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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Auto-fill  Auto-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE | Patient SSN  First Name  Last Name  Birth Date  Sex  Marital Status  Race | Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: can change  Auto-fill: no change  Auto-fill: no change |  |
|  |  | **Headache Encounter FY2014 to FY2015** |  |  |
| 1 | hcoe | Indicate if the VA Medical Center where the patient is receiving care is a VA Clinical Headache Center of Excellence.  1. Yes  2. No | 1,2  **Computer will pre-fill based on station flag**  **Cannot modify** | **VA Clinical Headache Centers of Excellence include:** Richmond, Tampa, San Antonio, Palo Alto, Minneapolis, Louis Stokes Cleveland, VA Connecticut Healthcare System, Birmingham, Orlando, Pittsburgh, Salt Lake City, and Western Los Angeles.  Computer will pre-fill based on station flag received on pull list. |
| 2 | haencdt | Enter the date of the earliest outpatient encounter with a physician/APN/PA related to headache during the timeframe from 10/01/13 to 9/30/15. | mm/dd/yyyy  **Computer will pre-fill**   |  | | --- | | >= 10/01/2013 and  <= 9/30/2015 | | **Computer will pre-fill date of the earliest outpatient encounter with a physician/APN/PA related to headache during the specified time frame.** |

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| 3 | haenc | Was the outpatient encounter with the physician/APN/PA on (computer display haencdt) related to headache?  1. Yes  2. No | 1,2  If 2 go to haenc2; else go to hacode | **Review the outpatient encounter note on HAENCDT to determine if the encounter was related to headache.**   * The outpatient encounter may be with primary care, mental health, specialty care (e.g., neurology, physiatry/ polytrauma, pain management, etc.), or in the Emergency Department (ED). * Headache may be the primary or a secondary reason for the encounter. For example, patient may present with primary complaint of headache or the patient may be seen for follow-up of other condition and headache is noted (e.g., Patient here for follow-up of HTN. Reports BP readings have been within normal range. Headaches have decreased to twice a month).   **Exclude:** ophthalmology/optometry encounters  Suggested data sources: clinic notes (past medical history, impression and plan), emergency department notes |

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| 4 | haenc2 | During the time frame from 10/01/13 to 9/30/15, did the patient have an outpatient encounter with a physician/APN/PA related to headache?  1. Yes  2. No | 1,2  **\*If 2 and haenc = 2,**  **case is excluded** | **Review all outpatient encounter notes during the specified time frame to determine if the patient had an outpatient encounter with a physician/APN/PA related to headache.**   * The outpatient encounter may be with primary care, mental health, specialty care (e.g., neurology, physiatry/ polytrauma, pain management, etc.), or in the Emergency Department (ED). * Headache may be the primary or a secondary reason for the encounter. For example, patient may present with primary complaint of headache or the patient may be seen for follow-up of other condition and headache is noted (e.g., Patient here for follow-up of HTN. Reports BP readings have been within normal range. Headaches have decreased to twice a month).   **Exclude:** ophthalmology/optometry encounters  Suggested data sources: clinic notes (past medical history, impression and plan), emergency department notes  **Exclusion Statement: Although pull list information received indicated an outpatient encounter during FY2014 to FY2015 with a physician/APN/PA related to headache, no evidence of an applicable outpatient encounter was found in the medical record.** |
| 5 | haencdt2 | Enter the date of the most recent outpatient encounter with a physician/APN/PA related to headache during the time frame from 10/01/13 to 9/30/15. | mm/dd/yyyy   |  | | --- | | >= 10/01/2013 and  <= 9/30/2015 | | Enter the date of the most recent outpatient encounter with a physician/APN/PA related to headache during the time frame from 10/01/13 to 9/30/15. |

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| 6 | havstprov | Indicate the specialty of the physician/APN/PA that saw the patient during the outpatient encounter on (if haenc = 1, computer display haencdt; else display haencdt2).   1. Primary care (includes women’s health, internal medicine) 2. Neurology 3. Physiatry/Polytrauma/Physical Medicine Rehab 4. Mental Health (includes psychiatrist, mental health APN/PA, psychologist) 5. Interventional Pain Management 6. Emergency Department (ED) 7. Other | 1,2,3,4,5,6,7 | **Enter the specialty of the physician/APN/PA that saw the patient during the outpatient encounter on HAENCDT related to headache.**  **Value 4 Mental Health: Exclude mental health counselor, marriage/family counselor, rehabilitation counselors, social workers** |
| 7 | provname1 | Enter the name of the physician/APN/PA who saw the patient during the outpatient encounter on (if haenc = 1, computer display haencdt; else display haencdt2).   |  | | --- | |  | | Text box | **Enter the exact name (i.e., John Doe) of the physician/APN/PA who saw the patient during the outpatient encounter earliest outpatient encounter for headache.**  **If the patient was seen by a resident or trainee, enter the name of the physician/APN/PA that cosigned the encounter note.** |
| 8 | hacode | Enter the ICD-9 headache code(s) documented in the record for the encounter on (if haenc = 1, computer display haencdt; else display haencdt2). | \_\_ \_\_ \_\_. \_\_ \_\_  (3 digits/decimal point/two digits  Auto-filled: can be modified   |  | | --- | | **Cannot enter 000.00, 123.45, or 999.99** | | **Will auto-fill from pull list with ability to change. Do NOT change the code(s) unless the diagnosis code(s) documented in the record is not the code displayed in the software.**  Review the headache encounter on displayed date to verify ICD-9 headache codes are correct. If code(s) is not correct, enter the correct code(s).  **Refer to Table 1 for a list of ICD-9 Headache codes.**  The VA went from the International Classification of Diseases (ICD)-9 to ICD-10 in FY16 to FY17. FY14 and FY15 were the last two years of ICD-9 whereas FY16 and FY17 were the first two years where ICD-10 classifications were used. |
