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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  PTNAMEF  PTNAMEL  BIRTHDT  SEX  RACE  ETHNICITY  AGE | Patient SSN  First Name  Last Name  Birth Date  Sex  Race  Ethnicity  Age | 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  If validenc = 1, calculate age at neurpvdt; else if validenc = 2, calculate age at neurodt2 |  |
| 1 | neurpvdt | Computer will pre-fill the date of the earliest outpatient, inpatient, or Emergency Department (ED) Neurology encounter during the timeframe from 01/01/2022 to 06/30/2022. | mm/dd/yyyy  **Computer will pre-fill, cannot be modified**   |  | | --- | | >= 01/01/2022 and <=06/30/2022 | | Computer will pre-fill the date of the **earliest** outpatient, inpatient, or Emergency Department (ED) Neurology encounter during the specified timeframe.  Confirm that there is a Neurology outpatient, inpatient, or Emergency Department (ED) encounter on this pre-filled date. |

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| 2 | validenc | On (computer to display neurpvdt) is there documentation of an outpatient, inpatient, or Emergency Department (ED) encounter with a Neurology Physician/APN/PA.  1. Yes  2. No | 1,2  If 1, go to epydx | Include Outpatient, Inpatient, and Emergency Department (ED) encounters.  An outpatient Neurology encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs), telephone calls to inform patient of test results. * Encounters at non-VHA facilities. |

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| 3 | neurodt2 | During the timeframe from 01/01/2022 to 06/30/2022, enter the date of the earliest outpatient, inpatient, or Emergency Department (ED) Neurology encounter with a Neurology Physician/APN/PA at a VHA facility. | mm/dd/yyyy   |  | | --- | | >= 01/01/2022 and <=06/30/2022 |   Abstractor may enter 99/99/9999  **If 99/99/9999, the case is excluded** | **Enter the exact date of the earliest Neurology encounter during the specified timeframe.**  **The Neurology encounter must be with a Neurology Physician/APN/PA.**  Include Outpatient, Inpatient, and Emergency Department (ED) encounters.  An outpatient Neurology encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs), telephone calls to inform patient of test results. * Encounters at non-VHA facilities.   **If there is no VA outpatient Neurology encounter in the specified timeframe, enter 99/99/9999.**  **Suggested data sources:** Neurology notes, Neurology clinic notes, Seizure clinic notes, Neurology telephone notes, tele-video notes  **Exclusion Statement**: **Although the sample information indicated the patient had a Neurology outpatient** or inpatient **encounter, medical record documentation did not find an encounter within the specified timeframe.** |

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| 4 | epydx | Enter the Epilepsy ICD-10-CM diagnosis code documented in the record on (If validenc=1, computer display neurpvdt, else display neurodt2). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_  **Pre-filled: can be modified**  ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)  Abstractor can enter xxx.xxxx   |  | | --- | | **Cannot enter 000.0000, 123.4567, or 999.9999** | | **Review the** **pre-filled Epilepsy diagnosis code to ensure the patient has this diagnosis.**   * If the pre-filled diagnosis does not match the diagnosis found in the medical record enter xxx.xxxx. * If the pre-filled Epilepsy diagnosis code matches documentation in the medical record on the date displayed in the question, do not change the pre-filled ICD-10-CM code and review for any other Epilepsy diagnosis codes found in the medical record.   **Do NOT change the Epilepsy diagnosis code unless the Epilepsy diagnosis code documented in the record is not the code displayed in the software.**  **A reference list of Epilepsy diagnosis codes are in Table 1.** |
| 5 | othepydx1  othepydx2  othepydx3  othepydx4  othepydx5 | Enter the Epilepsy ICD-10-CM other diagnosis codes documented on (If validenc=1, computer display neurpvdt, else display neurodt2). | \_\_ \_\_ \_\_. \_\_ \_\_ \_\_ \_\_  (3 alpha-numeric characters/decimal point/four alpha-numeric characters)  If enabled, can enter up to 5 codes  Abstractor can enter xxx.xxxx in 1 code field, if no other diagnosiscodes found. | **Enter any other ICD-10-CM Epilepsy diagnosis codes documented in the medical record, if available.**  **A reference list of Epilepsy diagnosis codes are in Table 1.**  **If no other Epilepsy diagnosis codes are found in the record, enter xxx.xxxx.** |

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| 6 | comorbid1  comorbid2  comorbid3  comorbid4  cormobid5  comorbid6  comorbid7  comorbid8  comorbid9  comorbid10  comorbid99 | During the timeframe from 01/01/2022 to 06/30/2022, is there documentation that the patient has any of the following diagnoses or comorbidities?  **Select all that apply:**  1. Obesity  2. Depression  3. Anxiety  4. Bipolar Disorder  5. PTSD  6. Other Mental Health or Substance Abuse  7. Headache (HA)/Migraine  8. Cognitive impairment  9. Traumatic brain injury (TBI)  10. Psychogenic non-epileptic seizures (PNES)  99. None of these | 1,2,3,4,5,6,7,8,9,10, 99  If 10 is selected, go to pneschg, else go to epystat  Cannot enter 99 with any other response | **Select all diagnoses (comorbidities) that are documented in the medical record.**   * Medical diagnoses must be recorded as the patient’s diagnosis by a Physician (PCP or neurologist), NP, PA, or CNS and may be found in clinic notes, history and physical documentation, or discharge summary. Diagnoses documented on a problem list should be validated by a clinician diagnosis. * If the PCP or neurologist progress notes, within the specified timeframe, document a certain clinical diagnosis listed, select that diagnosis. Read all progress notes during the specified timeframe to identify all applicable diagnoses. * In addition, the following rules apply for each comorbidity:   + **Obesity**: Only select obesity if there is Physician (PCP or neurologist), NP, PA, or CNS documentation of obesity in the progress notes and on the problem list. Do not select Obesity for “elevated BMI” or a BMI value above normal range.   + **Depression**: if there is any documentation during the specified timeframe of depression diagnosis, select value “2”. Do not select depression if the only documentation of depression is a positive depression screen during the specified timeframe.   + **Anxiety**: Look for documentation that the patient has a diagnosis of an anxiety disorder.   + **Bipolar Disorder:** A specific diagnosis of Bipolar disorder must be documented to select this comorbidity.   + **PTSD: Select this diagnosis if there is** documentation of Post-Traumatic Stress Disorder (PTSD) diagnosis during the specified timeframe. A positive PTSD screen alone is not sufficient to select this diagnosis.   + **Other Mental Health or Substance Abuse:** Look for documentation that the patient has a mental health diagnosis (i.e. schizophrenia, psychosis, personality disorder, Attention Deficit Disorder, or obsessive compulsive disorder) or substance abuse diagnosis (e.g., drug abuse, alcoholism).   + **Headache (HA)/Migraine:** Look for documentation in the progress notes of documented headaches or migraines.   + **Cognitive impairment:** Select cognitive impairment if there is any Physician/APN/PA documentation of dementia, probable cognitive impairment, or permanent cognitive impairment in progress notes or cognitive impairment is listed as a diagnosis in the medical record.   + **Traumatic brain injury (TBI)**: Select TBI if there is any Physician/APN/PA documentation of traumatic brain injury. If documented, subdural hematoma does not count as TBI.   + **Psychogenic non-epileptic seizures (PNES):** Select this diagnosis if there is any Physician/APN/PA documentation of PNES. * **If the patient does not have any of the listed comorbidities documented in the medical record, select value “99”**   **Suggested data source**s: History and Physical (H&P), Progress notes, Discharge summary, Problem list |

