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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Pre-fill  QI pre-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  FIN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  RACE  ETHNICITY  COHORT  AGE | Patient SSN  FIN  First Name  Last Name  Birth Date  Sex  Race  Ethnicity  Cohort  Age | Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: **can change**  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change |  |
| **#** | **Name** | **QUESTION** | **Field Format** | **DEFINITIONS/DECISION RULES** |
|  |  | **Mammogram** |  |  |
| 1 | abnmamval | Computer to pre-fill the result of the abnormal mammogram reported during the study period. | \_\_\_\_\_\_\_  **Pre-filled: Cannot be modified**   |  | | --- | | Must be 0, 3, 4, or 5 | | **Computer will pre-fill the abnormal result of the mammogram reported during the study period. Abnormal mammogram results that require action are BI-RAD Codes of 0, 3, 4, or 5.** |
| 2 | abmamdt | Computer to pre-fill the date the abnormal mammogram result requiring action was reported. | mm/dd/yyyy  **Pre-filled: can be modified**   |  | | --- | | >= stdybeg and <= stdyend | | **Computer will pre-fill the date the abnormal mammogram result requiring action was reported. Abnormal mammogram results that require action are BI-RAD Codes of 0, 3, 4, or 5.**  If the pre-filled mammogram report date is incorrect, the abstractor may enter the correct date.  For example:   * Report date is 6/18/22; however, there is notation the results were called to the provider on 6/17/22. Enter 6/17/22 as report date. * The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the results were communicated to the patient on 6/16/22. Enter 6/16/22 as the report date. |

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| 3 | nonvamam | Is there documentation that the mammogram was performed outside of VHA?  1. Yes  2. No | 1,2  **If 1, go to ctabnval**  **as applicable** | Mammogram performed outside VHA, fee basis, may be determined by checking to see if mammogram was ordered by and consult placed by VHA. If the mammogram was ordered by VHA and performed outside VHA, enter 1.  Mammogram performed in private sector, not fee basis, includes documentation the mammogram was performed outside VHA such as patient self-report documented by VHA staff or outside mammogram report without evidence it was ordered by VHA. |
| 4 | admam | During the timeframe from (computer display abmamdt to abmamdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to ctabnval**  **as applicable** | **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**  **Inpatient admission includes: acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care**  **Suggested data sources:** admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes |

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| 5 | amamcom | During the timeframe from (computer display abmamdt to abmamdt + 30 days), was the abnormal mammogram result communicated to the patient by one of the following methods?   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter – Certified letters are no longer required for abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   1. Yes  2. No | 1,2  **If 2, go to mamnoact** | **Communication of the abnormal mammogram result to the patient must be documented in the record and any of the following communication methods by the ordering provider may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (e.g., CVT, VA Video Connect, (VVC)) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter - It is the ordering provider’s discretion if a routine letter can be used to communicate abnormal results that require action * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   **NOTE:** Presence of My HealtheVet Premium account alone is NOT acceptable to answer “yes” to this question.  **Following are some examples of acceptable documentation:**   * statements indicating test results were reviewed with or provided to the patient * Note: Per VHA Directive 1330.01(4), both Radiology and Ordering Providers are required to *communicate* the mammogram results to the patient. However, for these measures, we are no longer giving credit for communication of test results per documentation on the Radiology report. If the Radiology report is the only documentation of communication of mammogram results, select value “2”. * notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results (e.g., breast ultrasound done immediately following a suspicious mammogram; referred for biopsy after an abnormal mammogram)   **Cont’d next page**  **Communication cont’d**   * statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results * statements indicating the patient received additional testing and/or treatment based on test results   **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.  **VHA Guideline information**: While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report. |

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| 6 | amamcomdt | Enter the earliest date the abnormal mammogram result requiring action was communicated to the patient. | mm/dd/yyyy  If amamcomdt > 7 days and <= 14 days after abmamdt, go to nomamcom; else go to abmampro   |  | | --- | | >= abmamdt and <= 30 days after abmamdt | | **Warning if >7 days after abmamdt** | | **If more than one acceptable method was used to communicate the abnormal mammogram result to the patient, enter the exact date of the earliest communication to the patient.**  If the date the encounter occurred is different than the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.  **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes |
| 7 | nomamcom | During the timeframe from (computer display abmamdt to abmamdt + 14 days), is there documentation of a reason why the abnormal mammogram result was not communicated timely to the patient?  1. Yes  2. No | 1,2 | **In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes.** For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  **If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”.** |
| 8 | abmampro | Which health care staff communicated the abnormal mammogram result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. Pharmacist  5. Psychologist  6. Social worker  7. Other staff deemed appropriate by the medical facility | 1,2,3,4,5,6,7 | **Health care staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility**.** |