| 9 | haptype1  haptype2  haptype3  haptype4  haptype5  haptype6  haptype7  haptype8  haptype9  haptype10  haptype11  haptype12  haptype13  haptype14  haptype15  haptype16  haptype17  haptype99 | During the timeframe from 10/01/13 - 9/30/15, what types of healthcare providers did the patient see for his/her headache?  **Indicate all that apply:**   1. 300 – Primary Care, attending physician without resident 2. 300 – Primary Care, attending physician with resident 3. 301 – Primary Care APN/PA 4. 302 – Neurology, attending physician without resident 5. 303 – Neurology, attending physician with resident 6. 304 – Neurology, APN/PA 7. 305 – Physiatry/Polytrauma, attending physician without resident, within TBI clinic 8. 306 – Physiatry/Polytrauma, attending physician with resident, within TBI clinic 9. 307 – Physiatry/Polytrauma, attending physician without resident, not within TBI clinic 10. 308 – Physiatry/Polytrauma, attending physician with resident, not within TBI clinic 11. 309 – Physiatry/Polytrauma, APN/PA, within TBI clinic 12. 310 – Physiatry/Polytrauma, APN/PA, not within TBI 13. 311 – Psychologist or Health psychology 14. 312 – Mental Health (psychiatrist, mental health APN/PA) 15. 313 – Interventional pain management 16. 314 – chiropractor 17. 315 – sleep medicine provider (either in pulmonary or neurology)   99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,  12,13,14,15,16,17,99 | **Please review all clinical notes for the specified timeframe and indicate all types of providers that saw the patient for headache.** |

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| 10 | proptha1  proptha2  proptha3  proptha4  proptha5  proptha6  proptha7  proptha99 | During the time frame from 10/01/2013 to 9/30/2015 which provider(s) documented in their assessment/impression and plan that the Veteran had post-traumatic headache?  **Indicate all that apply:**   1. Primary care (includes women’s health, internal medicine) 2. Neurology 3. Physiatry/Polytrauma/Physical Medicine Rehab 4. Mental Health (includes psychiatrist, mental health APN/PA, psychologist) 5. Interventional Pain Management 6. Emergency Department (ED) 7. Other provider   99. No provider documented “post-traumatic headache” in the assessment/impression and plan. | 1,2,3,4,5,6,7,99 | Please look in the “assessment and plan” or “impression and plan” regarding mention of post-traumatic headache. |
| 11 | protbi1  protbi2  protbi3  protbi4  protbi5  protbi6  protbi7  protbi99 | During the timeframe from 10/01/2013 to 9/30/2015 which provider(s) documented in their assessment/impression and plan that the Veteran had headaches attributable to TBI?  **Indicate all that apply:**   1. Primary care (includes women’s health, internal medicine) 2. Neurology 3. Physiatry/Polytrauma/Physical Medicine Rehab 4. Mental Health (includes psychiatrist, mental health APN/PA, psychologist) 5. Interventional Pain Management 6. Emergency Department (ED)   7. Other provider  99. No provider documented “headache from TBI” in the assessment/impression and plan. | 1,2,3,4,5,6,7,99 | Please look in the “assessment and plan” or “impression and plan” regarding mention of post-traumatic headache.  Post-Traumatic Headache (also seen documented as PTHA or PTH) is a very specific diagnosis and is not necessarily the same as “headache from TBI” or “TBI associated headache.” |
| 12 | pcpnum | How many primary care providers did the Veteran see during the time frame from 10/01/2013 to 9/30/2014?   1. One 2. Two 3. Three 4. Four 5. Five 6. Six   7. More than 6  99. None | 1,2,3,4,5,6,7,99 | If the veteran saw the same primary care provider (PCP) for all encounters during FY14 (10/01/2013 to 9/30/2014) enter value 1.  If the veteran was seen by more than one PCP during FY14, select the value representing the total number of PCPs who saw the patient. For example, patient saw J. Smith, MD and N. Jones, FNP; enter value 2. |
| 13 | neurnum | How many Neurologists did the Veteran see during the time frame from 10/01/2013 to 9/30/2014?   1. One 2. Two 3. Three 4. Four 5. Five 6. Six   7. More than 6  99. None | 1,2,3,4,5,6,7,99 | If the veteran saw the same neurologist for all encounters during FY14 enter value 1.  If the veteran was seen by more than one neurologist during FY14, select the value representing the total number of neurologists who saw the patient. For example, patient saw J. Doe, MD and N. Smith, neurology NP; enter value 2. |
| 14 | phynum | How many Physiatrists did the Veteran see during the time frame from 10/01/2013 to 9/30/2014?   1. One 2. Two 3. Three 4. Four 5. Five 6. Six 7. More than 6   99. None | 1,2,3,4,5,6,7,99 | If the veteran saw the same physiatrist for all encounters during FY14 enter value 1.  If the veteran was seen by more than one physiatrist during FY14, select the value representing the total number of physiatrists who saw the patient. For example, patient saw J. Doe, MD and N. Smith, MD; enter value 2. |
| 15 | refrcom | During the timeframe from 10/01/2013 to 9/30/2015, was the Veteran referred to a non-VA community neurologist or another non-VA specialist for their headache?   1. Yes 2. No | 1,2 | Patients may have received a community care consult to see a non-VA headache provider.  Suggested data sources: consultation, referral notes |
|  |  | **Treatments for Headache (ICD-9 encounter)** |  |  |
| 16 | prehatx1  prehatx2  prehatx3  prehatx4  prehatx5  prehatx6  prehatx7  prehatx8  prehatx99 | During the encounter on (if haenc = 1, computer display haencdt; else display haencdt2), was the patient offered any of the following types of treatment for headache?  **Indicate all the apply:**  1. Abortive, prescription pharmacological therapy (e.g., triptan)  2. Abortive, over-the-counter pharmacological therapy (e.g., ibuprofen)  3. Prophylactic, prescription pharmacological therapy (e.g., Topamax)  4. Prophylactic therapy with a vitamin/mineral/supplement  5. Non-pharmacological, procedural-based therapy (e.g., acupuncture)  6. Non-pharmacological, non-procedural-based therapy (e.g., relaxation)  7. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®]  8. No therapies offered  99. Not documented | 1,2,3,4,5,6,7,8,99 | Of note, these therapies may have been offered, but the patient opted not to pursue them.  If there is documentation by the provider during the encounter that the patient is currently taking a medication or receiving non-pharmacological therapy, do not select that option. For example, “Patient reports frovatriptan relieved headache. Will renew prescription;” do not select value 1.  Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]).  **Prophylactic therapy with a vitamin/mineral/supplement include**: butterbur, feverfew, magnesium, riboflavin, coenzyme Q10  **Non-pharmacological, non-procedural-based therapy/health psychology therapeutic modalities include**: relaxation, relaxation and biofeedback, biofeedback, cognitive behavioral therapy, mindfulness-based stress reduction, tai chi  **Non-pharmacological, procedural-based therapy include**: regular acupuncture, battle-field acupuncture, massage, spinal manipulation  **Note**: Non-pharmacological procedural or non-procedural based therapy may also be referred to as complementary and alternative medicine or complementary and integrative health (CIH) |
