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| --- |
| **Organizational Identifiers** |
|  | CONTROLQICBEGDTEREVDTE | Control NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Auto-fillAuto-fillAuto-fillAuto-fill |  |
| **Patient Identifiers (Provided by AAVA)** |
|  | SSNFNAMELNAMEVAMCCOHORT | Patient SSNFirst NameLast NameStation NumberCohort (VA-only, VCA, Fee) | Auto-fillAuto-fillAuto-fillAuto-fillAuto-fill |  |
| **VCA Patients ONLY (If case is on VCA pull list, go to vcaauth; else go to vcascan)** |
| 1 | VCAAUTH | During the study period (computer to display 10/01/2014 to 06/30/2015), is there a “VETERANS CHOICE PRE-VISIT NOTE” note in the patient’s record?1. Yes2. No | 1, 2\***\*If 2, skip to vcascan (#4)** | The purpose of this question is to determine whether this authorization note is being entered for all Veterans Choice Act (VCA) authorized patients and if it is being entered with the correct note title. If there are multiple VCA notes in the record during the specified time frame, answer this question based on the earliest note.**Enter “2” if a VCA authorization note is present but a note title other than “VETERANS CHOICE PRE-VISIT NOTE” was used.** |
| 2 | VCAAUTHDT | Enter the date of the earliest “VETERANS CHOICE PRE-VISIT NOTE” note documented in the record.  | mm/dd/yyyy

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| >10/01/2014 and < 06/30/2015 |

 | Enter the exact date. |
| 3 | VCAAUTHSPEC | Enter the specialty of the non-VA service that is authorized per the “VETERANS CHOICE PRE-VISIT NOTE” note.  | Text(Limit to 50 characters) | **Examples of specialty include but are not limited to: primary care, internal medicine, cardiology, endocrinology.**If there are multiple VCA notes in the record during the specified time frame, answer this question based on the earliest note (date entered in VCAAUTHDT).Enter “UNKNOWN” if unable to determine the specialty of the authorized non-VA service. |

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| **VCA AND Fee Patients (If case is on VCA and/or fee basis pull list, go to vcascan; else go to pcp)** |
| 4 | VCASCAN | From (computer to display 10/01/14 to 06/30/15), are there any non-VA scanned records for an outpatient encounter with a Primary Care Provider (includes Family/General Practitioner and Internal Medicine), Cardiologist, or Endocrinologist **for the purpose of diabetes care**?1. Yes2. No | 1, 2\***\*If 2, skip to pcp (#25)** | Non-VA outpatient diabetes care includes management of blood glucose, blood pressure, and/or lipids by a Primary Care Provider, Cardiologist, or Endocrinologist.  If using CPRS, you should open Vista Imaging (through the “Tools” menu) and then select the scanned records you would like to view. If using VistaWeb, you should open “Progress Notes” and then will need to click on each icon in the “AWIV” column to view the scanned record attached to the note.Possible note titles include, but **are not limited** to:* FEE BASIS
* FEE BASIS OUTPATIENT CONSULT
* NON-VA CARE – FEE
* NON-VA CARE CONSULT RESULT NOTE
* NON-VA CARE OUTSIDE MEDICAL RECORDS
* OUTSIDE MED RECORDS
* VETERANS CHOICE POST-VISIT CONSULT NOTE

**EXCLUDE:*** **Inpatient records**
* **ER records**
* **Procedure notes**
* **Test results**
 |
| **For each scanned record enter the following and number as 5.1 for the first record, 5.2 for the second record, etc.** ***Enter the following for each scanned record.*** ***It is possible that records from multiple service dates or providers have been scanned into one record. It is also possible that records from multiple service dates or providers have been attached to one note. When this occurs, enter each record separately.*** |
| 5.x | VCASCANDT | Enter the date of the **VA** **note** associated with the scanned record.  | mm/dd/yyyy

