ldldt < = 1 year prior to or = stdybeg and < = stdyend, z-fill ldldclvl2, and go to prevldl; else if 3, go to postldl</p>	<p>LDL cholesterol is most commonly estimated from quantitative measurements of total and HDL-cholesterol and plasma triglycerides (TG) using the empirical relationship of Friedewald et al</p> <p>If the most recent LDL lab report does not indicate direct or calculated, ask the Liaison to determine from the laboratory how LDL cholesterol measurement is obtained in this particular facility.</p> <p>If the most recent lipid profile or LDL test does not report a LDL value due to "triglycerides are too high to report a valid LDL," select "3."</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
13	ldlclv12	Enter the LDL value in mg/dL or mg/100ml measured on this date.	<p style="text-align: center;">— — —</p> <p>If ldlldone = 2 or ldlcalc = 3, will be z-filled If >= 100 and ldlldt < = 1 year prior to or = stdybeg and <= stdyend, go to prevldl; else go to postldl</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Whole numbers only Hard edit: Must be > 0 </div>	<p>If more than one LDL test result is documented on the most recent date a LDL was obtained, enter the lowest LDL result. Disregard any number to right of decimal (e.g., LDL reported as 98.6; enter 98).</p> <p>Normal range is usually 60 - 130 mg/dL (although this varies depending on the way the LDL is calculated, if it is not a direct measurement.)</p>
		Previous LDL Test		
14	prevldl	During the timeframe from (computer to display date = stdybeg - 1 year) to (computer to display ldlldt - 1 day), was a LDL in mg/dL or mg/100mg obtained? (Disregard any report that does not include an actual LDL value.)	<p>1, 2</p> <p>If 2, auto=fill preldldt as 99/99/9999, prevldl as zzz, and go to postldl</p>	<p>The intent of the question is to determine if an actual LDL (calculated or direct) was obtained within the past year, but prior to the lipid report noting the LDL could not be calculated due to high triglycerides or report of LDL value 100 mg or greater.</p> <p>Disregard any report that does not include an actual LDL value.</p>
15	preldldt	Enter the date the <u>most recent</u> LDL value in mg/dL or mg/100ml was obtained.	<p>mm/dd/yyyy</p> <p>Will be auto-filled as 99/99/9999 if prevldl = 2</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> < ldlldt and < = 1 year prior to or = stdybeg </div>	Use the date of the laboratory report, not the date the sample was drawn.

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
16	prevaldl	Enter the LDL numeric value in mg/dL or mg/100ml measured on this date.	<div>— — —</div> <div>Will be auto-filled as zzz if prevaldl = 2</div> <div>Whole numbers only Hard edit: Must be > 0</div> <div>Warning if > 400</div>	<p>If there is more than one LDL test result documented on the most recent date a LDL was obtained, enter the <u>lowest</u> LDL result. Disregard any number to right of decimal (e.g., LDL reported as 98.6; enter 98).</p> <p>Normal range is usually 60 - 130 mg/dL (although this varies depending on the way the LDL is calculated, if it is not a direct measurement.)</p>
		Post LDL Test		
17	postldl	After the study end date and up to the date the chart was opened for review, was a LDL test obtained? (Disregard any report that does not include an actual LDL value.)	<div>1, 2</div> <div>If 2, auto-fill postldldt as 99/99/9999, postvaldl as zzz, and go to hba1cdne as applicable</div>	<p>The intent of the question is to determine if an actual LDL (calculated or direct) that may or may not have been part of a complete lipid profile was obtained after the study end date and up to the date the chart was opened for review.</p> <p>Review date is the first date is the chart is opened for review.</p> <p>If the only LDL report during this timeframe documents that the triglycerides were too high to calculate a LDL, enter "2."</p>
18	postldldt	Enter the date the <u>first</u> LDL value in mg/dL or mg/100ml was obtained after the study end date and up to the date the chart was opened for review.	<div>mm/dd/yyyy</div> <div>Will be auto-filled as 99/99/9999 if postldl = 2</div> <div>> stdyend and <= revdte</div>	<p>If more than one LDL test result is documented after the study end date and up to the date the chart was first opened for review, enter the date of the first LDL test.</p> <p>Use the date of the laboratory report, not the date the sample was drawn.</p>
19	postvaldl	Enter the LDL value in mg/dL or mg/100ml measured on this <u>date</u> .	<div>— — —</div> <div>Will be auto-filled as zzz if postldl = 2</div> <div>Whole numbers only Hard edit: Must be > 0</div> <div>Warning if > 400</div>	<p>If there is more than one LDL test result documented on the date the <u>first</u> LDL was obtained after the study end date, enter the <u>lowest</u> LDL result. Disregard any number to right of decimal (e.g., LDL reported as 98.6; enter 98).</p> <p>Normal range is usually 60 - 130 mg/dL (although this varies depending on the way the LDL is calculated, if it is not a direct measurement.)</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
		Diabetes Lab Tests		
		If DMFLAG = 1, go to hba1cdne; if DMFLAG < 1, go to ldlstatn as applicable		
20	hba1cdne	Within the past year, was a hemoglobin A1c done? 1. Yes 2. No 98. Patient refused hemoglobin A1c test	1, 2, 98 If 2 or 98, auto-fill hba1cdt as 99/99/9999 and hba1c as zz.z, and go to postalcdne	Glycohemoglobin or glycosolated hemoglobin is acceptable if conversion to A1c value has been made by the VAMC lab. If not, the abstractor must use the conversion table to calculate A1c. In order to answer "98," there must be documentation in the record by the provider that the patient refused to have a hemoglobin A1c test performed.
21	hba1cdt	Enter the date of the most recent HbA1c.	mm/dd/yyyy If hba1cdne = 2 or 98, will be auto-filled as 99/99/9999 <div style="border: 1px solid black; padding: 2px; width: fit-content;"><= 1 year prior or = stdybeg and <= stdyend</div>	Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately. HBA1CDT will auto-fill as 99/99/9999 if hba1cdne = 2 or 98. Abstractor cannot enter 99/99/9999 default date if HBA1CDNE = 1.
22	hba1c	Enter the most recent hemoglobin A1c value.	__._% If hba1cdne = 2, will be z-filled <div style="border: 1px solid black; padding: 2px; width: fit-content;">Abstractor entry > 0 (hard edit) and warning @ > 12</div>	If HbA1c was ordered, but the resulting value cannot be found in laboratory reports or electronic database by abstractor or Liaison, return to question HBA1CDNE and answer "2." HBA1C will z-fill if hba1cdne = 2 or 98. Abstractor cannot z-fill if HBA1CDNE = 1.
23	postalcdne	After the study end date and up to the date the chart was opened for review, was an HbA1c obtained? 1. Yes 2. No	1, 2 If 2, auto-fill postalcdt as 99/99/9999, postalc as zz.z, and go to protinyr	The intent of the question is to determine if an HBA1c was obtained after the study end date and up to the date the chart was opened for review. Review date is the first date the chart is opened for review.

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
24	postalcdt	Enter the date of the HbA1c obtained after the study end date and up to the date the chart was opened for review	mm/dd/yyyy If postalcdne = 2, will be auto-filled as 99/99/9999 <div>> stdyend and < = revdte</div>	If more than one HbA1c test result is documented after the study end date and up to the date the chart was first opened for review, enter the date of the most recent HbA1c test. Use the date of the laboratory report, not the date the sample was drawn.
25	postalc	Enter the most recent hemoglobin A1c value obtained after the study end date and up to the date the chart was opened for review.	__._% If postalcdne = 2, will be z-filled <div>Abstractor entry > 0 (hard edit) and warning @ > 12</div>	If HbA1c was ordered, but the resulting value cannot be found in laboratory reports or electronic database by abstractor or Liaison, return to question POSTA1CDNE and answer "2." POSTA1C will z-fill if postalcdne = 2. Abstractor cannot z-fill if POSTA1CDNE = 1.
26	protinyr	Within the past year, was a urinalysis for protein done? 1. Yes 2. No 98. Patient refused urinalysis test	1, 2, 98 If 2 or 98, auto-fill urindt as 99/99/9999, macroalb as 95, oneplsd as 99/99/9999 and go to microalbn	Methods of testing: dipstick for protein, quantitative urine protein testing, routine UA with protein reported, 24-hour urine for protein, urinalysis for macroalbumin/macroalbuminuria. In order to answer "98," there must be documentation in the record by the provider that the patient refused to have a urinalysis test performed.
27	urindt	Enter the date of the most recent urinalysis for urine protein.	mm/dd/yyyy If protinyr = 2 or 98, will be auto-filled as 99/99/9999 <div>< = 1 year prior or = stdybeg and < = stdyend</div>	Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately. PROTINYR = 2, URINDT will auto-fill as 99/99/9999. The abstractor cannot enter default date of 99/99/9999 if PROTINYR=1.