| 17 | otcmed1 | During the encounter on (if haenc = 1, computer display haencdt; else display haencdt2), did the physician/APN/PA document the patient has taken over the counter (OTC) medications for headaches?   1. Yes 2. No   99. No documentation regarding OTC medications | 1,2, 99  If 99, go to saopioid1 | Over the counter (OTC) medications are typically taken as needed for pain but may be taken every day, even multiple times a day.  OTC medications for pain include acetaminophen (Tylenol), non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen, and aspirin/acetysalicyclic acid.  If documentation clearly indicates the patient is taking an OTC medication for headache, select “1.”  If documentation indicates the patient is taking an OTC medication for other pain (e.g., back pain, knee pain), select “2.” |
| 18 | triptan1 | During the encounter on (if haenc=1, computer display haencdt; else display haencdt2), did the physician/APN/PA document the patient takes a triptan as needed for headaches?  1. Yes  2. No | 1,2 | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 19 | ergotamin1 | During the encounter on (if haenc=1, computer display haencdt; else display haencdt2), did the physician/APN/PA document the patient takes an ergotamine as needed for headaches?   1. Yes 2. No | 1,2 | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®).  If the physician/APN/PA documents the patient takes an ergotamine as needed for headaches, select 1. |
| 20 | fiormed1 | During the encounter on (if haenc=1, computer display haencdt; else display haencdt2), did the physician/APN/PA document the patient takes Fioricet or Fiorinal as needed for headaches?   1. Yes 2. No | 1,2 | Fioricet contains a combination of acetaminophen, butalbital and caffeine.  Fiorinal contains a combination of aspirin, butalbital and caffeine.  If the physician/APN/PA documents the patient takes Fioricet or Fiorinal as needed for headaches, select 1. |
| 21 | saopioid1 | During the encounter on (if haenc=1, computer display haencdt; else display haencdt2), did the physician/APN/PA document the patient takes short-acting opioid analgesic medications as needed for headaches?   1. Yes 2. No | 1,2 | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.  Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release). |
| 22 | laopioid1 | During the encounter on (if haenc=1, computer display haencdt; else display haencdt2), did the physician/APN/PA document the patient takes long-acting opioid analgesic medications for headaches?  1. Yes  2. No | 1,2 | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| **If haptype1, haptype2 or haptype3 = -1, go to pcptrip1; else go to neurtrip1 as applicable** | | | | |
| 23 | pcptrip1 | Did the primary care provider start a new triptan prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 24 | pcpergo1 | Did the primary care provider start a new ergotamine prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®). |
| 25 | pcpfio1 | Did the primary care provider start Fioricet or Fiorinal as needed for headaches to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Fioricet contains a combination of acetaminophen, butalbital and caffeine.  Fiorinal contains a combination of aspirin, butalbital and caffeine. |
| 26 | pcpsaopi1 | Did the primary care provider start a new short-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.  Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release). |
| 27 | pcplaopi1 | Did the primary care provider start a new long-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| 28 | pcproprx1 | Did the primary care provider start any new prophylactic prescription medication to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | **A prophylactic medication for headaches is a medication taken to prevent the headache from occurring.**  Please review the physician/APN/PA note to determine if prophylactic (preventative) medication options were discussed with the patient. If physician/APN/PA prescribed any of the medications for the patient, select “1.”  **Examples of categories of prophylactic (preventative) medications (please refer to drug handbook for complete list of medications) for headache include:**  1. Anticonvulsants/Antiepileptic drugs (e.g., carbamazepine, clobazam, lamotrigine, phenobarbital, phenytoin)  2. Antidepressants (amitriptyline, doxepin, desipramine)  3. Beta-blockers (atenolol, metoprolol, propranolol)  4. Calcium Channel Blockers (amlodipine,diltiazem, nifedipine)  5. SSRI’s (citalopram, excitalopram, fluoxetine, paroxetine, sertraline,vilazodone)  6. SNRI’s (desvenlafaxine, duloxetine, venlafaxine, minacipran)  7. Vitamins/minerals/supplements (magnesium, riboflavin, CoQ10, butterbur, petadolex)  8. ACE inhibitors (enalopril, lisonopril)(/ARBs (candesartan, valsartan, losartan)  9. Muscle relaxants (methocarbamol, cyclobenzaprine, carisoprodol)  10. Sleep medications (estazolam, temazapam, zolpidem)  11. Benzodiazepines (diazepam, lorazepam, oxazepam)  12. Non-pharmacological/adjuvant therapy  13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®]  14. Interventional therapeutic procedures  15. Devices  16. Alpha agonists (clonidine, guanabenz, guanfacine)  17. Antihistamine (cetirizine, chlorpheniramine, diphenhydramine, loratadine)  18. Direct vascular smooth muscle relaxant (cycladelate) |
| **If haptype4, haptype5 or haptype6 = -1, go to neurtrip1; else go to phytrip1 as applicable** | | | | |
| 29 | neurtrip1 | Did the Neurologist start a new triptan prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 30 | neurergo1 | Did the Neurologist start a new ergotamine prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015   1. Yes 2. No | 1,2 | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®). |
| 31 | neurfio1 | Did the Neurologist start Fioricet or Fiorinal as needed for headaches to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Fioricet contains a combination of acetaminophen, butalbital and caffeine.  Fiorinal contains a combination of aspirin, butalbital and caffeine. |
| 32 | neursaopi1 | Did the Neurologist start a new short-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015   1. Yes 2. No | 1,2 | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.  Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release). |