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| 7 | pneschg | During the timeframe from 01/01/2022 to 06/30/2022, is there documentation that the diagnosis of Psychogenic non-epileptic seizures (PNES) was changed to an Epilepsy diagnosis?  1. Yes  2. No | 1,2 | Psychogenic non-epileptic seizures (PNES) are attacks that may look like epileptic seizures, but do not have a neurologic origin and instead are caused by psychological factors.  If there is any documentation during the specified timeframe that the diagnosis of PNES was changed to an Epilepsy diagnosis select value “1”  **Suggested data source**s: History and Physical (H&P), Progress notes, Discharge summary |
| 8 | epystat | During the timeframe from 01/01/2022 to  06/30/2022, what is the patient’s Epilepsy status?  1. New Diagnosis  2. Chronic Diagnosis 3. Remitted status 99. Unknown | 1,2,3, 99  **If 3 or 99, the case is excluded** | **The intent of the question is to determine the status of the Epilepsy diagnosis.**  The status should be documented by the PCP/ Neurology Physician/APN/PA during the timeframe displayed in the question.  **If not specifically documented by the** **PCP/ Neurology Physician/APN/PA, status refers to documentation of a new, chronic, or remitted Epilepsy diagnosis status.**   * Select value “1” if a new diagnosis or new first episode of Epilepsy is indicated. A new diagnosis refers to symptom onset or seizure documentation only within the last 6 months of the diagnosis.   + For example, there is no documentation of seizure activity or seizure episodes and no Epilepsy diagnosis listed on past medical history or in the physician progress notes within the last 6 months, but seizure activity is documented in the notes you are reviewing, select value “1” or New Diagnosis. * Chronic diagnosis of Epilepsy is indicated when the Epilepsy diagnosis has been documented in the medical record for more than 6 months. For a chronic diagnosis of Epilepsy being managed by a VA provider, select value “2” * If there is documentation indicating Remitted Epilepsy, select value “3”   + Remitted Epilepsy includes patients that are seizure and seizure-symptom free (subtle blank stares, aura) without any prescribed anti-seizure medication(s) for more than two years. * Select value “99” if the Epilepsy status in unknown or not documented in the medical record during the timeframe displayed in the question.   **Exclusion statement**: If the status is remitted (value “3” or unknown (value “99”), the case will be excluded. |
| 9 | epystatva | During the timeframe from 01/01/2022 to  06/30/2022, did a Neurology Physician/APN/PA document the patient was new to VA care.   1. Yes 2. No | 1,2 | If this is the first encounter with a VA Neurology Physician/APN/PA for Epilepsy care during the specified timeframe, select value “1”. Look for any documentation that the patient was being managed outside the VA and that this is an initial encounter with the VA neurology provider.  Select value “2”, if the patient’s care has been managed by a VA neurologist. |
| 10 | encseztype | On (If validenc = 1, computer displayneurpvdt; else if validenc = 2, display neurodt2) is there Neurology  Physician /APN/PA documentation that indicated the type of seizure?  1. Yes  2. No | 1, 2  If 1, go to typesez | **Include the following seizure types:**   * **Primary Generalized seizures**    + Absence seizures (AE), sometimes called petit mal seizures   + Myoclonic seizures   + Clonic seizures   + Tonic seizures   + Tonic-colonic seizures (grand-mal seizures)   + Atonic seizures   + Juvenile myoclonic seizures * **Focal/Partial seizures**    + Focal onset seizure   + Simple focal seizures or simple partial seizure   + Complex focal seizures or Complex Partial seizures * **Focal seizures with secondary generalized** also described as secondarily generalized seizures or focal to bilateral tonic-clonic seizures   + Secondary generalized seizures or documentation that the patient first has a focal seizure, followed by a generalized seizure * If the only documentation found is an ICD-10 code in the encounter coding documentation and there is no Neurology Physician/APN/PA documentation that indicated the type of seizure, select value “2”   **Suggested data sources:** Neurology notes, Neurology Clinic notes, Seizure clinic notes, Neurology Telephone notes or Clinical Video Telehealth (CVT) |
| 11 | seztype1 | During the timeframe 01/01/2022 to 06/30/2022 did the PCP/Neurology Physician/APN/PA document the type of seizure?   1. Yes 2. No | 1,2  If 2, go to szsymonst | Select value “1” if any type of Primary Generalized, Focal/Partial, or Focal Seizures with Secondary Generalized seizure type is documented during the timeframe displayed in the question by the PCP/Neurology Physician/APN/PA.  **Include the following seizure types:**   * **Primary Generalized seizures**    + Absence seizures (AE), sometimes called petit mal seizures   + Myoclonic seizures   + Clonic seizures   + Tonic seizures   + Tonic-colonic seizures (grand-mal seizures)   + Atonic seizures   + Juvenile myoclonic seizures * **Focal/Partial seizures**    + Focal onset seizure   + Simple focal seizures or simple partial seizure   + Complex focal seizures or Complex Partial seizures * **Focal Seizures with Secondary Generalized**   Includes documentation that the patient first has a focal seizure, followed by a generalized seizure   * + Secondarily generalized seizures   + Focal to bilateral tonic-clonic seizures   + Secondary generalized seizures   **Example**: The Neurology Physician consult report states “Localized-related Focal, Partial Symptomatic Epilepsy with Partial Simple seizures, not intractable.” Select value “1” since Focal/Partial seizures are documented in the medical record during the specified timeframe.  **Suggested data sources:** Progress notes, Neurology notes, Neurology Clinic notes, Seizure clinic notes, Neurology Telephone notes or Clinical Video Telehealth (CVT) |
| 12 | typesez | On (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) what is the seizure type documented?   1. Primary Generalized seizures 2. Focal/Partial seizures 3. Focal seizures with secondary generalized   97. Other seizure type documented  99. None of these | 1,2,3, 97, 99  If 97, go to sztypdoc, else go to szsymonst | Look for neurologist/APN/PA documentation to indicate the type of seizure.  Select value “1” for documentation of Primary Generalized seizures documented in the medical record. Primary Generalized seizures may also be selected if any of the following are documented:   * Absence seizures (AE), sometimes called petit mal seizures * Juvenile myoclonic seizures * Absence seizures (AE), sometimes called petit mal seizures * Myoclonic seizures * Clonic seizures * Tonic seizures * Tonic-colonic seizures (grand-mal seizures) * Atonic seizures   Select value “2” for documentation of Focal/Partial seizures or if any of the following are documented in the medical record:   * Focal onset seizure * Simple focal seizures or simple partial seizure * Complex focal seizures or Complex Partial seizures   Select value “3” if there is documentation of focal seizures with secondary generalized seizures. Include the following documentation for value “3”:   * Secondarily generalized seizures * Focal to bilateral tonic-clonic seizures * Secondary generalized seizures   If there is no documentation of the specific seizure types or you are unable to determine whether Primary Generalized seizures, Focal/Partial seizures, or Focal seizures with secondary generalized are documented within the timeframe displayed in the question select value “99”  If there is some other seizure type documented, select value “97”.  **Suggested data sources:** Neurology notes, Neurology Clinic notes, Seizure clinic notes, Neurology Telephone notes or Clinical Video Telehealth (CVT) |