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| 9 | abmameth | What method was used to notify the patient of the abnormal mammogram result?  1. Certified letter  2. Face to face encounter  3. Standard Letter (not certified)  4. Secure messaging  5. Clinical Video Telehealth (CVT)  6. Telephone (including Audiocare) | 1,2,3,4,5,6,  If valid entry, go to ctabnval as applicable | **If more than one method was documented to communicate the abnormal mammogram result to the patient (e.g., telephone visit and subsequent certified letter), enter the earliest method documented.**   * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
| 10 | mamnoact | During the timeframe from (computer display abmamdt to abmamdt + 7 days), did the ordering provider document the abnormal mammogram result did not require action?   1. Yes 2. No | 1,2  Go to ctabnval as applicable | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent mammogram entered in ABMAMDT.**  **Ordering provider =** physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The documented reason for an abnormal mammogram result not requiring action must be specific to the mammogram.** |
|  |  | **Low Dose CT Scan** |  |  |
| 11 | ctabnval | Computer to pre-fill the result of the abnormal low dose CT scan reported during the study period. | \_\_\_\_\_\_\_  **Pre-filled: Cannot be modified**   |  | | --- | | Must be **3, 4A, 4B, 4X or S** | | **Computer will pre-fill the abnormal result of the low dose CT scan reported during study period. Abnormal low dose CT scan results that require action are LUNGRADS Codes of 3, 4A, 4B, 4X or S.** |

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| 12 | abnctsdt | Computer to pre-fill the date the abnormal low dose CT Scan result requiring action was reported. | mm/dd/yyyy  **Pre-filled: can be modified**   |  | | --- | | >= stdybeg and <= stdyend | | **Computer will pre-fill the date the abnormal low dose CT Scan result requiring action was reported.** **Abnormal low dose CT scan results that require action are LUNGRADS Codes of 3, 4A, 4B, 4X or S.**  If the pre-filled low dose CT scan report date is incorrect, the abstractor may enter the correct date.  For example:   * Report date is 6/18/22; however, there is notation the results were called to the provider on 6/17/22. Enter 6/17/22 as report date. * The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the results were communicated to the patient on 6/16/22. Enter 6/16/22 as the report date. |
| 13 | nonvacts | Is there documentation that the low dose CT scan was performed outside of VHA?  1. Yes  2. No | 1,2  **If 1, go to end** | Low dose CT scan performed outside VHA, fee basis, may be determined by checking to see if low dose CT scan was ordered by and consult placed by VHA. If the low dose CT scan was ordered by VHA and performed outside VHA, enter 1.  Low dose CT scan performed in private sector, not fee basis, includes documentation the low dose CT scan was performed outside VHA such as patient self-report documented by VHA staff or outside low dose CT scan report without evidence it was ordered by VHA. |
| 14 | admabcts | During the timeframe from (computer display abnctsdt to abnctsdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to end** | **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care  **Suggested data sources:** admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes |

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| 15 | abctscom | During the timeframe from (computer display abnctsdt to abnctsdt + 30 days), was the abnormal low dose CT Scan result communicated to the patient by one of the following methods?   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter – Certified letters are no longer required for abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   1. Yes  2. No | 1,2  **If 2, go to ctsnoact** | **Communication of the abnormal low dose CT Scan result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (e.g., CVT, VA Video Connect, VVC)) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter - It is the ordering provider’s discretion if a routine letter can be used to communicate abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Following are some examples of acceptable documentation :**   * statements indicating test results were reviewed with the patient or provided to the patient * notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results * statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results * statements indicating the patient received additional testing and/or treatment based on test results   **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.  **Cont’d next page**  **Communication cont’d**  **VHA Guideline information**: While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report. |
| 16 | abctcomdt | Enter the **earliest** date the abnormal low dose CT Scan result was communicated to the patient. | mm/dd/yyyy  If abctcomdt > 7 days and <= 14 days after abnctsdt, go to noctscom2; else go to abctspro   |  | | --- | | >=abnctsdt and <= 30 days after abnctsdt | | **Warning if > 7 days after abnctsdt** | | **If more than one acceptable method was used to communicate the abnormal low dose CT Scan result to the patient, enter the exact date of the earliest communication to the patient.**  If the date the encounter occurred is different than the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.  **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes |
| 17 | noctscom2 | During the timeframe from (computer display abnctsdt to abnctsdt + 14 days), is there documentation of a reason why the abnormal low dose CT Scan result was not communicated timely to the patient?  1. Yes  2. No | 1,2 | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |

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| 18 | abctspro | Which health care staff communicated the abnormal low dose CT Scan result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. Pharmacist  5. Psychologist  6. Social worker  7. Other staff deemed appropriate by the medical facility | 1,2,3,4,5,6,7 | **Health care staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 19 | abctsmeth | What method was used to notify the patient of the abnormal low dose CT Scan result?  1. Certified letter  2. Face to face encounter  3. Standard Letter (not certified)  4. Secure messaging  5. Clinical Video Telehealth (CVT)  6. Telephone (including Audiocare) | 1,2,3,4,5,6  If valid entry, go to end | **If more than one method was documented to communicate the abnormal low dose CT scan test result to the patient (e.g., telephone encounter and subsequent certified letter), enter the earliest method documented.**   * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
| 20 | ctsnoact | During the timeframe from (computer display abctsdt to abctsdt + 7 days), did the ordering provider document the abnormal low dose CT scan result did not require action?   1. Yes 2. No | 1,2 | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent low dose CT scan entered in ABNCTSDT.**  **Ordering provider =** physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The documented reason for an abnormal low dose CT scan result not requiring action must be specific to the low dose CT scan.** |