| 33 | neurlaopi1 | Did the Neurologist start a new long-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| 34 | neurprorx1 | Did the Neurologist start any new prophylactic prescription medication to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | **A prophylactic medication for headaches is a medication taken to prevent the headache from occurring.**  Please review the physician/APN/PA note to determine if prophylactic (preventative) medication options were discussed with the patient. If physician/APN/PA prescribed any of the medications for the patient, select “1.”  **Examples of categories of prophylactic (preventative) medications (please refer to drug handbook for complete list of medications) for headache include:**  1. Anticonvulsants/Antiepileptic drugs (e.g., carbamazepine, clobazam, lamotrigine, phenobarbital, phenytoin)  2. Antidepressants (amitriptyline, doxepin, desipramine)  3. Beta-blockers (atenolol, metoprolol, propranolol)  4. Calcium Channel Blockers (amlodipine,diltiazem, nifedipine)  5. SSRI’s (citalopram, excitalopram, fluoxetine, paroxetine, sertraline,vilazodone)  6. SNRI’s (desvenlafaxine, duloxetine, venlafaxine, minacipran)  7. Vitamins/minerals/supplements (magnesium, riboflavin, CoQ10, butterbur, petadolex)  8. ACE inhibitors (enalopril, lisonopril)(/ARBs (candesartan, valsartan, losartan)  9. Muscle relaxants (methocarbamol, cyclobenzaprine, carisoprodol)  10. Sleep medications (estazolam, temazapam, zolpidem)  11. Benzodiazepines (diazepam, lorazepam, oxazepam)  12. Non-pharmacological/adjuvant therapy  13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®]  14. Interventional therapeutic procedures  15. Devices  16. Alpha agonists (clonidine, guanabenz, guanfacine)  17. Antihistamine (cetirizine, chlorpheniramine, diphenhydramine, loratadine)  18. Direct vascular smooth muscle relaxant (cycladelate) |
| **If haptype7, haptype8, haptype9, haptype10, haptype11, or haptype12 = -1, go to phytrip1; else go to behalttx1** | | | | |
| 35 | phytrip1 | Did the Physiatrist start a new triptan prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 36 | phyergo1 | Did the Physiatrist start a new ergotamine prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®). |
| 37 | phyfio1 | Did the Physiatrist start Fioricet or Fiorinal as needed for headaches to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes   2. No | 1,2 | Fioricet contains a combination of acetaminophen, butalbital and caffeine.  Fiorinal contains a combination of aspirin, butalbital and caffeine. |
| 38 | physaopi1 | Did the Physiatrist start a new short-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.  Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release). |
| 39 | phylaopi1 | Did the Physiatrist start a new long-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| 40 | phyprorx1 | Did the Physiatrist start any new prophylactic prescription medication to treat headache during the time frame from 10/01/2013 to 9/30/2015?   1. Yes 2. No | 1,2 | **A prophylactic medication for headaches is a medication taken to prevent the headache from occurring.**  Please review the physician/APN/PA note to determine if prophylactic (preventative) medication options were discussed with the patient. If physician/APN/PA prescribed any of the medications for the patient, select “1.”  **Examples of categories of prophylactic (preventative) medications (please refer to drug handbook for complete list of medications) for headache include:**  1. Anticonvulsants/Antiepileptic drugs (e.g., carbamazepine, clobazam, lamotrigine, phenobarbital, phenytoin)  2. Antidepressants (amitriptyline, doxepin, desipramine)  3. Beta-blockers (atenolol, metoprolol, propranolol)  4. Calcium Channel Blockers (amlodipine,diltiazem, nifedipine)  5. SSRI’s (citalopram, excitalopram, fluoxetine, paroxetine, sertraline,vilazodone)  6. SNRI’s (desvenlafaxine, duloxetine, venlafaxine, minacipran)  7. Vitamins/minerals/supplements (magnesium, riboflavin, CoQ10, butterbur, petadolex)  8. ACE inhibitors (enalopril, lisonopril)(/ARBs (candesartan, valsartan, losartan)  9. Muscle relaxants (methocarbamol, cyclobenzaprine, carisoprodol)  10. Sleep medications (estazolam, temazapam, zolpidem)  11. Benzodiazepines (diazepam, lorazepam, oxazepam)  12. Non-pharmacological/adjuvant therapy  13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®]  14. Interventional therapeutic procedures  15. Devices  16. Alpha agonists (clonidine, guanabenz, guanfacine)  17. Antihistamine (cetirizine, chlorpheniramine, diphenhydramine, loratadine)  18. Direct vascular smooth muscle relaxant (cycladelate) |
|  |  | **Behavioral Health Interventions and Complementary/Alternative Medicine Treatment** |  |  |
| 41 | behalttx1  behalttx2  behalttx3  behalttx4  behalttx5  behalttx6  behalttx7  behalttx8  behalttx9  behalttx10  behalttx11  behalttx12  behalttx13  behalttx14  behalttx15  behalttx16  behalttx17  behalttx18  behalttx19  behalttx20  behalttx99 | At any time during the time frame from 10/01/2013 to 9/30/2015, did the physician/APN/PA document the patient pursued any of the following Behavioral Health Interventions and Complementary/Integrative Health (CIH) treatment options?  **Indicate all the apply:**   1. Acupuncture 2. Aromatherapy 3. Art therapy 4. Battlefield acupuncture 5. Biofeedback 6. Chiropractor referral 7. Cognitive behavioral therapy 8. Hypnosis 9. Massage therapy 10. Meditation/mindfulness 11. Mindfulness-based stress reduction 12. Music therapy 13. Nutritional therapy 14. Qi gong 15. Relaxation 16. Relaxation and biofeedback 17. Reike 18. Tai chi 19. Yoga   20. other  99. not documented | 1,2,3,4,5,6,7,8,9,10,11,  12,13,14,15,16,17,18,  19,20,99 | Please review the physician/APN/PA note and select all behavioral health interventions and complementary/integrative health (CIH) treatments the patient has tried. |
|  |  | **Trends in Headache Pain and Disability Over Time** |  |  |
| 42 | haimprov | At any time during the time frame from 10/01/2013 to 9/30/2015, is there documentation that the Veteran’s headache(s) have improved over time?   1. Yes 2. No 3. Not documented | 1,2,99 | Please review all encounter notes for headache during the specified time frame for documentation that the Veteran’s headache(s) have improved over time.  Documentation may indicate the headaches are still occurring but are less severe, less intense, less frequent, and/or less disabling. |
| 43 | hares | At any time during the time frame from 10/01/2013 to 9/30/2015, is there documentation that the Veteran’s headache(s) have completely resolved?   1. Yes 2. No   99. Not documented | 1,2,99 | Please review all encounter notes for headache during the specified timeframe for documentation that the Veteran’s headache(s) have completely resolved. |
|  |  | **Headache Care FY2015 to FY2017** |  |  |