| 13 | sztypdoc | Enter the type of seizure documented by the Neurology Physician/APN/PA on (If validenc = 1, computer display neurpvdt; else validenc = 2, display neurodt2). | Free text | Enter the type of seizure you found documented by the neurologist/APN/PA.  **Suggested data sources:** Neurology notes, Neurology Clinic notes, Seizure clinic notes, Neurology Telephone notes or Clinical Video Telehealth (CVT) |
| 14 | szsymonst | During the timeframe 01/01/2022 to 06/30/2022 is there any Physician/APN/PA documentation of the date of the first seizure episode or seizure symptoms?  1. Yes  2. No | 1,2  If 2, auto-fill szsymonsdt 99/99/999 and go to epysym | **Review all notes during the specified timeframe for Physician/APN/PA documentation of the very first seizure episode or seizure symptoms the patient experienced.**   * For example, the PCP documents on 03/22/22 “patient had their first seizure in June of 2011”. Select value “1” since the first seizure episode is documented in the note dated within the timeframe.   **Include documentation of any of the following seizure symptoms:** blank stares, sudden loss of consciousness, convulsions or muscle slackness, contractions on just one side of the body, unusual head or eye movements, numbness or tingling documented as suspected as seizure activity.  **The note must include the date, at a minimum month and year must be known to select value “1”. If the exact month is not documented, it may be calculated.**   * For example, a Neurology Physician encounter note dated 7/21/21 states, “patient referred from PCP for reported symptoms of frequent muscle contractions on right side of body. Patient reported first noticing symptoms last month, “select value “1” as symptoms are documented and the month and year of first seizure episode reported can be calculated as June, 2021, which is within the study timeframe.   **Suggested data sources:** Physician Progress notes,Neurology notes, Neurology Clinic notes, Seizure clinic notes, Neurology Telephone notes or Clinical Video Telehealth (CVT) |
| 15 | szsymonsdt | Enter the date the first seizure episode or seizure symptoms are documented by the Physician/APN/PA. | mm/dd/yyyy   |  | | --- | | > Birth date and <= 06/30/2022 |   Will be auto-fill 99/99/9999 if szsymonst = 2   |  | | --- | | Warning if > 10 years prior to 01/01/2022 | | * Enter the exact date that documentation indicates the first seizure or seizure activity or symptoms had occurred. If the day is unknown enter 01 for the day.   + For example, neurology physician progress notes state “First seizure in January of 2016.” Enter 01/01/2016 or “blank stares and periods of muscle jerking started in December 2014.” Enter 12/01/2014. * If the exact month is not documented, it may be calculated by the date of the note.   + For example, a Neurology Physician encounter note dated 07/21/21 states, “patient referred from PCP for reported symptoms of frequent muscle contractions on right side of body. Patient reported first noticing symptoms last month” Enter 06/01/2021 as the date since the month and year of first seizure episode reported can be calculated as June, 2021. |
| 16 | epysym | On (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2), is there documentation that the patient has Epilepsy syndrome?  1.Yes  2.No | 1,2 | Look for documentation of an Epilepsy syndrome or documentation indicating that the seizure disorder is defined by a characteristic group of features that usually occur together, which is a syndrome.  Some examples of Epilepsy syndromes include, but are not limited to the following:   * Temporal lobe Epilepsy For example: “left temporal lobe dx in 04/2018 EEG.” * Juvenile myoclonic Epilepsy * Panayiotopoulos Syndrome * Myoclonic Atonic Epilepsy (Doose Syndrome) * Dravet Syndrome * Lennox-Gastaut syndrome   **Note: Juvenile myoclonic Epilepsy (JME) is the most common generalized Epilepsy syndrome.**   * **If there is no other documentation during the timeframe stating the patient has an Epilepsy syndrome, a G code alone is not sufficient to answer “1” or yes.** * **If there is no other documentation of an Epilepsy syndrome, select value “2”.**   **Suggested data sources**: Problem list, Neurology progress notes |
| 17 | epydxmed | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, is there documentation that the Neurology Physician/APN/PA prescribed an anti-epileptic drug (AED) or other medication for treatment of Epilepsy?   1. Yes 2. No   98. Patient refused prescription of an  Epilepsy medication | 1, 2, 98  If 1, go to epymed1 | **Look for documentation that the Neurology Physician/APN/PA** **prescribed medication for the treatment of the patient’s diagnosis of Epilepsy.**  The medication(s) listed should be documented in the record as prescribed for the treatment of seizures or the diagnosis of Epilepsy.  Review Table 2 for common medications prescribed for the treatment of Epilepsy.   * If any medication listed on Table 2 is prescribed to the patient during the specified timeframe, select value “1”. * Select value “1” for any documentation that the patient has anti-seizure medication prescribed for the treatment of Epilepsy during the timeframe.   If there is documentation that the patient was offered a prescription for a medication for the treatment of Epilepsy, but the patient refused the prescription for the Epilepsy medication, select value “98”  **Suggested data sources**: Medication list, Medications Administration Record (MAR), Physician orders, Neurology progress notes |
| 18 | aedadvr | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, did the Neurology Physician/APN/PA or Pharmacist document that the patient had an allergic reaction or adverse event to a previously prescribed Epilepsy medication?   1. Yes 2. No | 1,2  If 2, go to mjause | If no medication is prescribed for the treatment of Epilepsy during the timeframe displayed in the question, determine whether the patient has documentation of an allergy or adverse reaction to any medication listed in Table 2.  Documentation of adverse events or allergy could include, but is not limited to, any of the following documented reasons that a medication was not prescribed for the treatment of Epilepsy:   * unsteadiness * tiredness * restlessness * aggression * nervousness * headache * hair loss * skin * blurred vision * upset stomach * concentration * mouth/ gums * shaky hands * weight gain * dizziness * sleepiness * depression * memory problems * disturbed sleep   If there is any documentation of allergy, allergic reaction to Epilepsy medication, or adverse event to any medication listed in Table 2, select value “1” or yes.  **Suggested data sources**: Medication list, Medications Administration Record (MAR), Physician orders, Neurology progress notes, Pharmacy notes |