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
28	macroalb	<p>Within the past year, was at least one urinalysis for protein found to be positive (1+ or greater for dipstick, or exceeding laboratory reference range)?</p> <p>1. Yes 2. No 95. Not applicable</p>	<p>1, 2, 95</p> <p>If protinyr = 2 or 98, will be auto-filled as 95</p> <p>If 2, auto-fill oneplsdtd as 99/99/9999</p>	<p>Positive = macroalbuminuria (protein in the urine)</p> <p>Positive urine or urinalysis (random, spot, or timed) for protein</p> <p>Dipstick results can range from trace to 4. Dipstick findings of 1+ or greater indicate protein in the urine. Use laboratory reference range for normal if dipstick is not used to test for protein.</p> <p>Normal result is negative or qualitative=0 (0-0.1g24H)</p> <p>Normal findings for urine protein: None or up to 8 mg/dl</p> <p>Normal result for 24 hr urine for protein = < 150 mg/24 hr</p>
29	oneplsdtd	<p>Enter the date of the urinalysis found to be 1+ or > by dipstick or exceeding lab reference range.</p>	<p>mm/dd/yyyy</p> <p>If protinyr = 2 or 98 or macroalb = 2, will be auto-filled as 99/99/9999</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <p>< = 1 year prior or = stdybeg and < = stdyend</p> </div>	<p>Enter the exact date. The use of 01 to indicate missing day or month is not acceptable.</p> <p>Dipstick results can range from trace to 4. Dipstick findings of 1+ or greater indicate protein in the urine. Use laboratory reference range for normal if dipstick is not used to test for protein.</p>
30	microalbn	<p>Was a urine test for microalbuminuria performed within the past year?</p> <p>1. Yes 2. No 98. Patient refused microalbuminuria test</p>	<p>1, 2, 98</p> <p>If 2 or 98, auto-fill microdtd as 99/99/9999</p>	<p>The earliest clinical evidence of nephropathy is the appearance of low but abnormal levels (\geq30 mg/day or 20 micrograms/minute) of albumin in the urine.</p> <p>Synonyms/Inclusions: timed urine for microalbumin (e.g., 24-hr urine, overnight urine, or 4 -hr urine for microalbumin.), any spot urine for microalbumin, micral strip, reagent strip/dipstick for microalbumin, urine for microalbumin/creatinine ratio, 24-hour urine for total protein, random urine for protein (albumin)/creatinine ratio</p> <p>In order to answer "98," there must be documentation in the record by the provider that the patient refused to have a microalbuminuria test performed.</p>

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31	microdt	Enter the date of the most recent test for microalbuminuria performed within the past year.	mm/dd/yyyy If microalbn = 2 or 98, will be auto-filled as 99/99/9999 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;">< = 1 year prior or = stdybeg and < = stdyend</div>	Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately.
		If DMFLAG = 1 and age >= 18 and <= 75 and HBA1C >= 8%, go to oninsulin; else go to ldlstatn as applicable		
		Diabetes Medications		
32	oninsulin	On (display hba1cdt), the date entered for the most recent HbA1c, does the record document the patient was currently prescribed insulin? 1. Yes 2. No 3. Yes, insulin was currently prescribed AND there is documentation that patient was not taking insulin on the date of the most recent HbA1c. 98. Patient refused insulin	1, 2, 3, 98 If 1, go to ldlstatn as applicable, else if 2, 3, or 98, go to rxinsulin	If the patient was currently prescribed (taking) insulin on the date the most recent HbA1c was obtained, answer "1." If the patient was NOT currently prescribed insulin on the date the most recent HbA1c was obtained, but insulin was newly prescribed on the date the most recent HbA1c was obtained, enter "2." Only answer "3" if there is documentation on the date the most recent HbA1c was obtained that insulin was currently prescribed for the patient and that the patient was NOT taking insulin on the date the most recent HbA1c was obtained. Examples of insulin include, but are not limited to: insulin aspart (Novolog), insulin aspart protamine/insulin aspart (Novolog 70/30), insulin detemir (Letemir), insulin glargine (Lantus), insulin glulisine, insulin isophane human (Humulin), insulin isophane pork, insulin isophane-insulin regular, insulin lispro (Humalog), insulin lispro protamine/insulin lispro (Humalog Mix), insulin regular human, insulin regular pork, insulin zinc human, insulin zinc pork

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33	rxinsulin	On (display hba1cdt) until (display hba1cdt +3 months), does the record document insulin was prescribed for the patient? 1. Yes 2. No 98. Patient refused insulin	1, 2, 98	If 3 months after the date the most recent HbA1c was obtained has not elapsed and insulin was not prescribed for the patient at the time of review, answer "2." Examples of insulin include, but are not limited to: insulin aspart (Novolog), insulin aspart protamine/insulin aspart (Novolog 70/30), insulin detemir (Letemir), insulin glargine (Lantus), insulin glulisine, insulin isophane human (Humulin), insulin isophane pork, insulin isophane-insulin regular, insulin lispro (Humalog), insulin lispro protamine/insulin lispro (Humalog Mix), insulin regular human, insulin regular pork, insulin zinc human, insulin zinc pork
34	poantidm	On (display hba1cdt), the date of the most recent HbA1c, was the patient currently prescribed (taking) any oral anti-diabetes medications? 1. Yes 2. No 3. Yes, oral anti-diabetes medication(s) was (were) currently prescribed AND there is documentation that patient was not taking at least one oral anti-diabetes medication on the date of the most recent HbA1c. 98. Patient refused ALL oral anti-diabetes medications	1, 2, 3, 98 If 2 or 98, go to addmr, else go to idpodmr	If the patient was currently prescribed (taking) any oral anti-diabetes medications on the date of the most recent HbA1c, answer "1." If the patient was not currently prescribed any oral anti-diabetes medications on the date of the most recent HbA1c, but an oral anti-diabetes medication was newly prescribed on that date, enter "2." Only answer "3" if there is documentation on the date the most recent HbA1c was obtained that oral anti-diabetes medication (s) was (were) currently prescribed for the patient and that the patient was NOT taking at least one oral anti-diabetes medication on the date the most recent HbA1c was obtained. Examples of oral anti-diabetes medications include, but are not limited to: Alpha-glucosidase inhibitors: acarbose (Precose), miglitol (Glyset) Meglitinides: nateglinide (Starlix), repaglinide (Prandin) Sulfonylureas: acetohexamide, chlorpropamide (Diabinese), glimepiride (Amaryl), glipizide (Glucotrol), glyburide (Micronase, Diabeta, Glynase), tolbutamide (Tolinase) Thiazolidinedione: pioglitazone (Actos), rosiglitazone (Avandia) Biguanide: metformin (Glucophage) Antidiabetic combination medications: glimepiride/pioglitazone (Duetact), glimepiride/rosiglitazone (Avandaryl), glipizide/metformin, repaglinide/metformin (Prandamet), glyburide/metformin (Glucovance), metformin/pioglitazone Peptidase-4 inhibitor: sitagliptin (Januvia), saxagliptin (Onglyza) Sodium glucose cotransporter 2 (SGLT2) inhibitor: canagliflozin (Invokana) Suggested data sources: clinic notes, physician orders, medication refills