| 44 | haencdt3 | Enter the date of the earliest outpatient encounter with a physician/APN/PA related to headache during timeframe from 10/01/15 to 9/30/17. | mm/dd/yyyy  **Computer will pre-fill date**   |  | | --- | | >= 10/01/2015 and  <= 9/30/2017 | | Computer will pre-fill date of the earliest outpatient encounter with a physician/APN/PA related to headache during the specified time frame. |
| 45 | haenc3 | On (computer display haencdt3), is there documentation the patient had an outpatient encounter with a physician/APN/PA related to headache?  1. Yes  2. No | 1,2  **If 2, go to haenc4**  Keeping patient in regardless of this value in the ICD-10 follow-up period | Review all outpatient encounter notes during the specified timeframe to determine if the patient had an inpatient or outpatient encounter with a physician/APN/PA related to headache.  The outpatient encounter may be with primary care, mental health, specialty care (e.g., neurology, physiatry/ polytrauma, pain management, etc.), or in the Emergency Department (ED).  Exclude: ophthalmology/optometry encounters  Suggested data sources: clinic notes (past medical history, impression and plan), emergency department notes |
| 46 | havstprov3 | Indicate the specialty of the physician/APN/PA that saw the patient during the outpatient encounter on (computer to display haencdt3).   1. Primary care (includes women’s health, internal medicine) 2. Neurology 3. Physiatry/Polytrauma/Physical Medicine Rehab 4. Mental Health (includes psychiatrist, mental health APN/PA, psychologist) 5. Interventional Pain Management 6. Emergency Department (ED) 7. Other | 1,2,3,4,5,6,7 | Enter the specialty of the physician/APN/PA that saw the patient during the most recent outpatient encounter related to headache.  Value 4 Mental Health: Exclude mental health counselor, marriage/family counselor, rehabilitation counselors, social workers |
| 47 | provname3 | Enter the name of the physician/APN/PA who saw the patient during the outpatient encounter on (haencdt3).   |  | | --- | |  | | Text box | **Enter the exact name (i.e., John Doe) of the physician/APN/PA who saw the patient during the outpatient encounter on HAENCDT3.**  **If the patient was seen by a resident or trainee, enter the name of the physician/APN/PA that cosigned the encounter note.** |
| 48 | inihaenc | Was the outpatient encounter on (computer display haencdt3) the initial encounter for the assessment and management of the headache?   1. Yes 2. No | 1,2 | In order to answer “1” there must documentation that headache is a new problem for this patient or assessment and work-up for new onset of headache is the primary focus of the encounter.  Examples include but are not limited to:   * Physician notes, “Chief complaint: headache. Patient reports headache with onset 2 weeks ago. No history of previous headache.” * APN notes, “Reason for visit: headache. Has been having headaches intermittently for 3 months. No previous HA history.”   If documentation indicates patient has history of headaches and has seen another provider(s) for headache, answer “2.”  Examples:   * Physician notes “Headache relieved with sumatriptan.”   PA notes, “Saw neurologist 6 months ago for severe headaches.” |
| 49 | hacode3 | Enter the ICD-10 headache code(s) documented in the record for the encounter on (computer display haencdt3). | \_\_ \_\_ \_\_. \_\_ \_\_ \_\_ \_\_  (3 alpha-numeric characters/decimal point/four alpha-numeric characters  **Auto-filled: can be modified**   |  | | --- | | **Cannot enter 000.0000, 123.4567, or 999.9999** | | Will auto-fill from pull list with ability to change. Do NOT change the code(s) unless the diagnosis code(s) documented in the record is not the code displayed in the software.  Review the encounter for headache on HAENCDT3 to verify ICD-10 headache codes are correct.  **Refer to Table 2 for a list of ICD-10 Headache codes.**  The VA went from the International Classification of Diseases ICD)-9 to ICD-10 in FY16 to FY17. FY14 and FY15 were the last two years of ICD-9 whereas FY16 and FY17 were the first two years where ICD-10 classifications were used. |
| 50 | haenc4 | During the timeframe from (computer display haencdt3 + 1 day to 9/30/2017), did the patient have an outpatient encounter with a physician/APN/PA related to headache?  1. Yes  2. No | 1,2  **If 2 and haenc3 = 2, go to end; else if 2, go to hanumb** | Review all outpatient encounter notes during the specified time frame to determine if the patient had an inpatient or outpatient encounter with a physician/APN/PA related to headache.  The outpatient encounter may be with primary care, mental health, specialty care (e.g., neurology, physiatry/ polytrauma, pain management, etc.), or in the Emergency Department (ED).  Exclude: ophthalmology/optometry encounters  Suggested data sources: clinic notes (past medical history, impression and plan), emergency department notes |
| 51 | haencdt4 | Enter the date of the most recent outpatient encounter with a physician/APN/PA related to headache during timeframe from (computer display haencdt3 + 1day to 9/30/17. | mm/dd/yyyy   |  | | --- | | > haencdt3 and  <= 9/30/2017 | | Enter the date of the most recent outpatient encounter during the specified time frame with a physician/APN /PA related to headache. |
| 52 | havstprov4 | Indicate the specialty of the physician/APN/PA that saw the patient during the outpatient encounter on (computer to display haencdt4).   1. Primary care (includes women’s health, internal medicine) 2. Neurology 3. Physiatry/Polytrauma/Physical Medicine Rehab 4. Mental Health (includes psychiatrist, mental health APN/PA, psychologist) 5. Interventional Pain Management 6. Emergency Department (ED) 7. Other | 1,2,3,4,5,6,7 | Enter the specialty of the physician/APN/PA that saw the patient during the outpatient encounter on HAENCDT4 related to headache.  Value 4 Mental Health: Exclude mental health counselor, marriage/family counselor, rehabilitation counselors, social workers |
| 53 | provname4 | Enter the name of the physician/APN/PA who saw the patient during the outpatient encounter on (computer display haencdt4).   |  | | --- | |  | | Text box | **Enter the exact name (i.e., John Doe) of the physician/APN/PA who saw the patient during the outpatient encounter on HAENCDT4.**  **If the patient was seen by a resident or trainee, enter the name of the physician/APN/PA that cosigned the encounter note.** |