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| >10/01/2014 and < 06/30/2015 |

 | This date may or may not reflect the date of non-VA service.**It is possible that records from multiple service dates or providers have been scanned into one record. It is also possible that records from multiple service dates or providers have been attached to one note.**If there is more than one VA note associated with a scanned record during the time frame from 10/01/2014 to 6/30/2015, enter the date of the earliest note first.If the VA note associated with a scanned record is an addendum to an earlier note, enter the date of the addendum. |

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| 5.xa-e | VCACAREDTVCASCANTITVCAFNAMEVCALNAMEVCASPEC | **For the scanned record (non-VA encounter) associated with the date entered in VCASCANDT, enter the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5.xa | 5.xb | 5.xc | 5.xd | 5.xe |
| Date of non-VA encounter | Local Note title | First Name of Provider | Last Name of Provider | Provider Specialty |
| mm/dd/yyyyAbstractor can enter 99/99/9999

|  |
| --- |
| >10/01/2014 & < 06/30/2015 |

 | text(limit 100 characters) | text(limit 20 characters) | text(limit 20 characters) | text(limit 20 characters) |

 | Enter the date of non-VA service per the scanned record. The date of the non-VA encounter is the date the patient was seen by the non-VA provider/clinic. If more than one scanned record is associated with the date of the VA note entered in VCASCANDT, enter the date of the earliest non-VA encounter first. (Since data will be collected for all non-VA service encounters during the time frame, start with the earliest encounter date and answer the series of questions. The next encounter date if applicable will be entered for the second series of non-VA service questions and so on).**If unable to determine the non-VA encounter date, enter 99/99/9999.** |
| Enter the local note title of the VA note associated with the scanned record. Possible non-VA note titles include, but are **not limited** to:* FEE BASIS
* FEE BASIS OUTPATIENT CONSULT
* NON-VA CARE – FEE
* NON-VA CARE CONSULT RESULT NOTE
* NON-VA CARE OUTSIDE MEDICAL RECORDS
* OUTSIDE MED RECORDS
* VETERANS CHOICE POST-VISIT CONSULT NOTE
 |
| Enter the first name of the provider that provided the non-VA service per the scanned record.If unable to determine provider’s first name, enter “unknown.” |
| Enter the last name of the provider that provided the non-VA service per the scanned record. If unable to determine provider’s last name, enter “unknown.” |
| **Enter the specialty (e.g., primary care, internal medicine, cardiology, endocrinology, etc.) of the provider/clinic that provided the non-VA service per the scanned record.** For example, “Anytown Family Practice,” enter family practice.If unable to determine the provider’s specialty, enter “unknown.” |
| 6.x | VCABP | Was a blood pressure recorded in the scanned record?1. Yes2. No | 1, 2\***\*If 2, skip to vcaa1c (#8.x)** | This question refers to the date of the non-VA encounter entered in question VCACAREDT. If the date of the non-VA encounter was unable to be determined, review the scanned note for documentation of a blood pressure reading. |
| 7.xa-c | VCABPSVCABPD | **Enter each blood pressure recorded in the scanned record.**

|  |  |
| --- | --- |
| 7.xb | 7.xc |
| Systolic BP | Diastolic BP |
| \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ |
|

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| Warning if <80 or >250Hard edit: must be > 0Hard edit: vcabps must be > vcabpd |

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| --- |
| Warning if <44 or >135Hard edit: must be > 0Hard edit: vcabpd must be < vcabps |

 |

 | If multiple blood pressure readings were recorded at the encounter, enter each BP documented. |
| 8.x | VCAA1C | Was an A1c value reported in the scanned record?1. Yes2. No | 1, 2\***\*If 2, skip to vcadm (#10.x)** | This question refers to the date of the non-VA encounter entered in question VCACAREDT. If the date of the non-VA encounter was unable to be determined, review the scanned note for documentation of an A1c value. Mention of any A1c value is acceptable (e.g., “Last A1c 8.0.”). |
| 9.xa-b | VCAA1CVALVCAA1CDT | **Enter each A1c recorded in the scanned record and the date of the A1c if documented.**

|  |  |
| --- | --- |
| 9.xa | 9.xb |
| ##.# % | mm/dd/yyyy |
|

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| --- |
| Must be > 0 Warning if > 12  |

 | Abstractor can enter 99/99/9999

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| >10/01/2014 and < 06/30/2015 |