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35	podmdose idpodmr	<p>For each oral anti-diabetes medication the patient was prescribed (taking) on (hba1cdt), designate the name of the oral anti-diabetes medication and the daily dose of the anti-diabetes medication.</p> <p>Abstractor will select oral anti-diabetes medications from a drop down table.</p> <table><tr><td>Name</td><td>Dose in mg/day</td></tr><tr><td></td><td>_____ . _____</td></tr><tr><td></td><td>Abstractor can enter <u>zzzz.zzz</u></td></tr><tr><td></td><td>Must be > 0</td></tr><tr><td></td><td></td></tr></table>	Name	Dose in mg/day		_____ . _____		Abstractor can enter <u>zzzz.zzz</u>		Must be > 0				<p>For anti-diabetes combination medications (e.g. glyburide 2.5mg/metformin 500mg), enter each medication separately.</p> <p>The intent is to determine the daily dose of the anti-diabetes medication that the patient is taking. For example, physician noted, "metformin 500 mg bid." Enter 1000 mg as the daily dose.</p> <p>If dose is not documented, abstractor can enter <u>zzzz.zzz</u>.</p>
Name	Dose in mg/day													
	_____ . _____													
	Abstractor can enter <u>zzzz.zzz</u>													
	Must be > 0													
		Change/Add Anti-Diabetes Medication												
36	chgdmrx	<p>On (display hba1cdt) until (display hba1cdt + 3 months), was a change made to the daily dose of an oral anti-diabetes medication(s)?</p> <p>1. Yes 2. No</p>	1, 2	<p>Change the oral anti-diabetes medication daily dose = includes increasing the dose, decreasing the dose, and discontinuation of an oral anti-diabetes medication.</p> <p>If 3 months after the date the most recent HbA1c was obtained has not elapsed and there has not been a change to an anti-diabetes medication at the time of review, answer "2."</p> <p>Examples of oral anti-diabetes medications include, but are not limited to:</p> <p>Alpha-glucosidase inhibitors: acarbose (Precose), migiltol (Glyset)</p> <p>Meglitinides: nateglinide (Starlix), repaglinide (Prandin)</p> <p>Sulfonylureas: acetohexamide, chlorpropamide (Diabinese), glimepiride (Amaryl), glipizide (Glucotrol), glyburide (Micronase, Diabeta, Glynase), tolbutamide (Tolinase)</p> <p>Thiazolidinediones: pioglitazone (Actos), rosiglitazone (Avandia)</p> <p>Biguanide: metformin (Glucophage)</p> <p>Antidiabetic combination medications: glimepiride/pioglitazone (Duetact), glimepiride/rosiglitazone (Avandaryl), glipizide/metformin, repaglinide/metformin (Prandamet), glyburide/metformin (Glucovance), metformin/pioglitazone</p> <p>Peptidase-4 inhibitor: sitagliptin (Januvia), saxagliptin (Onglyza)</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor: canagliflozin (Invokana)</p>										

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
37	addmrx	On (display hba1cdt) until (display hba1cdt + 3 months), was a new oral anti-diabetes medication added? 1. Yes 2. No	1, 2 If 2 AND (poantidm = 2 or 98 or chgdmrx= 2), go to refnutr	If 3 months after the date the most recent HbA1c was obtained has not elapsed and there has not been a change to an oral anti-diabetes medication at the time of review, answer "2." Examples of oral anti-diabetes medications include, but are not limited to: Alpha-glucosidase inhibitors: acarbose (Precose), migiltol (Glyset) Meglitinides: nateglinide (Starlix), repaglinide (Prandin) Sulfonylureas: acetohexamide, chlorpropamide (Diabinase), glimepiride (Amaryl), glipizide (Glucotrol), glyburide (Micronase, Diabeta, Glynase), tolbutamide (Tolinase) Thiazolidinediones: pioglitazone (Actos), rosiglitazone (Avandia) Biguanide: metformin (Glucophage) Antidiabetic combination medications: glimepiride/pioglitazone (Duetact), glimepiride/rosiglitazone (Avandaryl), glipizide/metformin, repaglinide/metformin (Prandamet), glyburide/metformin (Glucovance), metformin/pioglitazone Peptidase-4 inhibitor: sitagliptin (Januvia), saxagliptin (Onglyza) Sodium glucose cotransporter 2 (SGLT2) inhibitor: canagliflozin (Invokana)

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES												
38	chgdmttype chgidmr chgdmdt chgdmdose	<p>For each change or addition of an oral anti-diabetes medication that occurred on (display hba1cdt) until (display hba1cdt + 3 months), designate the name of the anti-diabetes medication, the daily dose of each anti-diabetes medication, type of change, and the date the change/addition was made. Abstractor will select the anti-diabetes medication(s) from a drop down table.</p> <table><tr><th>Name</th><th>Dose in mg/day _____. _____</th><th>Type of change</th><th>Date Change Made mm/dd/yyyy</th></tr><tr><td></td><td>Abstractor can enter <i>zzzz.zzz</i></td><td>1. Increase dose 2. Decrease dose 3. Discontinue medication 4. Added medication</td><td><= 3 months after hba1cdt or = hba1cdt and <= revdte</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Name	Dose in mg/day _____. _____	Type of change	Date Change Made mm/dd/yyyy		Abstractor can enter <i>zzzz.zzz</i>	1. Increase dose 2. Decrease dose 3. Discontinue medication 4. Added medication	<= 3 months after hba1cdt or = hba1cdt and <= revdte						<p>For anti-diabetes combination medications (e.g. glyburide 2.5mg/metformin 500mg), enter each medication separately. The intent is to determine the daily dose of the anti-diabetes medication that the patient is taking. For example, physician noted, "metformin 500 mg bid." Enter 1000 mg as the daily dose. If dose is not documented, abstractor can enter <i>zzzz.zzz</i>. If the anti-diabetes medication was discontinued, enter 0000.000 for dose. If anti-diabetes medication dose is not documented, enter <i>zzzz.zzz</i>. If the actual date of the change is not known (e.g. medication prescribed by non-VHA provider), enter the date the change was noted in clinic note.</p>
Name	Dose in mg/day _____. _____	Type of change	Date Change Made mm/dd/yyyy													
	Abstractor can enter <i>zzzz.zzz</i>	1. Increase dose 2. Decrease dose 3. Discontinue medication 4. Added medication	<= 3 months after hba1cdt or = hba1cdt and <= revdte													
39	refnutr	<p>On (display hba1cdt) until (display hba1cdt +3 months, does the record document a nutrition/dietician referral? 1. Yes 2. No 3. No, patient was seen by nutritionist/dietician for management of diabetes during the 6 months prior to the most recent HbA1c 98. Patient refused nutrition/dietary referral</p>	1, 2, 3, 98	<p>The intent of the question is to determine if a nutritional consult or dietician referral was offered to the patient related to diabetes management on the day of during the 3 months after the most recent HbA1c. This would include referral to a weight loss clinic or for weight management. Documentation the patient is being seen by a dietician or will seek nutrition care outside the VHA is acceptable. Only select option "3" if the patient was seen by a nutritionist/dietician for the management of diabetes during the 6 months prior to the most recent HbA1c.</p>												