| 19 | aedadvrs1  aedadvrs2  aedadvrs3 aedadvrs4 aedadvrs5 aedadvrs6 aedadvrs7 aedadvrs8 aedadvrs9 aedadvrs10 aedadvrs11 aedadvrs12 aedadvrs13 aedadvrs14 aedadvrs15 aedadvrs16 aedadvrs17 aedadvrs18 aedadvrs19  aedadvrs20  aedadvrs99 | Select all documented reasons that a medication was not prescribed for the treatment of Epilepsy due to documented allergy or adverse reaction.  **Select all that apply:**   1. unsteadiness 2. tiredness 3. restlessness 4. aggression 5. nervousness 6. headache 7. hair loss 8. skin 9. blurred vision 10. upset stomach 11. concentration 12. mouth/ gums 13. shaky hands 14. weight gain 15. dizziness 16. sleepiness 17. depression 18. memory problems 19. disturbed sleep 20. Other documented reason   99. No reason documented | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16, 17,18,19, 20, 99  If aedadvrs20 = -1, go to aedadvoth, else go to mjause  Cannot enter 99 with any other number | **Select all documented reasons that a medication was not prescribed for the treatment of Epilepsy due to documented allergy or adverse reaction.**  If there is some other reason documented that a medication was not prescribed for the treatment of Epilepsy due to documented allergy or adverse reaction, select value “20” for other documented reason.  If allergy to the medication is documented without documentation of the reason, select value “99”.  **Suggested data sources**: Medication list, Medications Administration Record (MAR), Physician orders, Neurology progress notes, Pharmacy notes |
| 20 | aedadvoth | Enter the other documented reason that a medication was not prescribed for the treatment of Epilepsy due to documented allergy or adverse reaction. | Free text  Go to mjause | **Enter the documented reason that a medication was not prescribed for the treatment of Epilepsy due to documented allergy or adverse reaction.** |
| 21 | epymed1  epymed2  epymed3  epymed4  epymed5  epymed6  epymed7  epymed8  epymed9  epymed10  epymed11  epymed12  epymed13  epymed14  epymed15  epymed16  epymed17  epymed18  epymed19  epymed20  epymed21  epymed22  epymed23  epymed24  epymed25  epymed26  epymed27  epymed28  epymed29  epymed30  epymed31  epymed32  epymed33  epymed 34  epymed 35 | Select all medications prescribed for treatment of Epilepsy during the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022.  **Select all that apply:**   1. Acetazolamide (Diamox SR) 2. Brivaracetam (Briviact) 3. Carbamazepine (Tegretol) 4. Cenobamate (Xcopri, Ontozry) 5. Clobazam (Onfi) 6. Clonazepam (Klonopin) 7. Diazepam (Valium) 8. Divalproex (Depakote) 9. Eslicarbazepine (Aptiom, Zebinix) 10. Ethosuximide 11. Ezogabine Felbamate 12. Fosphenytoin Sodium 13. Gabapentin (Neurontin) 14. Lacosamide (Vimpat) 15. Lamotrigine (Lamictal) 16. Levetiracetam (Keppra) 17. Lorazepam (Ativan) 18. Midazolam (Versed) 19. Nitrazepam (Mogadon) 20. Oxcarbazepine (Oxtellar XR, Trileptal) 21. Perampanel (Fycompa) 22. Phenytoin (Dilantin) 23. Phenobarbital (Solfoton, Luminal Sodium, or Tedral) 24. Piracetam (Dinagen) 25. Pregabalin (Lyrica) 26. Primidone (Mysoline) 27. Retigabine (Trobalt) 28. Rufinamide (Banzel) 29. Stiripentol (Diacomit) 30. Tiagabine (Gabitril) 31. Topiramate (Topamax) 32. Sodium valproate (Valproic Acid) 33. Vigabatrin (Sabril) 34. Zonisamide (Zonegran) 35. Other medication prescribed for the treatment of Epilepsy | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16, 17,18,19,20,21,22, 23,24,25,26,27,28, 29,30,31,32,33,34,  35  If epymed35 = -1, go to epymednme; else go to epymeddc | **Select all medications prescribed to the patient for the treatment of Epilepsy** by the Neurology Physician/APN/PA during the timeframe displayed in the question.  **Note: Some of these medications may be prescribed for other purposes than Epilepsy.**  Review all suggested data sources during the timeframe displayed in the question to ensure there is documentation that the medication was prescribed for the diagnosis of Epilepsy in order to select that medication.  **If a medication is prescribed for other conditions or reasons** **and not for the treatment of Epilepsy, do not select the drug.**  **Suggested data sources**: Medication list, Physician order, pharmacy documentation |
| 22 | epymednme | Enter the other medication documented as prescribed to the patient for the treatment of Epilepsy. | Free text | Enter the medication prescribed by the Neurology Physician/APN/PA to treat Epilepsy. |
| 23 | epymeddc | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022 was the seizure medication discontinued?  1.Yes  2. No | 1,2  If 1, go to edcmedrsn1, else go to mjause | If PCP/Neurology Physician/APN/PA OR Pharmacist documented that the Epilepsy medication is discontinued during the timeframe displayed in the question, select value “1”  If the prescribed Epilepsy medication was not discounted during the specified timeframe, select value “2”.  For example, an Anti-Epileptic Drug (AED) is in the process of tapering due to adverse effects, but is not discontinued during the timeframe, select value “2” or no since the medication was not fully discontinued during the timeframe. |
| 24 | edcmedrsn1 edcmedrsn2 edcmedrsn3 edcmedrsn4 edcmedrsn5 edcmedrsn6 edcmedrsn7 edcmedrsn8 edcmedrsn9 edcmedrsn10 edcmedrsn11 edcmedrsn12 edcmedrsn13 edcmedrsn14 edcmedrsn15 edcmedrsn16 edcmedrsn17 edcmedrsn18 edcmedrsn19edcmedrsn20 edcmedrsn97 edcmedrsn99 | For the Epilepsy medication discontinued by the PCP/Neurology provider/APN/PA or Pharmacist, select all documented reason(s) for discontinuing the drug.  **Select all documented reason(s) that apply:**   1. unsteadiness 2. tiredness 3. restlessness 4. aggression 5. nervousness 6. headache 7. hair loss 8. skin 9. blurred vision 10. upset stomach 11. concentration 12. mouth/ gums 13. shaky hands 14. weight gain 15. dizziness 16. sleepiness 17. depression 18. memory problems 19. disturbed sleep 20. Other documented reason   97. Liverpool Adverse Events Profile (LAEP) documented in medical record  99. No reason documented | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16, 17,18,19,20,97, 99  If edcmedrsn20 = -1, go to dicothrsn, else go to mjause  Cannot enter 99 with any other number | **Select all documented reason(s) that the medication prescribed for the treatment of Epilepsy was discontinued by the PCP/Neurology provider/APN/PA or Pharmacist during the timeframe displayed in the question.**   * For example, lamotrigine was discontinued during the timeframe and the reason documented is facial paresthesia. Select value “8” for skin, since facial paresthesia involves numbness, prickling, itching, burning, or crawling sensations of the face.   If some other reason is documented for discontinuing seizure medication, select value “20”.  If the medication is discontinued without documentation of the reason, select value “99”.  If the Liverpool Adverse Events Profile (LAEP) is documented within the timeframe displayed in the question, select value “97” in addition to the documented reason(s) selected by the PCP/Neurology provider/APN/PA or Pharmacist in the tool. The LAEP scale items are presented as a checklist of symptoms that may occur and be reasons for discontinuing the Epilepsy medication.  **Suggested data sources**: Medication list, Medications Administration Record (MAR), Physician orders, Neurology progress notes, Pharmacy notes |
| 25 | dicothrsn | Enter the reason for discontinuing the Epilepsy medication documented by the PCP/Neurology provider/APN/PA or Pharmacist. | Free Text | **Enter the reason the PCP/Neurology provider/APN/PA or Pharmacist documented as the reason for discontinuing the Epilepsy medication.** |
| 26 | mjause | On or after the Epilepsy diagnosis on (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, is there documentation of marijuana or Cannabidiol (CBD) use?   1. Yes 2. No | 1,2  If 2, go to monoth as applicable | Marijuana or Cannabidiol (CBD) may be used as a treatment for Epilepsy.  Look for documentation as to whether the patient reported marijuana use or the Physician/APN/PA prescribed marijuana to the patient for treatment of Epilepsy.  If the Physician/APN/PA documents the patient is taking or using marijuana or CBD products, select value “1”.  If the patient has a positive drug screen for CBD, marijuana or THC during the specified time frame, select value “1”.  **Suggested data sources**: Physician orders, progress notes, lab results |