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 | Enter the value of each A1c reported in the scanned record. Enter with leading 0 if needed. Enter the date of each A1c value reported in the scanned record.**If unable to determine the date the A1c value was reported, enter 99/99/9999. For example, physician notes, “Last A1c 8.0” and there is no associated date or lab report, enter 99/99/9999.** |

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| --- | --- | --- | --- | --- |
| 10.x | VCADM | Was any diabetes medication documented on the active medication list in the scanned record?1. Yes2. No, there was no diabetes medication  documented in the active medication  list3. No, there was no active medication list present in the scanned record | 1, 2\*,3\***\*If 2 or 3, skip to vcadmchg (12.x)** | **Examples of 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)**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)**Insulin:** insulin aspart (Novolog), insulin aspart protamine/insulin aspart (Novolog 70/30), insulin detemir (Levemir), 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 |
| 11.xa-c | VCADMNVCADMDVCADMU | **For each diabetes medication on the active medication list, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |  |
| --- | --- | --- |
| 11.xa | 11.xb | 11.xc |
| Name | Total daily dose | Unit |
| drop-down selection | ####.## | text(limit 20 characters) |

 | For diabetes combination medications (e.g. glyburide 2.5 mg/metformin 500 mg), enter each medication separately.The intent is to determine the total daily dose of the diabetes medication that the patient is taking. For example, physician noted, “metformin 500 mg bid.” Enter “1000” as the total daily dose and “mg” as the unit.Units include but are not limited to milligram (mg), microgram (mcg), milliliter (ml).If unable to determine the dose, enter “9999.99” for total daily dose and “unknown” for unit. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12.x | VCADMCHG | Did the non-VA provider recommend any changes to a diabetes medication at the visit per the scanned record?1. Yes2. No | 1, 2\***\*If 2 and VCADM = 1 or 2, skip to vcahtn (#14.x)****\*If 2 and VCADM = 3, skip to vcahtnchg (16x)** | Diabetes medication changes include increasing the dose, decreasing the dose, adding a new diabetes medication, and discontinuation of a diabetes medication.  |
| 13.xa-d | VCADMCHGNVCADMCHGT | **For each change or addition of a diabetes medication that occurred at this visit, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |
| --- | --- |
| 17.xa | 17.xd**If VCADM = 3, skip to vcahtnchg (16x)** |
| Name | Type of change |
| drop-down selection | 1.Increase dose2. Decrease dose3. Discontinue medication4. Added medication9. Unable to determine type of change |

 | Diabetes medication changes include increasing the dose, decreasing the dose, adding a new diabetes medication, and discontinuation of a diabetes medication.If unable to determine type of change, enter 9. |
| 14.x | VCAHTN | Was any hypertension medication documented on the active medication list in the scanned record?1. Yes2. No, there was no hypertension  medication documented in the active  medication list  | 1, 2\***\*If 2 skip to vcahtnchg (16.x)** | **Examples of hypertension medication classes include, but are not limited to: Angiotensin Converting Enzyme (ACE) Inhibitors, Angiotensin II Receptor Blockers (ARB), Alpha Blockers, Beta Blockers, Calcium Channel Blockers, Vasodilators, Loop diuretics, Thiazide diuretics** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 15.xa-c | VCAHTNNVCAHTNDVCAHTNU | **For each hypertension medication on the active medication list, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |  |
| --- | --- | --- |
| 15.xa | 15.xb | 15.xc |
| Name | Total daily doseAbstractor can enter 9999.99 | Unit |
| textdrop-down selection | ####.## | text(limit 20 characters) |