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
40	refdmed	On (display hba1cdt) until (display hba1cdt +3 months), does the record document a referral for management of diabetes? 1. Yes 2. No 3. No, patient was seen in diabetes clinic/program during the 6 months prior to the most recent HbA1c 98. Patient refused referral for diabetes management	1, 2, 3, 98	The intent of the question is to determine if a referral was offered to the patient to assist with the management of diabetes on the day of or during the 3 months after the most recent HbA1c. Examples of referrals for management of diabetes include: Diabetes Clinic Endocrinology Nurse Managed Diabetes Clinic Diabetes Education Program Pharmacy Clinic for Diabetes Only select option "3" if the patient was seen in a diabetes clinic/program during the 6 months prior to the most recent HbA1c.
		Lipid Medications on LDL Date		
		If age >= 18 and <= 75 AND [(SELM1, SELPCI, or SELCABG = -1) OR (VASCDIS1, VASCDIS2, VASCDIS3, VASCDIS5, VASCDIS6, or VASCDIS8 = -1) OR (DMFLAG = 1)] AND (LDLCLVL2 or PRELDLDT is valid), go to LDLSTATN (the computer will display the date of the most recent valid LDL test [LSTLDLDT = LDLDT (if valid and LDLCLV2 = valid value) OR PRELDLDT (if valid and LDLCALC = 3)]; else go to ONHTNRX		

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
41	ldlstatn	On (display LSTLDLDT), the date entered for the most recent LDL value, does the record document the patient was currently prescribed (or taking) a statin medication? 1. Yes 2. No 3. Yes, a statin was currently prescribed AND there is documentation the patient was <u>not</u> taking the statin on the date the most recent LDL was obtained	1, 2, 3 If 2, go to adnewsta	If the patient was currently prescribed (taking) a statin on the date the most recent LDL was obtained, answer "1." If the patient was NOT currently prescribed a statin on the date the most recent LDL was obtained, but a statin was newly prescribed on the date the most recent LDL-c was obtained, enter "2." Only answer "3" if there is documentation on the date the most recent LDL was obtained that a statin was currently prescribed for the patient and that the patient was NOT taking the statin on the date the most recent LDL was obtained. HMG-CoA Reductase Inhibitors (Statins): atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor) (Altacor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), pitavastatin (Livalo) Suggested data sources: clinic notes, physician orders, medication refills
42	destatn	Designate the statin the patient was prescribed on the date the most recent LDL was obtained. 1. Atorvastatin 2. Fluvastatin 3. Lovastatin 4. Pravastatin 5. Rosuvastatin 6. Simvastatin 7. Pitavastatin 99. Unable to determine	1, 2, 3, 4, 5, 6, 7, 99	If the patient was currently prescribed a statin on the date the most recent LDL was obtained, designate the applicable statin. If the patient is taking a combination medication (e.g. simvastatin/ezetimibe), select the statin component of the combination medication. If the actual name of the statin is not documented (e.g. physician notes, "patient on statin"), and the name of the statin is not found elsewhere in the record, enter "99." HMG-CoA Reductase Inhibitors (Statins): , atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor) (Altacor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), pitavastatin (Livalo)

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
43	statndos	Enter the daily dose of the statin medication in milligrams.	<p style="text-align: center;">— —. — Abstractor can enter zzz</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">> = 1 and < = 80</div>	<p>The intent is to determine the daily dose of the statin that the patient was prescribed (taking). For example, physician noted, "simvastatin 80 mg take 1/2 tablet daily." Enter 40 mg as the daily dose.</p> <p>If the daily dose is > 80 mg/day, enter 80.</p> <p>If dose is not documented, abstractor can enter zz.z.</p> <p>Informational Only: The following doses are considered moderate dose statin therapy:</p> <ul style="list-style-type: none"> • atorvastatin 10 mg/day or greater • fluvastatin 80 mg/day • lovastatin 40 mg/day or greater • pravastatin 40 mg/day or greater • rosuvastatin 5 mg/day or greater • simvastatin 20 mg/day or greater
		Change Statin		
44	chgstatn	<p>On (display LSTLDLDT) until (display LSTDLDLT + 90 days and <= REVDTE), was the daily dose of the statin medication changed?</p> <p>1. Yes 2. No</p>	<p style="text-align: center;">1, 2</p> <p>If 2, go to adnewsta</p>	<p>Change the daily dose of the statin = includes increasing the dose, decreasing the dose, and discontinuation of the statin.</p> <p>If there was more than one change during the 90 days after the most recent LDL was obtained, enter the date of the first change.</p> <p>If the 90 days after the date the most recent LDL was obtained has not elapsed and there has been no change at the time of review, answer "2."</p>
45	chgstadost	Enter the new daily dose of the statin medication in milligrams.	<p style="text-align: center;">— —. — Abstractor can enter zzz</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">> = 00.0 and <=80</div>	<p>The intent is to determine the new daily dose of the statin that the patient is taking. For example, physician noted, "simvastatin 80 mg take 1/2 tablet daily." Enter 40 mg as the daily dose.</p> <p>If the first change made to the statin dose was discontinuation of the statin, enter 00.0.</p> <p>If the daily statin dose is greater than 80 mg, enter 80 mg.</p> <p>If the dose is unable to be determined, enter default zz.z</p>
		Add New Statin		

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
46	adnewsta	On (display LSTDLDT) until (display LSTDLDT + 90 days and <= REVDTE), was a new statin medication added?	1, 2 If 2, go to allerstat	If a new statin medication was prescribed on the date of or during the 90 days after the most recent LDL was obtained, answer "1." If the 90 days after the date the most recent LDL was obtained has not elapsed and a statin was not newly prescribed at the time of review, answer "2."
47	newstadt	Enter the date the new statin medication was prescribed.	mm/dd/yyyy <div style="border: 1px solid black; padding: 2px; width: fit-content;"> >= lstdldt and <= 90 days after lstdldt and <= revdte </div>	Enter the exact date. The use of 01 to indicate missing day or month is not acceptable. If the actual date of the statin was newly prescribed is not known (e.g. medication prescribed by non-VHA provider), enter the date the change was noted in clinic note.
48	desnewsta	Designate the statin medication that was newly prescribed during the 90 days after the most recent LDL was obtained? 1. Atorvastatin 2. Fluvastatin 3. Lovastatin 4. Pravastatin 5. Rosuvastatin 6. Simvastatin 7. Pitavastatin 99. Unable to determine	1, 2, 3, 4, 5, 6, 7, 99	If the patient is taking a combination medication (e.g. simvastatin/ezetimibe), select the statin component of the combination medication. If the actual name of the statin is not documented (e.g. physician notes, "patient on statin"), and the name of the statin is not found elsewhere in the record, enter "99." HMG-CoA Reductase Inhibitors (Statins): , atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor) (Altacor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), pitavastatin (Livalo)
49	newstados	Enter the new dose of the statin agent in milligrams.	__ __. __ Abstractor can enter zzz <div style="border: 1px solid black; padding: 2px; width: fit-content;"> > = 1 and <=80 </div>	The intent is to determine the daily dose of the statin that the patient is taking. For example, physician noted, "simvastatin 80 mg take 1/2 tablet daily." Enter 40 mg as the daily dose. If the new daily dose of the statin medication is greater than 80 mg, enter 80 mg. If the dose is unable to be determined, enter default zz.z
		Statin Allergy		
50	allerstat	In the allergy box on the CPRS cover sheet, is there documentation of any allergy/adverse reaction or contraindication to any of the statins?	1, 2	Documentation of an allergy, adverse reaction, intolerance, sensitivity, or contraindication to any statin agent (or statins) is sufficient to answer "1." For example, allergy box notes, "Severe myalgias with simvastatin," answer "1."