| 54 | hacode4 | Enter the ICD-10 headache code(s) documented in the record for the encounter on (computer display haencdt4). | \_\_ \_\_ \_\_. \_\_ \_\_ \_\_ \_\_  (3 alpha-numeric characters/decimal point/four alpha-numeric characters  Auto-filled: can be modified   |  | | --- | | **Cannot enter 000.0000, 123.4567, or 999.9999** | | Will auto-fill from pull list with ability to change. Do NOT change the code(s) unless the diagnosis code(s) documented in the record is not the code displayed in the software.  Review the encounter for headache on HAENCDT4 to verify ICD-10 headache codes are correct.  **Refer to Table 2 for a list of ICD-10 Headache codes.**  The VA went from the International Classification of Diseases (ICD)-9 to ICD-10 in FY16 to FY17. FY14 and FY15 were the last two years of ICD-9 whereas FY16 and FY17 were the first two years where ICD-10 classifications were used. |
|  |  | **Assessment of Headache** |  |  |
| 55 | hanumb | During the outpatient encounter on (if haenc3=1, computer display haencdt3; else display haencdt4, how many types of headaches are documented by the physician/APN/PA?  0. 0 type  1. 1 type  2. 2 types  3. 3 types  4. 4 types  5. more than 4 types | 0,1,2,3,4,5 | Patients most commonly report one type of headache, the most severe type. For example someone could have severe migraine headaches and report only that type. It is not uncommon, with additional questioning, that patients can report more than one type – for example, the severe migraine headaches that occur intermittently and less severe, daily headaches. It is less commonly seen that patients report three or more different types of headaches.  Please enter the number of headache types documented by the physician/APN/PA under clinical impression/assessment. |
| 56 | hatype1  hatype2  hatype3  hatype4  hatype5  hatype6  hatype7  hatype8  hatype9  hatype10  hatype11  hatype12  hatype13  hatype14  hatype15  hatype16  hatype17  hatype18  hatype19  hatype20  hatype21  hatype22  hatype23  hatype24  hatype25  hatype26  hatype27  hatype28  hatype29  hatype30  hatype31  hatype32  hatype33  hatype34  hatype35  hatype36  hatype37  hatype38  hatype39  hatype40 | During the outpatient encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), what is the clinical impression of the type(s) of headache documented by the provider?  **Indicate all that apply:**   1. Post-traumatic headache (PTH or PTHA) 2. Headache or headache not otherwise specified (NOS) 3. Migraine without aura or migraine   4. Migraine with aura  5. Migraine with brainstem aura  6. Hemiplegic migraine  7. Retinal or ophthalmic migraine  8. Probable migraine  9. Cold stimulus headache  10. Cluster headache  11. External pressure headache  12. Hypnic headache  13. Medication overuse headache  14. New daily persistent headache  15. Nummular headache  16. Sinus headache  17. Tension-type headache  18. TBI-associated headache  19. Hemicrania continua  20. Paroxysmal hemicrania  21. Probable trigeminal autonomic cephalalgia  22. Primary cough headache  23. Primary exercise headache  24. Primary headache associated with sexual activity  25. Primary stabbing headache  26. Primary thunderclap headache  27. Short-lasting unilateral neuralgiform headache attacks (SUNCT)  28. Acute headache attributed to whiplash  29. Persistent headache attributed to whiplash  ***Headache type cont’d***  30. Acute headache attributed to craniotomy  31. Persistent headache attributed to craniotomy  32. Acute headache attributed to craniotomy  33. Headache attributed to Chiari malformation Type I  34. Headache attributed to epileptic seizure  35. Headache attributed to increased cerebrospinal fluid pressure  36. Headache attributed to low cerebrospinal fluid pressure  37. Headache attributed to intracranial neoplasia  38. Headache attributed to intrathecal injection  39. Headache attributed to non-infectious inflammatory intracranial disease  40. Headache attributed to a psychiatric disorder | 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,  32,33,34,35,36,37,38, 39,40  If hatype13 = -1, go to haovrmed; else go to hadisable | The first type of headache is typically the most severe type, which is why patients present to the attention of a healthcare provider. The first type of headache should be considered the most severe type. If there is documentation of only one type of headache, then that is considered the first type of headache.  Please look in the assessment and plan / impression and recommendations section of the provider note regarding the clinical impression of the type(s) of headache the patient has. Select all headache type(s) documented by the provider.  Value 10 TBI-associated headache and value 11 post-traumatic headache seem similar but are not the same type of headache. TBI-associated headache is more general while post-traumatic headache is more time-sensitive (i.e., headache onset after a post-traumatic event). |
| 57 | haovrmed | During the outpatient encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), did the provider document the medication(s) contributing to medication overuse headache?   1. Yes 2. No | 1,2 | Please read the physician/APN/PA note for the specified encounter and look for provider documentation of the medication(s) that are contributing to the patient’s medication overuse headache. |
| 58 | ovrmed1  ovrmed2  ovrmed3  ovrmed4  ovrmed5  ovrmed6 | Please select the medication(s) that contributed to medication overuse headache as documented by the provider.  **Indicate all the apply:**  1. Triptan medication (see D/D rules)  2. Over-the-counter medication (e.g., ibuprofen, acetaminophen, aspirin)  3. Topamax  4. Ergotamine medication (see D/D rules)  5. Opioid medications  6. Other | 1,2,3,4,5,6 | Please select the medication(s) that contributed to medication use headache as documented by the provider..   * Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). * Over the counter medications include but are not limited to acetaminophen, aspirin, ibuprofen. * Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®). * Opioid medications include but are not limited to codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone, methadone |
| 59 | hadisable | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), does the patient describe the headaches as being disabling?   1. Yes 2. No   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation that the headache(s) are disabling. For the purposes of this question, disabling means the headache interferes with the patient’s ability to function or perform activities of daily living.  **Examples:**  “My headache is so intense I have to stay in bed;” select 1.  “The headache is pretty bad but I’m able to go to work;” select 2.  If there is no documentation that the headache is/is not disabling, enter 99. |
| 60 | paindesc | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), does the patient report the pain to be mild, moderate, or severe?   1. Mild 2. Moderate 3. Severe   99. Not documented | 1,2,3,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation that the headache pain is mild, moderate or severe and select the appropriate value.  If there is no documentation the headache pain is mild, moderate or severe, select 99. |