| 27 | mjcbd1  mjcbd2  mjcbd3  mjcbd99 | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, select all marijuana or Cannabidiol (CBD) documented in the medical record.  **Select all that apply:**   1. Medical marijuana 2. Recreational marijuana 3. Medical CBD (without THC)   99. None documented | 1,2,3,99 | Select all values that are documented in the medical record during the study timeframe.  For example, progress notes indicate the patient is using Cannabidiol (CBD) products without THC and prescribed medical marijuana that he has obtained from the local dispensary. Select value “1” since the patient is prescribed medical marijuana and value “3” since there is documentation of the patient using CBD products.  If there is no documentation that indicates whether marijuana use is recreational or medical use or CBD is without THC and for medical use, select value “99”. |
| 28 | mjaobt | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, is there documentation indicating where marijuana or Cannabidiol (CBD) was obtained or purchased?   1. Yes 2. No | 1,2  If 2, go to monoth as applicable | Look for documentation as to where the patient obtained or purchased marijuana or Cannabidiol (CBD).  In some geographical locations, the substance may be legalized and prescribed to the patient by a neurologist/APN/PA or obtained by the patient at a local dispensary. In other cases patients may be obtaining or purchasing marijuana off of the street from a dealer. |
| 29 | mjaobtpl | For marijuana or Cannabidiol (CBD) that was obtained or purchased, is there documentation indicating any of the following:   1. Prescribed by neurologist/PCP 2. Dispensary without prescription 3. Purchased from the street 4. Other | 1,2,3,4 | If the patient has any prescription for marijuana or Cannabidiol (CBD) select value “1”.  If the patient reports using a marijuana or CBD dispensary, select value “2”.  If there is documentation that the patient purchased marijuana or CBD that was not prescribed or obtained from a dispensary, select value “3”.  If none of these options are documented in the medical record, select value “4”. |
| **Initial Epilepsy Treatment** | | | | |
| If epystat=1 and **only one** epymed1 through epymed35 = -1, auto-fill monoth as 1 and go to epymdsc, else if epvstat=1 go to epymdsc, else if epystat =2, go to aedcomp as applicable | | | | |
| 30 | monoth | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, was only one anti-seizure or AED prescribed?   1. Yes 2. No | 1,2  Will be auto-filled as 1 if epystat=1 and only one epymed1 through epymed35 = -1 | **Computer will auto-fill based on the selection of anti-epileptic drug (AED) or anticonvulsant medication(s) prescribed.**  Monotherapy refers to the use of a one single drug to treat a disease or condition. |
| 31 | epymdsc | For the initial diagnosis of Epilepsy, on (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2), was the patient screened or assessed for depression?   1. Yes 2. No | 1, 2 | The diagnosis of Epilepsy is often linked to depression. Individuals with a diagnosis of Epilepsy or receiving anti-seizure medications should be initially screened or assessed for depression.  **Review notes for documentation that depression screening was completed during the encounter** **or that the PCP/ Neurology Physician/APN/PA assessed the patient for depression or suicide related behaviors.**  For example, physician progress note states “Feels her depression has still been pretty strong recently” or during the timeframe, PCP documents “Patient reports no depressed mood.” Select value “1”.  If the PHQ-2 or PHQ-2 + I9 was completed, select value “1”.   * PHQ-2 Patient Health Questionnaire (2 questions - scaled)   + **Question 1**: “Over the past two weeks, have you often been bothered by little interest or pleasure in doing things?”   + **Question 2**: “Over the past two weeks, have you often been bothered by feeling down, depressed, or hopeless?”   + **PHQ-2 + I9 includes questions 1 and 2 plus Item 9 question**: Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?   **Acceptable setting for depression screening**: Outpatient encounter, Screening by telephone, and Clinical Video Telehealth (CVT) |
| 32 | sucdsc | For the initial diagnosis of Epilepsy, on (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2), did the Physician/APN/PA assess the patient for presence of suicidal ideation (thoughts)?   1. Yes 2. No | 1,2  If 2, go to inteeg | **In order to select value “1”, the Physician/APN/PA must document they asked the patient about either suicidal thoughts or ideation.**  Patients may be screened for suicide ideation with the Columbia-Suicide Severity Rating Scale (C-SSRS) or Comprehensive Suicide Risk Evaluation (CSRE) screener. If either C-SSRS or CSRE screeners are documented during the encounter, select value “1”.  Acceptable examples of documentation may include the following:   * “Suicidal ideation assessed and no thoughts about hurting oneself.” * “Patient has thoughts of suicide and some intention on acting on them. Referred to psych.” |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 33 | epymhref | During the timeframe on (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, is there documentation that the patient was referred for mental health care?   1. Yes 2. No | 1, 2 | If a person with Epilepsy is found to have evidence of a mood disorder (e.g., depression or suicide ideation), then s/he should receive treatment or a referral for mental health care.  **Review documentation for evidence that the patient was referred to or is already seeing mental health care for mood disorders, such as depression or suicide ideation, during the timeframe.**   * Select value “1” for patients with a diagnosis of Epilepsy that are referred or who are already seeing or under a Mental Health Care Provider during the timeframe. * If the referral was documented as offered, but the patient refused also select value “1”.   **Suggested data sources**: Physician orders, Progress notes, Consults, Mental Health notes |
| 34 | inteeg | During the timeframe from (If szsymonsdt = valid date, computer display szsymonsdt to the earlier of szsymonsdt + 3 months and stdyend) OR (if szsymonsdt =99/99/9999 and validenc = 1, computer display neurpvdt to the earlier of neurpvdt + 3 months and stdyend) OR (if szsymonsdt = 99/99/9999 and validenc = 2, computer display neurodt2 to the earlier of neurodt2 + 3 months and stdyend), is there documentation that an electroencephalogram (EEG) was completed?  1. Yes  2. No | 1,2  If 2, auto-fill eegdt 99/99/9999 and go to reqeeg | An electroencephalogram (EEG) is a test that detects electrical activity in your brain using small, metal discs (electrodes) attached to your scalp.  All patients with a new diagnosis of Epilepsy should have an EEG within the first three months of the onset of seizures.  **Review all relevant documentation during the specified timeframe displayed in the question to determine if an EEG was completed.**  EEG completed in the community and documented in CPRS or Joint Legacy Viewer (JLV) is acceptable.  **Suggested data sources**: Progress notes, Imaging results, Physician orders, Consult notes, Procedure notes |
| 35 | eegdt | Enter the date of the earliest electroencephalogram (EEG) completed. | mm/dd/yyyy  If szsymonsdt = valid date, <= 3 months after or = szsymonsdt and <= stdyend OR if szsymonsdt =99/99/9999 and validenc = 1, <= 3 months after or = neurpvdt and <= stdyend OR (if szsymonsdt = 99/99/9999 and validenc = 2, <= 3 months after or = neurodt2 and <= stdyend  Will be auto-filled as 99/99/9999 if inteeg = 2  If inteeg = 1, go to cthead | **Enter the earliest date of the EEG was completed.**  If the exact date cannot be determined, enter month and year at a minimum. If the day cannot be determined, enter 01 for day. |