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
51	clinadv	Does the NEXUS visit clinical note on (display NEXUSDT) document an allergy/adverse reaction or contraindication to any of the statins?	1, 2	Documentation of an allergy, adverse reaction, intolerance, sensitivity, or contraindication to any statin agent (or statins) is sufficient to answer "1."
52	refustat	At the <u>most recent NEXUS clinic visit</u> on (display NEXUSDT), does the record document the patient refused statin medications?	1, 2	
		Non-Statins Medications		
53	ldlnonsta	On (display LSTLDLDT), the date entered for the most recent LDL value, does the record document the patient was currently prescribed (or taking) a non-statin medication? Includes: <ul style="list-style-type: none"> Nicotinic Acid Bile Acid Sequestrants Fibrates 1. Yes 2. No 3. Yes, a non-statin was currently prescribed AND there is documentation that the patient was <u>not</u> taking the statin on the date the most recent LDL was obtained	1, 2, 3 If 2, go to adnonsta	If the patient was currently prescribed (taking) a non-statin medication on the date the most recent LDL was obtained, answer "1." If the patient was taking a combination medication (e.g. simvastatin/ezetimibe) that included a non-statin, answer "1." If the patient was not taking a non-statin on the date the most recent LDL was obtained, but a non-statin was newly prescribed on the date the most recent LDL was obtained, enter "2." Only answer "3" if there is documentation on the date the most recent LDL was obtained that a non-statin was currently prescribed for the patient and that the patient was NOT taking the non-statin on the date the most recent LDL was obtained. Suggested data sources: clinic notes, physician orders, medication refills <u>Non-statin Lipid-lowering Medications</u> Nicotinic Acid: niacin extended release tablets (Niaspan), Crystalline niacin, sustained or timed release niacin Bile Acid Sequestrants: colestipol hydrochloride (Colestid), colestevlam hydrochloride (Welchol), cholestyramine (Questran) (Locholest) Fibrates: gemfibrozil (Lopid) (Gemcor), fenofibrate (Tricor) (Lofibra)
		Add Non-Statins		

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
54	adnonsta	<p>On (display LSTLDLDT) until (display LSTDLDT + 90 days and <= REVDTE), were any new non-statin medications added?</p> <p>Includes:</p> <ul style="list-style-type: none"> Nicotinic Acid Bile Acid Sequestrants Fibrates <p>1. Yes 2. No</p>	1, 2	<p>If a new non-statin medication was prescribed on the date of or during the 90 days after the most recent LDL was obtained, answer "1."</p> <p>If the 90 days has not elapsed and a non-statin medication was not newly prescribed at the time of your review or a new non-statin was prescribed after the review date, answer "2."</p> <p>Non-statin Lipid-lowering Medications</p> <p>Nicotinic Acid: niacin extended release tablets (Niaspan), Crystalline niacin, sustained or timed release niacin</p> <p>Bile Acid Sequestrants: colestipol hydrochloride (Colestid), colestevlam hydrochloride (Welchol), cholestyramine (Questran) (Locholest)</p> <p>Fibrates: gemfibrozil (Lopid) (Gemcor), fenofibrate (Tricor) (Lofibra)</p> <p>Suggested data sources: clinic notes, physician orders, medication refills</p>
		Statin at NEXUS visit		
55	vststatn	<p>During the timeframe from (display NEXUSDT - 100 days to NEXUSDT), does the record document the patient was prescribed (or taking) a statin medication?</p> <p>1. Yes 2. No</p>	<p>1, 2, If 2, go to vstadsta</p>	<p>If the patient was prescribed (taking) a statin during the specified timeframe, answer "1."</p> <p>If the patient was not prescribed (not taking) a statin during the specified timeframe, enter "2."</p> <p>HMG-CoA Reductase Inhibitors (Statins): atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor) (Altacor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), Pitavastatin (Livalo)</p> <p>Suggested data sources: clinic notes, physician orders, medication refills</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
56	devistat	Designate the statin the patient was prescribed (taking) during the timeframe from (display NEXUSDT - 100 days to NEXUSDT). 1. Atorvastatin 2. Fluvastatin 3. Lovastatin 4. Pravastatin 5. Rosuvastatin 6. Simvastatin 7. Pitavastatin 99. Unable to determine	1, 2, 3, 4, 5, 6, 7, 99	Designate the statin the patient was prescribed (taking) during the specified timeframe. If the patient is taking a combination medication (e.g. simvastatin/ezetimibe), select the statin component of the combination medication. If the actual name of the statin is not documented (e.g. physician notes, "patient on statin"), and the name of the statin is not found elsewhere in the record, enter "99." HMG-CoA Reductase Inhibitors (Statins): , atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor) (Altocor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), Pitavastatin (Livalo)
57	vistatdos	Enter the highest daily dose of the statin agent in milligrams.	<p style="text-align: center;">— —. — Abstractor can enter zzz</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">>= 1 and <= 80</div>	<p>The intent is to determine the highest daily dose of the statin that the patient was prescribed (taking) during the specified timeframe. For example, physician noted, "simvastatin 40 mg take 1/2 tablet daily" during visit 1 month prior to NEXUSDT and simvastatin 40 mg daily on NEXUSDT, enter 40 mg as the daily dose. If the daily dose of the statin medication is greater than 80 mg, enter 80 mg. If dose is not documented, abstractor can enter zz.z</p> <p>Informational Only: The following doses are considered moderate dose statin therapy:</p> <ul style="list-style-type: none"> • atorvastatin 10 mg/day or greater • fluvastatin 80 mg/day • lovastatin 40 mg/day or greater • pravastatin 40 mg/day or greater • rosuvastatin 5 mg/day or greater • simvastatin 20 mg/day or greater
		Change Statin (NEXUS)		
58	vischgsta	During the timeframe from (display NEXUSDT + 1 to NEXUSDT + 90 days and <= REVDTE), was the daily dose of the statin changed? 1. Yes 2. No	<p style="text-align: center;">1, 2 If 2, go to vstadsta</p>	Change the statin dose = includes increasing the dose, decreasing the dose, and discontinuation of the statin. If 90 days after the date of the most recent NEXUS clinic visit has not elapsed and there has not been a change to the statin dose at the time of review, answer "2."

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
59	vstachdos	Enter the new daily dose of the statin agent in milligrams.	<p>— —. —</p> <p>Abstractor can enter</p> <p>zzz</p> <div>>= 00.0 and <= 80</div>	<p>If the first change made to the statin dose was discontinuation of the statin, enter 00.0.</p> <p>If the daily dose of the statin medication is greater than 80 mg, enter 80 mg.</p> <p>If the dose is unable to be determined, enter default zzz.z</p>
		Add New Statin		
60	vstadsta	During the timeframe from (display NEXUSDT + 1 to NEXUSDT + 90 days and <= REVDTE), was a <u>new</u> statin medication added?	<p>1, 2</p> <p>If 2, go to onhtnrx as applicable</p>	<p>If new statin medication was prescribed during the 90 days after the most recent NEXUS clinic visit, answer "1."</p> <p>If 90 days after the date of the most recent NEXUS clinic visit has not elapsed and a statin medication was not newly prescribed at the time of review, answer "2."</p>
61	vstnusta	<p>Designate the statin medication that was newly prescribed during the timeframe (display NEXUSDT + 1 to NEXUSDT + 90 days and <= REVDTE)?</p> <ol style="list-style-type: none"> 1. Atorvastatin 2. Fluvastatin 3. Lovastatin 4. Pravastatin 5. Rosuvastatin 6. Simvastatin 7. Pitavastatin 99. Unable to determine 	1, 2, 3, 4, 5, 6, 7, 99	<p>If the patient is taking a combination medication (e.g. simvastatin/ezetimibe), select the statin component of the combination medication.</p> <p>If the actual name of the statin is not documented (e.g. physician notes, "outside pcp prescribed new statin"), and the name of the statin is not found elsewhere in the record, enter "99."</p> <p>HMG-CoA Reductase Inhibitors (Statins):, atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor) (Altacor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), Pitavastatin (Livalo)</p>
62	vstadose	Enter the highest daily dose of the newly prescribed statin agent in milligrams.	<p>— —. —</p> <p>Abstractor can enter</p> <p>zzz</p> <div>>= 1 and <= 80</div>	<p>The intent is to determine the highest daily dose of the statin that the patient was prescribed during the specified timeframe. For example, physician noted, "simvastatin 40 mg take 1/2 tablet daily" during visit 1 month after NEXUSDT and simvastatin 40 mg daily on 3 months after NEXUSDT, enter 40 mg as the daily dose.</p> <p>If the daily dose of the statin medication is greater than 80 mg, enter 80 mg.</p> <p>If the dose is unable to be determined, enter default zzz.z</p>
		If selhtn = -1 or DMFLAG = 1, go to onhtnrx; else go to onasa as applicable		
		Blood Pressure Medications		