 | The intent is to determine the total daily dose of the anti-hypertension medication that the patient is taking. For example, physician noted, “atenolol 50 mg bid.” Enter “100” as the total daily dose and “mg” as the unit.Units include but are not limited to milligram (mg), microgram (mcg), milliliter (ml).**If unable to determine the dose, enter “9999.99” for total daily dose and “unknown” for unit.** |
| 16.x | VCAHTNCHG | Did the non-VA provider recommend any changes to a hypertension medication at the visit per the scanned record?1. Yes2. No | 1, 2\***\*If 2 and VCADM = 1 or 2, skip to vcaldl (#18.x)****\*If 2 and VCADM = 3, skip to vcaldlchg (20x)** | Hypertension medication change includes increasing the dose, decreasing the dose, adding a new hypertension medication, and discontinuation of a hypertension medication.  |
| 17.xa-b | VCAHTNCHGNVCAHTNCHGT | **For each change or addition of a hypertension medication that occurred at this visit, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |
| --- | --- |
| 17.xa | 17.xd**If VCADM = 3, skip to** vcaldlchg |
| Name | Type of change |
| drop-down selection | 1.Increase dose2. Decrease dose3. Discontinue medication4. Added medication9. Unable to determine type of change |

 | Hypertension medication change includes increasing the dose, decreasing the dose, adding a new hypertension medication, and discontinuation of a hypertension medication.If unable to determine type of change, enter 9. |

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| --- | --- | --- | --- | --- |
| 18.x | VCALDL | Was any statin medication documented on the active medication list in the scanned record?1. Yes2. No, there was no statin medication documented in the active medication list | 1, 2\***\*If 2, skip to vcaldlchg (20.x)** | **Examples of statin medications include, but are not limited to:****atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, pitavastatin.** |
| 19.xa-c | VCADLDLNVCALDLDVCALDLU | **For each statin medication on the active medication list, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |  |
| --- | --- | --- |
| 19.xa | 19.xb | 19.xc |
| Name | Total daily doseAbstractor can enter 9999.99 | Unit |
| drop-down selection | ####.## | text(limit 20 characters) |

 | The intent is to determine the total daily dose of the statin medication that the patient is taking. For example, physician noted, “simvastatin 20 mg bid.” Enter “40” as the total daily dose and “mg” as the units.Units include but are not limited to milligram (mg), microgram (mcg), milliliter (ml).**If unable to determine the dose, enter “9999.99” for total daily dose and “unknown” for units.** |
| 20.x | VCALDLCHG | Did the non-VA provider recommend any changes to a statin medication during the visit per the scanned record?1. Yes2. No | 1, 2\***\*If 2, skip to vcaform (#22.x)** | Statin medication changes include increasing the dose, decreasing the dose, adding a new statin medication, and discontinuation of a statin medication.  |
| 21.xa-b | VCALDLCHGNVCALDLCHGT | **For each change or addition of a statin medication that occurred at this visit, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |
| --- | --- |
| 21.xa | 21.xd |
| Name | Type of change |
| drop-down selection | 1.Increase dose2. Decrease dose3. Discontinue medication4. Added medication9. Unable to determine type of change |

 | Statin medication changes include increasing the dose, decreasing the dose, adding a new statin medication, and discontinuation of a statin medication.If unable to determine the type of change, enter 9. |

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| --- | --- | --- | --- | --- |
| 22.x | VCAFORM | Was the non-VA scanned record electronically printed or hand-written?1. Electronically printed (typed)2. Hand-written3. A combination of electronically  printed (typed) and hand-written  | 1, 2, 3 | **Enter the appropriate value based on format of the scanned record.** |
| 23.x | VCACOMP | Based on your experience, was the non-VA scanned record you reviewed complete enough for evaluating quality of care with standard primary care-related EPRP measures with which you are familiar?1. Definitely 2. Probably3. Uncertain4. Probably not5. Definitely not | 1, 2, 3, 4, 5 | The purpose of this question is to determine the subjective quality of the non-VA scanned record. You review thousands of notes and need to identify the key elements that go into the EPRP measures from those notes.  The purpose of this question is to get your subjective assessment of whether the non-VA scanned record you reviewed is complete enough to be usable in determining if the EPRP measure is met or not. |
| 24.x | VCAQUAL | Based on your experience as a reviewer, was the quality of the non-VA scanned record:1. Substantially better than VA records 2. Somewhat better than VA records3. About the same as VA records4. Somewhat worse than VA records5. Substantially worse than VA records | 1, 2, 3, 4, 5 | The purpose of this question is to determine the subjective quality of the non-VA scanned record in relation to VA records the reviewer is familiar with.You review thousands of notes and are a health provider.  Give us your subjective assessment of the overall quality of documentation of the non-VA scanned record you reviewed relative to the equivalent VA note. |