| 61 | haqol | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), is there documentation the headache limits the patient’s quality of life?   1. Yes 2. No   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation that the headache limit’s the patient’s quality of life.  If there is no documentation regarding limitation of quality of life related to the headache, select 99. |
|  |  | **Treatments for Headache** |  |  |
| 62 | hatx1  hatx2  hatx3  hatx4  hatx5  hatx6  hatx7  hatx8  hatx99 | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), was the patient offered any of the following types of treatment for headache?  **Indicate all the apply:**  1. Abortive, prescription pharmacological therapy (e.g., triptan)  2. Abortive, over-the-counter pharmacological therapy (e.g., ibuprofen)  3. Prophylactic, prescription pharmacological therapy (e.g., Topamax)  4. Prophylactic therapy with a vitamin/mineral/supplement  5. Non-pharmacological, procedural-based therapy (e.g., acupuncture)  6. Non-pharmacological, non-procedural-based therapy (e.g., relaxation)  7. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®]  8. No therapies offered  99. Not documented | 1,2,3,4,5,6,7,8,99 | Of note, these therapies may have been offered, but the patient opted not to pursue them.  If there is documentation by the provider during the encounter that the patient is currently taking a medication or receiving non-pharmacological therapy, do not select that option. For example, “Patient reports frovatriptan relieved headache. Will renew prescription;” do not select value 1.  Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]).  **Prophylactic therapy with a vitamin/mineral/supplement include**: butterbur, feverfew, magnesium, riboflavin, coenzyme Q10  **Non-pharmacological, non-procedural-based therapy/health psychology therapeutic modalities include**: relaxation, relaxation and biofeedback, biofeedback, cognitive behavioral therapy, mindfulness-based stress reduction, tai chi  **Non-pharmacological, procedural-based therapy include**: regular acupuncture, battle-field acupuncture, massage, spinal manipulation,  **Note**: Non-pharmacological procedural or non-procedural based therapy may also be referred to as complementary and alternative medicine or complementary and integrative health (CIH) |
| 63 | otcmed2 | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), did the physician/APN/PA document the patient has taken over the counter (OTC) medications for headaches?   1. Yes 2. No   99. No documentation regarding OTC medications | 1,2, 99  If 99, go to saopioid2 | Over the counter (OTC) medications are typically taken as needed for pain but may be taken every day, even multiple times a day.  OTC medications for pain include acetaminophen (Tylenol), non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen, and aspirin/acetysalicyclic acid.  If documentation clearly indicates the patient is taking an OTC medication for headache, select “1.”  If documentation indicates the patient is taking an OTC medication for other pain (e.g., back pain, knee pain), select “2.” |
| 64 | triptan2 | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), did the physician/APN/PA document the patient takes a triptan as needed for headaches?  1. Yes  2. No | 1,2 | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 65 | ergotamin2 | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), did the physician/APN/PA document the patient takes an ergotamine as needed for headaches?   1. Yes 2. No | 1,2 | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®).  If the physician/APN/PA documents the patient takes an ergotamine as needed for headaches, select 1. |
| 66 | fiormed2 | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), did the physician/APN/PA document the patient takes Fioricet or Fiorinal as needed for headaches?   1. Yes 2. No | 1,2 | Fioricet contains a combination of acetaminophen, butalbital and caffeine.  Fiorinal contains a combination of aspirin, butalbital and caffeine.  If the physician/APN/PA documents the patient takes Fioricet or Fiorinal as needed for headaches, select 1. |
| 67 | saopioid2 | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), did the physician/APN/PA document the patient has taken short-acting opioid analgesic medications as needed for headaches?   1. Yes 2. No | 1,2 | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.  Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release). |
| 68 | laopioid2 | During the encounter on (if haenc3=1, computer to display haencdt3; else display haencdt4), did the physician/APN/PA document the patient takes long-acting opioid analgesic medications for headaches?  1. Yes  2. No | 1,2 | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| 69 | hcptype1  hcptype2  hcptype3  hcptype4  hcptype5  hcptype6  hcptype7  hcptype8  hcptype9  hcptype10  hcptype11  hcptype12  hcptype13  hcptype14  hcptype15  hcptype16  hcptype17  hcptype99 | During the time frame from computer to display 10/01/15 - 9/30/17, what types of healthcare providers did the patient see for his/her headache?  **Indicate all that apply:**   1. 300 – Primary Care, attending physician without resident 2. 300 – Primary Care, attending physician with resident 3. 301 – Primary Care APN/PA 4. 302 – Neurology, attending physician without resident 5. 303 – Neurology, attending physician with resident 6. 304 – Neurology, APN/PA 7. 305 – Physiatry/Polytrauma, attending physician without resident, within TBI clinic 8. 306 – Physiatry/Polytrauma, attending physician with resident, within TBI clinic 9. 307 – Physiatry/Polytrauma, attending physician without resident, not within TBI clinic 10. 308 – Physiatry/Polytrauma, attending physician with resident, not within TBI clinic 11. 309 – Physiatry/Polytrauma, APN/PA, within TBI clinic 12. 310 – Physiatry/Polytrauma, APN/PA, not within TBI 13. 311 – Psychologist or Health psychology 14. 312 – Mental Health (psychiatrist, mental health APN/PA) 15. 313 – Interventional pain management 16. 314 – chiropractor 17. 315 – sleep medicine provider (either in pulmonary or neurology)   99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,  12,13,14,15,16,17,99 | Please review all clinical notes for the specified timeframe and indicate all types of providers that saw the patient for headache. |
| **If hcptype1, hcptype2 or hcptype3 = -1, go to pcptrip2; else go to neurtrip2 as applicable** | | | | |
| 70 | pcptrip2 | Did the primary care provider start a new triptan prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 71 | pcpergo2 | Did the primary care provider start a new ergotamine prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®). |