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
63	onhtnrx	<p>Within the three-month period prior to the last day of the study interval, was the patient on any of the medications listed in Table A?</p> <p>1. Yes 2. No 98. Patient refusal of all anti-hypertensive medication documented by physician/APN/PA or pharmacist</p>	1, 2, 98	<p>On anti-hypertensive medication: anti-hypertensive medication is listed among the patient's medications recorded at any encounter within the three-month time period or is entered in the pharmacy package. It is not necessary to know whether the patient is compliant with the medication regimen.</p> <p>If the patient did not have a VHA encounter within the time period, but was on an anti-hypertensive drug prior to this period, assume the medication was continued.</p>
		If WICHNXUS = 303,305,306,309,310/323, 312, 322, 323, 323/531,348, or 350 AND (BP1DT <> 99/99/9999), go to VSTBPRX, else go to ONASA		
		BP medications on BP date		
64	vstbprx	<p>During the timeframe from (display BP1DT - 100 days to BP1DT, was the patient prescribed (taking) any anti-hypertensive medications listed in Table A?</p> <p>1. Yes 2. No</p>	<p>1, 2 If 2, go to chgbprx, else go to vstidbprx</p> <div>Warning if 2 and onhtnrx = 1</div>	<p>If the patient was prescribed (or taking) any anti-hypertensive medications during the specified timeframe, enter "1."</p> <p>If the patient was not prescribed (not taking) any anti-hypertensive medications during the specified timeframe, enter "2."</p> <p>Suggested data sources: clinic notes, physician orders, medication refills</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES				
65	vstbpdose vstidbprx	<p>Enter each anti-hypertensive medication the patient was prescribed (taking) during the timeframe from (display BP1DT - 100 days to BP1DT) and highest daily dose.</p> <p>Abstractor will select anti-hypertensive medications and doses from a drop down table.</p> <table><tr><th>Name</th><th>Dose</th></tr><tr><td></td><td></td></tr></table>	Name	Dose				<p>The intent is to determine all anti-hypertensive medications the patient was prescribed (taking) during the specified timeframe and if moderate dose was prescribed. The drop down table contains entries for moderate dose and less than moderate dose anti-hypertensive medications.</p> <p>If a medication dose was changed, select the entry representing the highest daily dose prescribed regardless of whether the dose was subsequently decreased during the specified timeframe.</p> <p>Medication doses in the drop down table are represented as moderate dose and greater (e.g., 50 mg and greater) and less than moderate dose (e.g., less than 50 mg).</p> <p>If the daily dose documented in the record is higher than the dose in the drop down table, select the medication (e.g., Metoprolol 100 mg daily noted in medical record, select metoprolol 50 mg in drop down table).</p> <p>If an anti-hypertensive medication was discontinued during the timeframe and a new anti-hypertensive medication was added, enter name and daily dose for both medications.</p> <p>For anti-hypertensive combination medications (e.g. lisinopril 10mg/hydrochlorothiazide 25 mg), enter each medication separately.</p> <p>If dose is not documented, do not select the antihypertensive medication.</p>
Name	Dose							
		Change/Add BP Medication						
66	chgbprx	<p>During the timeframe from (display BP1DT + 1 day to BP1DT + 90 days and <= REVDTE), was a change made to the daily dose of an anti-hypertensive medication(s)?</p> <p>1. Yes 2. No</p>	1, 2	<p>Change the anti-hypertensive medication daily dose = includes increasing the dose, decreasing the dose</p> <p>If the daily dose of an anti-hypertensive medication was changed, select "1".</p> <p>If 90 days after the date the most recent outpatient BP was documented has not elapsed and there has not been a change to an anti-hypertensive medication at the time of review, answer "2."</p> <p>If the ONLY anti-hypertensive medication change is discontinuation of a medication, select "2".</p>				

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES				
67	addbprx	During the timeframe from (display BP1DT + 1 day to BP1DT + 90 days and <= REVDTE), was a new anti-hypertensive medication added? 1. Yes 2. No	1, 2 If 2 and chgbprx = 2, go to onasa as applicable	If 90 days after the date the most recent outpatient BP was documented has not elapsed and an anti-hypertensive medication was not newly prescribed at the time of review, answer "2."				
68	chgdbprx chgbpdose	For each change or addition of an anti-hypertensive medication that occurred during (display BP1DT + 1 day to BP1DT + 90 days and <= REVDTE), enter the name and highest daily dose of each anti-hypertensive medication. Abstractor will select the anti-hypertensive medication(s) and doses from a drop down table. <table><tr><th>Name</th><th>Dose</th></tr><tr><td></td><td></td></tr></table>	Name	Dose				The intent is to determine all anti-hypertensive medications that were changed or added during the specified timeframe and if moderate dose was prescribed. The drop down table contains entries for moderate dose and less than moderate dose anti-hypertensive medications. If a medication dose was changed, select the entry representing the highest daily dose prescribed regardless of whether the dose was subsequently decreased during the specified timeframe. Medication doses in the drop down table are represented as moderate dose and greater (e.g., 50 mg and greater) and less than moderate dose (e.g., less than 50 mg). If the daily dose documented in the record is higher than the dose in the drop down table, select the medication (e.g., Metoprolol 100 mg daily noted in medical record, select metoprolol 50 mg in drop down table). For anti-hypertensive combination medications (e.g. lisinopril 10mg/hydrochlorothiazide 25 mg), enter each medication separately. If dose is not documented, do not select the antihypertensive medication.
Name	Dose							
		If selmi = -1, or DMFLAG = 1, or selpci = -1, or selcabg = -1, or selchf = -1, go to onasa; otherwise go out of Shared Module						
		Outpatient Medications						

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
69	onasa	At the most recent outpatient visit, was aspirin included in the patient's current medications? 1. yes 2. no	1, 2 If 1, auto-fill notasa as 95, and go to betablkr	ASA was listed as one of the medications the patient is taking routinely or aspirin was prescribed at this visit. If it is noted in the paper or electronic record <u>at least once within the past six months</u> that the patient is taking aspirin, this is acceptable documentation of "aspirin at the most recent outpatient visit." "Within the past six months" = from the first day of the study interval to the first day of the month six months previously. (Example: first day of study interval is 7/01/12. Within the past six months is from 1/1/12 - 7/01/12.). If patient was on clopidogrel (Plavix) or ticlopidine hydrochloride (Ticlid), option "97" should be used to answer question "notasa."
70	notasa	Does the record document any of the following reasons for not prescribing aspirin? 1. Aspirin allergy 3. Taking warfarin/Coumadin or dabigatran/Pradaxa 95. Not applicable 97. Other reason documented by a physician/APN/ PA or pharmacist 98. Patient refusal of aspirin documented by physician/APN/PA or pharmacist 99. No documented reason	1, 3, 95, 97, 98, 99 Will be auto-filled as 95 if onasa = 1	When there is documentation of an aspirin "allergy" or "sensitivity," regard this as documentation of aspirin allergy regardless of what type of reaction might be noted. This rule is also applicable to medications that contain aspirin. If warfarin (Coumadin) or dabigatran(Pradaxa) is listed in patient medications, the contraindication is met. If patient is on clopidogrel (Plavix) or ticlopidine hydrochloride (Ticlid), enter response #97 if one of these drugs is listed among the patient's medications. Other reason(s) documented by physician, APN, PA, or pharmacist must be explicitly documented or clearly implied (Examples: "Chronic hepatitis - no ASA." "May start ASA after GI bleed resolves.") If reasons are not mentioned in the context of aspirin, do not make inferences, e.g., Do not assume that aspirin is not prescribed because of history of PUD.
71	betablkr	At the most recent outpatient visit, was a beta-blocker included in the patient's current medications? 1. yes 2. no	1, 2 If 1, auto-fill nobetab as 95 If 2, auto-fill wichbeta as 95	"Included in the patient's current medications" = a beta-blocker was listed as one of the medications the patient is taking routinely or a beta-blocker was prescribed at this visit If the most recent outpatient visit was for a specialized examination or purpose, e.g., audiology, ophthalmology, podiatry, etc., in which current medications may not be referenced, look at one or more previous outpatient visits to determine the patient's medication regime.