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| **ALL Patients** |
| 25 | PCP | From (computer to display 10/01/2014 to 06/30/2015), did the patient have any clinic visits with a VA Primary Care Physician, Physician Assistant, or Nurse Practitioner?1. Yes2. No | 1, 2\***\*If 2, go to end** | If using CPRS, you should open the “Notes” tab then will need to look at notes during the study period. If using VistaWeb, you should open “Progress Notes” from the menu and then will need to look at notes during the study period.Possible note titles include, but **are not limited** to:* AMBULATORY CARE NOTE
* AMBULATORY CARE OUTPATIENT FOLLOW-UP PROGRESS NOTE
* MEDICINE CLINIC NOTE
* PCC-PHYSICIAN
* PC FOLLOW-UP
* PC INTEGRATED ENCOUNTER
* PC PROV OUTPATIENT NOTE
* PHYSICIAN NOTE
* PREVENTATIVE MEDICINE NOTE
* PRIMARY CARE/PROVIDER
* TELEHEALTH NOTE

**EXCLUDE:*** **Non-clinic visits (e.g., appointment management, prescription renewals, etc.)**
 |
| **For each record enter the following and number as 27.1 for the first record, 27.2 for the second record, etc.** ***Enter the following for each VA Primary Care Physician, Physician Assistant, or Nurse Practitioner clinic visit.***  |
| 26.x | PCPDT | Enter the date of the VA Primary Care Physician/Physician Assistant/Nurse Practitioner clinic visit.  | mm/dd/yyyy

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| >10/01/2014 and < 06/30/2015 |

 | Enter the exact date. |

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| --- | --- | --- | --- | --- |
| 27.x | PCPBP | In the VA provider’s note, was there mention of any home or non-clinic blood pressure readings that formed part of the decision-making of the provider?1. Yes2. No | 1, 2\***\*If 2, skip to pcpdm (#29.x)** | Examples include, but are **not limited** to: * “Home BP readings at goal”
* “BP at home was 110/90”

**Exclude telehealth/care coordination blood pressure readings.** |
| 28.x | PCPBPVAL | Were specific values of home or non-clinic blood pressure reading noted in the VA provider’s note?1. Yes2. No | 1, 2 | A notation of a specific BP, list of BP values, or average of home BP readings is acceptable. Examples include, but are **not limited** to:* “Patient states BP was 130/80 at home this morning.”
* “Looked at home BP readings. Average BP is 142/84.”
 |
| 29.x | PCPDM | Was there mention of non-VA prescribed diabetes medication mentioned in the VA provider’s note?1. Yes2. No | 1, 2\***\*If 2, skip to pcphtn (31.x)** | **Examples of 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)**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)**Insulin:** insulin aspart (Novolog), insulin aspart protamine/insulin aspart (Novolog 70/30), insulin detemir (Levemir), 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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 30.xa-c | PCPDMNPCPDMDPCPDMU | **For each non-VA prescribed diabetes medication mentioned in the VA provider’s note, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |  |
| --- | --- | --- |
| 30.xa | 30.xb | 30.xc |
| Name | Total daily dose | Unit |
| drop-down selection | ####.## | text(limit 20 characters) |