| 36 | reqeeg | Was an electroencephalogram (EEG) ordered (or requested) during the study timeframe from 01/01/2022 to 06/30/2022?  1. Yes  2. No | 1,2 | Review Physician orders and consult requests during the specified timeframe for documentation that an EEG was ordered or requested.  **Suggested data sources**: Progress notes, Imaging results, Consult requests, Physician orders, Procedure notes |
| 37 | cthead | During the timeframe from 01/01/2022 to 06/30/2022, was a Computed Tomography (CT) scan of the head completed?  1. Yes  2. No | 1,2  If 2, auto-fill ctdt 99/99/999 and go to ctord | All patients with a new diagnosis of Epilepsy should have results of at least one Computed tomography (CT) scan of the head that has been reviewed or requested during the timeframe displayed in the question.  **Review all relevant documentation during the specified timeframe to determine if a CT scan of the head was completed.**  CT scan of the head done in the community and documented in CPRS or Joint Legacy Viewer (JLV) is acceptable.  **Suggested data sources**: Progress notes, Imaging results, Physician orders, Consult notes, Procedure notes |
| 38 | ctdt | Enter the date of the earliest Computed tomography (CT) scan of the head completed. | mm/dd/yyyy   |  | | --- | | >= 01/01/2022 and <= 06/30/2022 |   Will be auto-filled as 99/99/9999 if cthead = 2  If cthead = 1, go to mri | **Enter the exact date the CT scan was completed.**  If the exact date cannot be determined, enter month and year at a minimum. If the day cannot be determined, enter 01 for day. |
| 39 | ctord | Was a Computed tomography (CT) scan of the head ordered (or requested) during the study timeframe from 01/01/2022 to 06/30/2022?   1. Yes 2. No | 1,2 | Review Physician orders and consult requests during the specified timeframe for documentation that a CT scan of the head was ordered or requested.  **Suggested data sources**: Progress notes, Imaging results, Physician orders, Consult notes, Procedure notes |
| 40 | mri | During timeframe from 01/01/2022 to 06/30/2022, was a Magnetic Resonance Imaging (MRI) of the brain completed?  1. Yes  2. No | 1,2  If 2, auto-fill mridt as 99/99/9999 and go to mriord | All patients with a new diagnosis of Epilepsy should have results of at least one Magnetic Resonance Imaging (MRI) of the brain that has been reviewed or requested during the study timeframe displayed in the question.  **Review all relevant documentation during the specified timeframe to determine if an MRI of the brain was completed.**  A MRI of the brain done in the community and documented in CPRS or Joint Legacy Viewer (JLV) is acceptable.  **Suggested data sources:** Progress notes, Imaging results, Physician orders, Consult notes, Procedure notes |
| 41 | mridt | Enter the date the earliest Magnetic Resonance Imaging (MRI) of the brain was completed. | mm/dd/yyyy   |  | | --- | | >= 01/01/2022 and <=06/30/2022 |   Will be auto-filled as 99/99/9999  if mri = 2  If mri = 1, go to epyedtx | **Enter the exact date the MRI was completed.**  If the exact date cannot be determined, enter month and year at a minimum. If the day cannot be determined, enter 01 for day. |
| 42 | mriord | Was a Magnetic Resonance Imaging (MRI) of the brain ordered (or requested) during the study timeframe?   1. Yes 2. No | 1,2 | Review Physician orders and consult requests during the specified timeframe for documentation that a MRI of the brain was ordered or requested.  **Suggested data sources:** Progress notes, Imaging results, Physician orders, Consult notes, Procedure notes |
| 43 | epyedtx | For the new diagnosis of Epilepsy, on (If validenc = 1, computer display neurpvdt; else, display neurodt2) was education on diagnosis and treatment options including the importance of taking seizure medications as directed documented as provided to the patient by a Physician/APN/PA, Registered nurse (RN), or Pharmacist?   1. Yes 2. No | 1,2 | **Look for documentation that anti-seizure medications (anti-epileptic drugs) were discussed with the patient even if AED medication is not prescribed.**  There must be documentation indicating medication treatment options for the new diagnosis of Epilepsy were discussed with the patient.  Education can be provided and documented by a Physician/APN/PA, RN, or Pharmacist.  **Suggested data sources**: Progress notes, Pharmacy notes, Nursing notes |
| 44 | epyedrt | For the new diagnosis of Epilepsy, on (If validenc = 1, computer display neurpvdt; else, display neurodt2), was education regarding driving restrictions provided to the patient by a Physician/APN/PA, or Registered nurse (RN)?   1. Yes 2. No | 1,2 | **Look for documentation that driving restrictions or driving safety risks were discussed with the patient with a new diagnosis of Epilepsy and documented during the encounter.**  Education provided can be documented by a Physician/APN/PA, RN.  **Suggested data sources**: Progress notes, Nursing notes |
| 45 | epyedsaf | For the new diagnosis of Epilepsy, on (If validenc = 1, computer display neurpvdt; else display neurodt2) was education provided to the patient on safety and injury prevention by a Physician/APN/PA or Registered Nurse (RN)?   1. Yes 2. No | 1,2 | Education should be provided to the patient regarding safety and injury prevention to prepare for any future seizure episodes that may occur.  Education provided can be documented by a Physician/APN/PA or RN.  **Safety education provided to the patient related to the new Epilepsy diagnosis should include, but is not limited to any of the following:**   * safety with power tools * burns * bathing * swimming * ladders safety   For example, documentation of the discussion of home safety measures may include risks around cooking, fire safety, and bathing, while outside of the home, documented discussion may include taking someone with you who is aware of your seizure condition for activities such as cycling or swimming to prevent injury if you have a seizure.  If there is any documentation such as, “Discussed seizure safety” select value “1”.  **Suggested data sources**: Progress notes, Nursing notes |
| 46 | epyedtrig | For the new diagnosis of Epilepsy, on (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) was education regarding triggers and other lifestyle factors that may affect seizure control documented as provided to the patient by a Physician/APN/PA or Registered Nurse (RN)?   1. Yes 2. No | 1,2 | Look for documentation that triggers for seizure activity were discussed with the patient.  Education given regarding triggers or lifestyle factors can be documented by a Physician/APN/PA, RN.  Triggers may include, but are not limited to the following:   * sleep deprivation * alcohol/drug use * menstruation * stress * video games * strobes or * photosensitivity * missed medications   **Suggested data sources**: Progress notes, Nursing notes |
| **If epystat = 1 AND the veteran is female aged >= 18-44 years old, go to epyedfm , else go to sezact** | | | | |
| 47 | epyedfm | For the new diagnosis of Epilepsy, on (If validenc = 1, computer display neurpvdt; else display neurodt2), was contraception and family planning education documented as provided to the patient by a Physician/APN/PA, Registered Nurse (RN) or Pharmacist?   1. Yes 2. No | 1,2 | Patients with Epilepsy should receive an annual review of information including topics such as:   * contraception, * family planning, and * how pregnancy may affect seizures   Education regarding family planning can be documented by a Physician/APN/PA, RN, or Pharmacist.  **Suggested data sources**: Progress notes, Nursing notes, Pharmacy notes |