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
72	wichbeta	<p>Designate the beta blocker the patient was taking at the time of the most recent outpatient visit:</p> <ol style="list-style-type: none"> 1. metoprolol succinate (Toprol-XL) 2. metoprolol tartrate 3. bisoprolol (Zebeta or Ziac) 4. carvedilol (Coreg) 5. atenolol (Tenormin) 6. acebutolol (Sectral) 7. sotalol (Betapace) 8. betaxolol 10. nadolol (Corgard) 11. nadolol/bendroflumethiazide (Corzide) 12. propranolol (Inderal) 13. propranolol hydrochloride (Inderide) 14. labetalol (Trandate) 15. penbutolol sulfate (Levatol) 16. metoprolol/hydrochlorothiazide (Lopressor HCT) 17. pindolol (Visken) 18. timolol 20. other 95. not applicable 	<p>1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 95</p> <p>If betablkr = 2, will be auto-filled as 95</p>	<p>Beta blocker generic names are not capitalized. Brand names are capitalized. Enter the number corresponding to the generic name documented in the medical record.</p> <p>Question is applicable to the beta blocker being taken or prescribed at the time of the most recent visit. If the patient's beta blocker medication was changed at the most recent visit, use the newly prescribed medication.</p> <p>Computer will auto-fill as 95 if BETABLKR = 2.</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
73	nobetab	<p>Does the record document any of the following reasons for not prescribing a beta-blocker?</p> <p>1. Beta-blocker allergy</p> <p>2. Bradycardia (heart rate less than 60 bpm) while not on a beta blocker</p> <p>3. Second or third degree heart block on ECG and does not have a pacemaker</p> <p>9. Post-heart transplant patient</p> <p>10. Documentation of severely decompensated heart failure</p> <p>95. Not applicable</p> <p>97. Other reasons documented by a physician/APN/ PA or pharmacist for not prescribing a beta- blocker</p> <p>98. Patient refusal of beta-blockers documented by physician/APN/PA or pharmacist</p> <p>99. No documented reason</p>	<p>1, 2, 3, 9, 10, 95, 97, 98, 99</p> <p>Will be auto-filled as 95 of betablkr = 1</p>	<p>1. Beta-blocker (BB) allergy/sensitivity/intolerance: documented allergy/sensitivity/intolerance counts regardless of type of reaction noted; allergy/sensitivity/intolerance to one BB is acceptable as allergy to all BBs. EXCLUDE: Allergy to BB eye drops (e.g., Cosopt).</p> <p>2. Bradycardia: must be documented by a clinician as the reason for non-use of a beta-blocker; however if record states "patient's heart rate is consistently less than 60 bpm," this is acceptable.</p> <p>3. Second or third degree heart block: Do not attempt to use the ECG tracing to answer this question. The ECG interpretation of second or third degree heart block must be documented in the record by a clinician or by electronic interpretation. Documentation of the ECG interpretation does not have to be linked specifically to contraindication to beta-blocker.</p> <p>10. Severely decompensated heart failure: cardiac decompensation is marked by dyspnea, venous engorgement, and edema. Abstractor may not make this decision based on symptoms described in record. There must be specific diagnosis by a physician/APN/PA.</p> <p>97. Other reason(s) documented by a physician/APN/ PA or pharmacist:</p> <ul style="list-style-type: none"> • Must explicitly link the noted reason with non-prescription of a beta-blocker. <p>98. Patient refusal: Documentation by a physician/APN/PA or pharmacist that the patient refused beta-blocker medications or refused all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable.</p>
74	acerx	<p>At the most recent outpatient visit, was an angiotensin converting enzyme inhibitor (ACEI) included in the patient's current medications?</p> <p>1. yes</p> <p>2. no</p>	<p>1, 2</p> <p>If 2, auto-fill onacei as 95, and go to aceinot</p>	<p>"Included in the patient's current medications" = patient was on this medication at the most recent outpatient visit or it was prescribed at the time of the visit. Question does not reference a new prescription. The patient can have been on an ACEI for many years.</p> <p>ACEI: Angiotensin converting enzyme inhibitors; ACEIs may be described as RAS (renin-angiotensin system) or RAAS (renin-angiotensin-aldosterone system) blockers/inhibitors. Examples of ACEI include but are not limited to: quinapril/Accupril; ramipril/Altace; captopril/Capoten; benazapril/Lotensin; fosinopril/Monopril; lisinopril/Prinivil; enalapril/Vasotec; moexipril/Univasc</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
75	onacei	<p>Designate the ACE inhibitor the patient was on at the most recent visit:</p> <ol style="list-style-type: none"> 1. enalapril 2. captopril 3. lisinopril 4. benazepril 5. fosinopril 6. quinapril 7. perindopril 8. moexipril 9. ramipril 10. trandolapril 11. other 12. enalapril/hydrochlorothiazide 15. captopril/hydrochlorothiazide 16. lisinopril/hydrochlorothiazide 17. benazepril/hydrochlorothiazide 18. benazepril/amlodipine 19. fosinopril/hydrochlorothiazide 20. quinapril/hydrochlorothiazide 21. moexipril/hydrochlorothiazide 22. trandolapril/verapamil 95. not applicable 	<p>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 20, 21, 22, 95</p> <p>If acerx = 1, go to end If acerx = 2, will be auto-filled as 95</p>	<p>Taking at the most recent visit = patient was on this medication at the most recent outpatient visit or it was prescribed at the time of the visit.</p> <p>Question does not reference a new prescription. The patient can have been on an ACEI for many years.</p> <p>The computer will auto-fill ONACEI as 95 if ACERX = 2.</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
76	aceinot	<p>Does the record document any of the following reasons for not prescribing an ACEI?</p> <p>1. ACEI allergy</p> <p>5. Moderate or severe aortic stenosis</p> <p>97. Other reasons documented by a physician/APN/PA or pharmacist for not prescribing an ACEI</p> <p>98. Patient refusal of ACE inhibitors documented by physician/APN/PA or pharmacist</p> <p>99. No documented reason</p>	1, 5, 97, 98, 99	<p><u>Option Rules:</u></p> <p>1. ACEI allergy/sensitivity: allergy/sensitivity documented regardless of type of reaction noted (e.g. "Allergies: ACEI - cough"); allergy/sensitivity to one ACEI is acceptable as an allergy to all ACEIs.</p> <p>5. Moderate or Severe Aortic Stenosis (AS): Findings may be taken from diagnostic test reports. May be either current diagnosis or history of AS, without mention of repair, replacement, valvuloplasty, or commissurotomy.</p> <p>INCLUDE: AS described as moderate, severe, 3+, 4+, critical or significant; degree of severity not specified; aortic valve area of less than 1.0 square cm; subaortic stenosis, moderate/severe, or degree of severity not specified</p> <p>EXCLUDE: aortic insufficiency/regurgitation only; AS described as 1+ or 2+; AS using qualifiers: cannot exclude, cannot rule out, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious.</p> <p>97. Other reason(s) documented by a physician/APN/PA or pharmacist:</p> <ul style="list-style-type: none"> • Must explicitly link the noted reason with non-prescription of an ACEI. • Should be considered implicit documentation for also not prescribing an ARB for the following five conditions ONLY: <ul style="list-style-type: none"> ◦ Angioedema ◦ Hyperkalemia ◦ Hypotension ◦ Renal artery stenosis ◦ Worsening renal function/renal disease/dysfunction • If the patient is on hydralazine and nitrates, <u>and</u> the record documents this drug therapy is a better option than ACEI or ARB for the patient, this documentation is acceptable as "other reason." <p>98. Patient refusal: Documentation by a physician/APN/PA or pharmacist that the patient refused ACEI medications or all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable.</p>