 | For diabetes combination medications (e.g. glyburide 2.5 mg/metformin 500 mg), enter each medication separately.The intent is to determine the total daily dose of the non-VA anti-diabetes medication that the patient is taking. For example, physician noted, “metformin 500 mg bid.” Enter “1000” as the total daily dose and “mg” as the unit.Units include but are not limited to milligram (mg), microgram (mcg), milliliter (ml).**If unable to determine the dose, enter “9999.99” for total daily dose and “unknown” for units.** |
| 31.x | PCPHTN | Was there mention of any non-VA prescribed hypertension medication mentioned in the VA provider’s note?1. Yes2. No | 1, 2\***\*If 2, skip to pcpldl (33.x)** | **Examples of hypertension medication classes include, but are not limited to: Angiotensin Converting Enzyme (ACE) Inhibitors, Angiotensin II Receptor Blockers (ARB), Alpha Blockers, Beta Blockers, Calcium Channel Blockers, Vasodilators, Loop diuretics, Thiazide diuretics** |
| 32.xa-c | PCPHTNNPCPHTNDPCPHTNU | **For each non-VA prescribed hypertension medication mentioned in the VA provider’s note, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |  |
| --- | --- | --- |
| 32.xa | 32.xb | 32.xc |
| Name | Total daily doseAbstractor can enter 9999.99 | Unit |
| drop-down selection | ####.## | text(limit 20 characters) |

 | The intent is to determine the total daily dose of the non-VA anti-hypertension medication that the patient is taking. For example, physician noted, “atenolol 50 mg bid.” Enter “100” as the total daily dose and “mg” as the units.Units include but are not limited to milligram (mg), microgram (mcg), milliliter (ml).**If unable to determine the dose, enter “9999.99” for total daily dose and “unknown” for units.** |
| 33.x | PCPLDL | Was there mention of any non-VA prescribed statin medication mentioned in the VA provider’s note?1. Yes2. No | 1, 2\***\*If 2, skip to pcpnonva (35.x)** | **Examples of statin medications include, but are not limited to:****atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, pitavastatin.** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 34.xa-c | PCPLDLNPCPLDLDPCPLDLU | **For each non-VA prescribed statin medication mentioned in the VA provider’s note, enter the following:** Abstractor will select the medication name from a drop-down.

|  |  |  |
| --- | --- | --- |
| 34.xa | 34.xb | 34.xc |
| Name | Total daily doseAbstractor can enter 9999.99 | Unit |
| drop-down selection | ####.## | text(limit 20 characters) |

 | The intent is to determine the total daily dose of the non-VA statin medication that the patient is taking. For example, physician noted, “simvastatin 20 mg bid.” Enter “40” as the total daily dose and “mg” as the unit.Units include but are not limited to milligram (mg), microgram (mcg), milliliter (ml).**If unable to determine the dose, enter “9999.99” for total daily dose and “unknown” for units.** |
| 35.x | PCPNONVA | Did the VA provider mention that the patient has been seen, or is being seen, by a non-VA Primary Care Provider, Cardiologist, or Endocrinologist?1. Yes2. No | 1, 2\***\*If 2, go to end**  | The intent for this question is to determine whether the VA provider is aware that the patient has been seen, or is being seen, by a non-VA Primary Care Provider, Cardiologist, or Endocrinologist. Examples include, but are **not limited** to:* “Patient’s private physician monitors lipids.”
* “Patient is seeing outside endocrinologist through VCA.”

**EXCLUDE:*** **Any mention of non-VA care that occurred prior to 10/01/2014.**
 |
| **For each mention of non-VA care by the VA Primary Care Physician/Physician Assistant/ Nurse Practitioner, answer the following questions. Programming note: If more than one mention of non-VA care, series of questions to be repeated.**  |
| 36.x.x | PCPNONVADT | Enter the date of the non-VA service mentioned by the VA provider. | mm/dd/yyyyAbstractor can enter 99/99/9999

|  |
| --- |
| >=10/01/2014 and <= 06/30/2015 |

 | **If unable to determine the date of the non-VA service, enter 99/99/9999.** |
| 37.x.x | PCPNONVASPEC | Enter the specialty of the provider/clinic that provided the non-VA service mentioned by the VA provider.1. Primary Care 2. Endocrinology3. Cardiology | 1,2,3 | **Enter the specialty of the non-VA provider/clinic.**  |