| 48 | sezact | On (If validenc = 1, computer display neurpvdt + 1 day OR if validenc = 2 display neurodt2 + 1 day) to 06/30/2022, is there Neurology Physician/APN/PA documentation that the patient continued to have seizures after initial treatment was prescribed or started?   1. Yes 2. No | 1,2  If 2, go to aedcomp as applicable | Review documentation after the encounter to determine if there is Neurology Physician/APN/PA documentation that indicates the patient continued to have seizures after the initial treatment was prescribed.  **Suggested data sources**: Neurology progress notes |
| 49 | szdt | During the timeframe from (If validenc = 1, computer display neurpvdt + 1 day OR if validenc = 2 display neurodt2 + 1 day) to 06/30/2022, enter the date of the earliest seizure documented by a Neurology Physician /APN/PA after initial treatment was started. | mm/dd/yyyy  Abstractor may enter 99/99/9999   |  | | --- | | neurpvdt +1 day or neurodt2 +1 day to 06/30/2022 | | **Enter the exact date if documented. If the exact date is not documented, it may be estimated.**  **Example:** A note dated 06/16/2022 indicates a seizure occurred 2 months ago after the start of treatment, enter 04 for the month, 01 for day, and 2022 for year.   * If there is no reference to how long ago the seizure occurred after initial treatment and the year is known, but not the month or day, enter 07 for month and 15 for the day. * If there is no documentation of a seizure occurring after initial treatment and there is no way to estimate, enter 99/99/9999. |
| 50 | epyref | During the timeframe from (If szdt = valid date, computer display szdt, else If szdt =99/99/9999 and validenc = 1, computer display neurpvdt + 1 day) OR (If validenc = 2 display neurodt2 + 1 day to 06/30/2022), was the patient referred to a higher level of Epilepsy care?   1. Yes 2. No | 1, 2  If szdt =99/99/9999, computer display (validenc = 1, neurpvdt +1 day; else display neurodt2 + 1 day) | If the patient continues to have seizures after initial treatment, the patient may be referred to a higher level of care.  **Review documentation during the timeframe displayed in the question from the last seizure or at least one day after the encounter or treatment was provided until the study end date to determine if the patient was referred to a higher level of Epilepsy care.**   * A higher level of care at a minimum should have the ability to do in-patient prolonged video EEG analysis or have an Epilepsy monitoring unit with Epilepsy experts. * Referral to an Epilepsy center is one example of referral to a higher level of care.   **Suggested data sources**: Progress notes, Physician orders, Consult notes |
| **Chronic Disease Management** | | | | |
| **If epystat = 2 and epydxmed=1, go to aedcomp, else if epystat = 2 and epydxmed=2, go to chepytrg, else if epystat = 1, go to end.** | | | | |
| 51 | aedcomp | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022 did the Neurology Physician/APN/PA document assessment of anti-epileptic drug (AED) or other anti-seizure medication compliance?   1. Yes 2. No | 1, 2 | Medication compliance should be assessed annually after diagnosed with Epilepsy.  Select value “1” if there is documentation that the Neurology Physician/APN/PA assessed anti-seizure medication compliance.  For example, Neurology provider note on the date of the encounter states, “She has remained seizure free and is compliant on Keppra 100 mg Bid.” Or “Refilled seizure medication, no side effects noted, tolerating well.” Or “Patient reports taking Keppra for seizures and denies any reactions to medication.”  **Suggested data sources**: Neurology progress notes, Medication list |
| 52 | aedefct | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, did the Neurology Physician/APN/PA or Pharmacist document assessment of side effects of anti-epileptic drug (AED) or other anti-seizure medication prescribed to the patient for the diagnosis of Epilepsy?   1. Yes 2. No | 1, 2 | **Review documentation for any indication that the Neurology Physician /APN/PA or Pharmacists documented the assessment of anti-seizure medication side effects while on the medication(s).**  Assessment of medication side effects should be documented by the neurologist /APN/PA or Pharmacist on the day of the encounter.  If specific side effects are documented without mention of assessment, select value “1” For example, Neurology PA notes states “patient remains seizure free on clobazam and denies any side effects from this medication.” Or Neurology Physician documents “At this time seizures well controlled, however given psychiatric issues, I am recommending using a different AED rather than Keppra and will titrate Keppra and order lacosamide”  **Suggested data sources**: Progress notes, Pharmacy notes, Medication list |
| 53 | aeddrg | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, did the Neurology Physician/APN/PA or Pharmacist document assessing potential drug to drug interactions with anti-epileptic drug (AED) or other anti-seizure medication?   1. Yes 2. No | 1, 2 | **Review documentation for any indication that the Neurology Physician/APN/PA or Pharmacist assessed drug to drug interactions of prescribed medications while on the seizure medication(s).**  Assessment of drug to drug interactions should be documented by the Neurology Physician/APN/PA or Pharmacist during the timeframe displayed in the question.   * **For example**, a patient with chronic Epilepsy is prescribed lacosamide (Vimpat) and the dose is increased during the encounter with the Neurology Physician. A medication reconciliation note by the Pharmacist on the date of the encounter states “lacosamide increased, INR within normal limits toady, patient to repeat INR in one week since the patient is also taking Coumadin for a heart condition.” Select value “1” since documentation indicates that a potential drug to drug interaction is being monitored due to a dose change in the anti-epileptic medication and the potential interaction it may have with another drug, Coumadin that the patient is taking.   **Suggested data sources**: Neurology progress notes, Pharmacy notes |
| 54 | chepytrg | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, did the Neurology Physician/APN/PA document discussing triggers and lifestyle issues that may affect seizures?   1. Yes 2. No | 1, 2 | Look for documentation that triggers for seizure activity were discussed.  Triggers may include the following: sleep deprivation, alcohol/drug use, menstruation, stress, video games, strobes or photosensitivity. For example, “Discussed with the patient that when the patient has had a seizure it is usually because he has not had enough sleep.” Or “Discussed factors that will lower the seizure threshold, such as sleep deprivation, illness, ETOH.”  Also missed medications can trigger seizures in people with both well-controlled and poorly controlled Epilepsy.  **Suggested data sources**: Neurology progress notes |
| 55 | epysfty | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022 did the Physician/APN/PA, Registered Nurse (RN) or Pharmacist document discussing safety issues and injury prevention?   1. Yes 2. No | 1, 2 | For patients with chronic Epilepsy, education should be provided to the patient regarding safety and injury prevention to prepare for any future seizure episodes that may occur.  **Documentation of safety education related to the chronic Epilepsy diagnosis may include,** **but is not limited to any of the following:**   * safety with power tools * burns * bathing * swimming * ladders * any driving restrictions   Documentation of discussion of safety measures at home might include looking at risks around cooking, fire safety, and bathing.  Documentation of discussion of safety measures outside of the home may include discussing having someone present when participating in activities such as cycling or swimming who knows how to help if a seizure occurs.  **Suggested data sources**: Progress notes, Nursing notes, Pharmacy notes |