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
77	arbrx	At the most recent outpatient visit, was an angiotensin II receptor antagonist (ARB or AIIRA) included in the patient's current medications? 1. yes 2. no	1, 2 If 2, auto-fill specarb as 95, and go to contrarb	Included in the current medications = patient was on this medication at the most recent outpatient visit or it was prescribed at the time of the visit. ARB: Angiotensin receptor blockers or angiotensin II receptor antagonists (AIIRA); ARBs may be described as RAS (renin-angiotensin system) or RAAS (renin-angiotensin-aldosterone system) blockers/inhibitors Examples of ARB (AIIRA) include but are not limited to: losartan/Cozaar; valsartan/Diovan; irbesartan/Avapro; candesartan/Atacand; telmisartan/Micardis; eprosartan/Teveten; olmesartan/Benicar
78	specarb	Specify the ARB: 1. Candesartan (Atacand) 2. Candesartan/hydrochlorothiazide (Atacand HCT) 3. Eprosartan (Teveten) 4. Eprosartan/hydrochlorothiazide (Teveten HCT) 5. Irbesartan (Avapro) 6. Irbesartan/hydrochlorothiazide (Avalide) 7. Losartan (Cozaar) 8. Losartan/hydrochlorothiazide (Hyzaar) 9. Olmesartan (Benicar) 10. Olmesartan/hydrochlorothiazide (Benicar HCT) 11. Tasosartan (Verdia) 12. Telmisartan (Micardis) 13. Telmisartan/hydrochlorothiazide (Micardis HCT) 14. Valsartan (Diovan) 15. Valsartan/hydrochlorothiazide (Diovan HCT) 16. Other 95. not applicable	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 95 If arbrx = 2, will be auto-filled as 95 If arbrx = 1, go to end	ARB names are listed by the generic name, as documented in VHA medical records. The brand name is displayed in parentheses after the generic name. The computer will auto-fill as 95 if ARBRX = 2.

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#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
79	contrarb	<p>Does the record document any of the following reasons for not prescribing an ARB?</p> <p>1. ARB (AIIRA) allergy or sensitivity</p> <p>2. Moderate or severe aortic stenosis</p> <p>97. Other reasons documented by a physician, APN, PA, or pharmacist for not prescribing an ARB</p> <p>98. Patient refusal of ARBs documented by physician/APN/PA or pharmacist</p> <p>99. No documented reason</p>	1, 2, 97, 98, 99	<p>Option Rules:</p> <p>1. ARB (AIIRA) allergy/sensitivity: documented allergy or sensitivity counts regardless of type of reaction noted (e.g. "Allergies: ARB-cough"); allergy/sensitivity to one ARB is acceptable as allergy to all ARBs.</p> <p>2. Moderate or Severe Aortic Stenosis (AS): Findings may be taken from diagnostic test reports. May be either current diagnosis or history of AS, without mention of repair, replacement, valvuloplasty, or commissurotomy.</p> <p>INCLUDE: AS described as moderate, severe, 3+, 4+, critical or significant; degree of severity not specified; aortic valve area of less than 1.0 square cm; subaortic stenosis, moderate/severe, or degree of severity not specified</p> <p>EXCLUDE: aortic insufficiency/regurgitation only; AS described as 1+ or 2+; AS using qualifiers: cannot exclude, cannot rule out, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious.</p> <p>97. Other reason(s) documented by a physician/APN/PA or pharmacist:</p> <ul style="list-style-type: none"> • Must explicitly link the noted reason with non-prescription of an ARB. • Should be considered implicit documentation for also not prescribing an ACEI for the following five conditions ONLY: <ul style="list-style-type: none"> ◦ Angioedema ◦ Hyperkalemia ◦ Hypotension ◦ Renal artery stenosis ◦ Worsening renal function/renal disease/dysfunction <p>98. Patient refusal: Documentation by a physician/APN/PA or pharmacist that the patient refused ARBs or refused all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable</p>

VHA EPRP CLINICAL PRACTICE GUIDELINE AND PREVENTION INDICATORS

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#	Name	QUESTION	Field Format	DEFINITIONS/DECISION RULES
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TABLE A: Drug Classes and Drugs Used to Define Anti-Hypertension Mono or Multi-Drug Treatment		
ACE Inhibitors Benazepril Captopril Enalapril Fosinopril Lisinopril Moexipril Perindopril Quinapril Ramipril Trandolapril	Angiotensin II Receptor Antagonists Candesartan Eprosartan Irbesartan Losartan Olmesartan Telmisartan Valsartan	Alpha₁-Blockers Doxazosin Prazosin Terazosin Central Alpha Agonists Clonidine Guanabenz Guanfacine Methyldopa Alpha-Beta Blockers Carvedilol Labetolol
Beta-Blockers Acebutolol Atenolol Bisoprolol Esmolol Metoprolol Nadolol Nebivolol Penbutolol Pindolol Propranolol Timolol	Calcium Channel Blockers Diltiazem Verapamil Amlodipine Felodipine Isradipine Nicardipine Nifedipine Nisoldipine	Peripheral Vasodilators Hydralazine Minoxidil Peripheral Adrenergic Inhibitors Guanadrel Guanethidine Reserpine
Renin Inhibitor Aliskiren	Loop Diuretics Furosemide Torsemide Bumetanide	

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#	Name	QUESTION	Field Format	DEFINITIONS/DECISION RULES
		Thiazide and Related Diuretics Bendroflumethiazide Benzthiazide Chlorothiazide Chlorthalidone Hydrochlorothiazide Hydrochlorothiazide/Triamterene Hydrochlorothiazide/Amiloride Hydrochlorothiazide/Spiroinolactone Hydroflumethiazide Indapamide Methyclothiazide Metolazone Polythiazide Quinethazone Trichlormethiazide	Aldosterone Antagonists Eplerenone Spironolactone	Potassium-Sparing Diuretics Amiloride Triamterene
		*Fixed-dose Combinations Hydrochlorothiazide/Irbesartan Hydrochlorothiazide/Lisinopril Hydrochlorothiazide/Losartan Hydrochlorothiazide/Valsartan Hydrochlorothiazide/Methyldopa Hydrochlorothiazide/Metoprolol Hydrochlorothiazide/Reserpine Hydrochlorothiazide/Moexipril Hydrochlorothiazide/Quinapril Hydrochlorothiazide/Eprosartan Hydrochlorothiazide/Telmisartan Hydrochlorothiazide/Olmesartan Hydrochlorothiazide/Candesartan Hydrochlorothiazide/Propranolol Hydrochlorothiazide/Guanethidine Hydrochlorothiazide/Labetolol	*Fixed-dose Combinations (cont'd) Aliskiren/Amlodipine Atenolol/Chlorthalidone Amlodipine/Benazepril Amlodipine/hydrochlorothiazide/olmesartan Amlodipine/Olmesartan Amlodipine/Valsartan Benazepril/Hydrochlorothiazide Fosinopril/Hydrochlorothiazide Bisoprolol/Hydrochlorothiazide Hydralazine/Hydrochlorothiazide Hydralazine/Hydrochlorothiazide/Reserpine Enalapril/Hydrochlorothiazide Captopril/Hydrochlorothiazide Telmisartan/amlodipine	*Fixed-dose Combinations (cont'd) Trandolapril/Verapamil Polythiazide/Reserpine Chlorothiazide/Reserpine Hydroflumethiazide/Reserpine Methyclothiazide/Reserpine Trichlormethiazide/Reserpine Bendroflumethiazide/Nadolol Chlorthalidone/Clonidine Bendroflumethiazide/rauwolfia serpentina Polythiazide/Prazosin Chlorthalidone/Reserpine Deserpidine/Methyclothiazide Chlorothiazide/Methyldopa