| 56 | epyothdis | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022 did the Neurology Physician/APN/PA document discussing the impact of Epilepsy on other chronic and acute diseases?  3. Yes  4. No, neurology physician/APN/PA documented no other acute or chronic diagnoses present  99. No documentation neurology physician/APN/PA discussed impact of Epilepsy on other acute or chronic diagnoses | 3,4,99 | Despite taking medications to manage chronic Epilepsy, other health conditions the patient may have, such as, high blood pressure, diabetes, obesity, or kidney failure may result in increased seizure activity if not controlled.  **Documentation should include evidence that the impact of Epilepsy on other chronic or acute diseases was discussed with the patient during the timeframe displayed in the question.**   * **Examples**: Patient has a history of chronic Epilepsy and type I diabetes documented in the medical record. Neurology notes states “discussed monitoring glucose levels closely to prevent epileptic seizures.” Select value “1” as the Neurology Physician documented discussing the impact of diabetes in relation to the chronic diagnosis of Epilepsy. * Patient has a history of depression, and neurology note documents “recent hallucinations with EEG complete to see if seizures are contributing to mental health symptoms. Patient indicated feeling down, depressed, and indicated family stressors. Discussed with patient that depression and family stress may contribute to increased seizure activity.”   **Suggested data sources**: Problem list, Neurology progress notes |
| 57 | epymdsc2 | For the chronic diagnosis of Epilepsy, during the timeframe from (If validenc = 1, computer display neurpvdt – 1 year; else if validenc = 2, display neurodt2 – 1 year) to 06/30/2022, was the patient screened or assessed for depression?   1. Yes 2. No | 1, 2 | Individuals receiving seizure medications should be screened for depression at follow-up clinic visit(s) after seizure medication initiation and then at least annually.  Review progress notes during the timeframe displayed in the question for documentation that the patient was screened for depression **OR** that the PCP/ Neurology Physician/APN/PA documented assessing the patient for depression in the progress note(s).   * For example, physician progress note states “Feels her depression has still been pretty strong recently” or during the timeframe, PCP documents “Patient reports no depressed mood.” Select value “1”.   If the patient was screened with the PHQ-2 or PHQ-2 + I9, select value “1” or yes.   * PHQ-2 Patient Health Questionnaire (2 questions - scaled) * **Question 1**: “Over the past two weeks, have you often been bothered by little interest or pleasure in doing things?” * **Question 2**: “Over the past two weeks, have you often been bothered by feeling down, depressed, or hopeless?” * **PHQ-2 + I9 includes questions 1 and 2 plus Item 9 question**: Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?   **Acceptable setting for depression screening**: Outpatient encounter, Screening by telephone, and Clinical Video Telehealth (CVT) |
| 58 | sucdsc2 | For the chronic diagnosis of Epilepsy, from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, did the Neurology Physician/APN/PA assess the patient for presence of suicidal ideation (thoughts)?   1. Yes 2. No | 1,2  If 2, go to intepy | **In order to select “1”, the Neurology Physician/APN/PA must document they asked the patient about either suicidal thoughts or ideation.**  For example, “Patient denies suicidal or homicidal ideation.”  Patients may be screened for suicide ideation with the Columbia-Suicide Severity Rating Scale (C-SSRS) or Comprehensive Suicide Risk Evaluation (CSRE) screener.  If either screen was performed during the timeframe displayed in the question, select value “1”.  Acceptable examples of documentation may include the following:   * “Suicidal Ideation assessed and no thoughts about hurting oneself.” * “Patient has thoughts of suicide and some intention on acting on them. Referred to psych.” |
| 59 | epymhref2 | During the timeframe from (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, is there documentation that the patient was referred for mental health care?   1. Yes 2. No | 1, 2 | If a person with Epilepsy is found to have evidence of a mood disorder (e.g., depression, anxiety), then s/he should receive treatment or a referral for mental health care.  **Look for documentation to determine whether the patient was referred to or being seen by mental health care during the timeframe displayed in the question.**   * Select value “1” for patients with a diagnosis of Epilepsy that are referred or who are already seeing or under a Mental Health Care Provider during the timeframe. * If the referral was offered, but the patient refused also select value “1”.   **Suggested data sources**: Physician orders, Progress notes, Consults, Mental Health notes |
| 60 | intepy | During the timeframe from 01/01/2022 to 06/30/2022 is there Neurology Physician/APN/PA documentation of intractable Epilepsy?   1. Yes 2. No | 1,2  If 2, auto-fill intepydt 99/99/9999, intepyref as 95,  and go to epyfmpl as applicable | Intractable Epilepsy is when seizures cannot be controlled by medicines.  Select value “1” if there is any documentation of intractable or refractory Epilepsy by the Neurology Physician/APN/PA during the timeframe displayed in the question.  For example, the PA documents “Refractory post traumatic Epilepsy,” select value “1” since the note states “Refractory Epilepsy.”  **Suggested data sources**: Neurology progress notes, Problem list |
| 61 | intepydt | Enter the date intractable Epilepsy is documented. | mm/dd/yyyy   |  | | --- | | >= 01/01/2022 and <= 06/30/2022 |   If intepy =2, will be auto-filled as 99/99/9999 | Enter the exact date intractable Epilepsy is documented.  If the exact date cannot be determined, enter month and year at a minimum. If the day cannot be determined, enter 01 for day. |
| 62 | intepyref | During the timeframe from (computer display intepydt) to 06/30/2022, was the patient referred to a comprehensive Epilepsy center for intractable Epilepsy?   1. Yes 2. No   95. Not applicable | 1, 2, 95  Will be auto-filled as 95 if intepy = 2 | Patients with intractable Epilepsy may receive a referral to a comprehensive Epilepsy center to receive treatment to better control epileptic seizures.  A comprehensive Epilepsy center may be an Epilepsy Center of Excellence at a VA facility or a comprehensive Epilepsy center in the community.  Specialized Epilepsy centers provide routine care to individuals with seizures or Epilepsy, and specialize in providing comprehensive diagnostic and treatment options to patient with Epilepsy.  **Suggested data sources**: Physician orders, consults, progress notes |
| **If the veteran is female aged >= 18-44 years old, go to** **epyfmpl, else go to end.** | | | | |
| 63 | epyfmpl | During the timeframe from the (If validenc = 1, computer display neurpvdt; else if validenc = 2, display neurodt2) to 06/30/2022, did the Physician/APN/PA or Pharmacist document counseling the patient on contraception and family planning?   1. Yes 2. No | 1, 2 | Female patients with Epilepsy should receive education regarding contraception and family planning.  **Look for documentation that the provider addressed the decreased effectiveness of oral contraception while the patient is taking an anti-seizure medication OR discussed an alternative birth control method.**   * If a higher dose of oral contraceptives was ordered during the timeframe, select value “1”   **Suggested data sources**: Progress notes, Physician orders, Pharmacy notes |