| 72 | pcpfio2 | Did the primary care provider start Fioricet or Fiorinal as needed for headaches to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Fioricet contains a combination of acetaminophen, butalbital and caffeine.  Fiorinal contains a combination of aspirin, butalbital and caffeine. |
| 73 | pcpsaopi2 | Did the primary care provider start a new short-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.  Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release). |
| 74 | pcplaopi2 | Did the primary care provider start a new long-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| 75 | pcproprx2 | Did the primary care provider start any new prophylactic prescription medication to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | **A prophylactic medication for headaches is a medication taken to prevent the headache from occurring.**  Please review the physician/APN/PA note to determine if prophylactic (preventative) medication options were discussed with the patient. If physician/APN/PA prescribed any of the medications for the patient, select “1.”  **Examples of categories of prophylactic (preventative) medications (please refer to drug handbook for complete list of medications) for headache include:**  1. Anticonvulsants/Antiepileptic drugs (e.g., carbamazepine, clobazam, lamotrigine, phenobarbital, phenytoin)  2. Antidepressants (amitriptyline, doxepin, desipramine)  3. Beta-blockers (atenolol, metoprolol, propranolol)  4. Calcium Channel Blockers (amlodipine,diltiazem, nifedipine)  5. SSRI’s (citalopram, excitalopram, fluoxetine, paroxetine, sertraline,vilazodone)  6. SNRI’s (desvenlafaxine, duloxetine, venlafaxine, minacipran)  7. Vitamins/minerals/supplements (magnesium, riboflavin, CoQ10, butterbur, petadolex)  8. ACE inhibitors (enalopril, lisonopril)(/ARBs (candesartan, valsartan, losartan)  9. Muscle relaxants (methocarbamol, cyclobenzaprine, carisoprodol)  10. Sleep medications (estazolam, temazapam, zolpidem)  11. Benzodiazepines (diazepam, lorazepam, oxazepam)  12. Non-pharmacological/adjuvant therapy  13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®]  14. Interventional therapeutic procedures  15. Devices  16. Alpha agonists (clonidine, guanabenz, guanfacine)  17. Antihistamine (cetirizine, chlorpheniramine, diphenhydramine, loratadine)  18. Direct vascular smooth muscle relaxant (cycladelate) |
| **If hcptype4, hcptype5 or hcptype6 = -1, go to neurtrip2; else go to phytrip2 as applicable** | | | | |
| 76 | neurtrip2 | Did the neurologist start a new triptan prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 77 | neurergo2 | Did the Neurologist start a new ergotamine prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®). |
| 78 | neurfio2 | Did the Neurologist start Fioricet or Fiorinal as needed for headaches to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Fioricet contains a combination of acetaminophen, butalbital and caffeine.  Fiorinal contains a combination of aspirin, butalbital and caffeine. |
| 79 | neursaopi2 | Did the Neurologist start a new short-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.  Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release). |
| 80 | neurlaopi2 | Did the Neurologist start a new long-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| 81 | neurprorx2 | Did the Neurologist start any new prophylactic prescription medication to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | **A prophylactic medication for headaches is a medication taken to prevent the headache from occurring.**  Please review the physician/APN/PA note to determine if prophylactic (preventative) medication options were discussed with the patient. If physician/APN/PA prescribed any of the medications for the patient, select “1.”  **Examples of categories of prophylactic (preventative) medications (please refer to drug handbook for complete list of medications) for headache include:**  1. Anticonvulsants/Antiepileptic drugs (e.g., carbamazepine, clobazam, lamotrigine, phenobarbital, phenytoin)  2. Antidepressants (amitriptyline, doxepin, desipramine)  3. Beta-blockers (atenolol, metoprolol, propranolol)  4. Calcium Channel Blockers (amlodipine,diltiazem, nifedipine)  5. SSRI’s (citalopram, excitalopram, fluoxetine, paroxetine, sertraline,vilazodone)  6. SNRI’s (desvenlafaxine, duloxetine, venlafaxine, minacipran)  7. Vitamins/minerals/supplements (magnesium, riboflavin, CoQ10, butterbur, petadolex)  8. ACE inhibitors (enalopril, lisonopril)(/ARBs (candesartan, valsartan, losartan)  9. Muscle relaxants (methocarbamol, cyclobenzaprine, carisoprodol)  10. Sleep medications (estazolam, temazapam, zolpidem)  11. Benzodiazepines (diazepam, lorazepam, oxazepam)  12. Non-pharmacological/adjuvant therapy  13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®]  14. Interventional therapeutic procedures  15. Devices  16. Alpha agonists (clonidine, guanabenz, guanfacine)  17. Antihistamine (cetirizine, chlorpheniramine, diphenhydramine, loratadine)  18. Direct vascular smooth muscle relaxant (cycladelate) |
| **If hcptype7, hcptype8, hcptype9, hcptype10, hcptype11, or hcptype12 = -1, go to phytrip2; else go to end** | | | | |
| 82 | phytrip2 | Did the Physiatrist start a new triptan prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 83 | phyergo2 | Did the Physiatrist start a new ergotamine prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®).  If the physician/APN/PA documents the patient takes an ergotamine as needed for headaches, select 1. |
| 84 | phyfio2 | Did the Physiatrist start Fioricet or Fiorinal as needed for headaches to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Fioricet contains a combination of acetaminophen, butalbital and caffeine.  Fiorinal contains a combination of aspirin, butalbital and caffeine.  If the physician/APN/PA documents the patient takes Fioricet or Fiorinal as needed for headaches, select 1. |
| 85 | physaopi2 | Did the Physiatrist start a new short-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.  Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release). |
| 86 | phylaopi2 | Did the Physiatrist start a new long-acting opioid prescription abortive medication as needed to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| 87 | phyprorx2 | Did the Physiatrist start any new prophylactic prescription medication to treat headache during the time frame from 10/01/2015 to 9/30/2017?   1. Yes 2. No | 1,2 | **A prophylactic medication for headaches is a medication taken to prevent the headache from occurring.**  Please review the physician/APN/PA note to determine if prophylactic (preventative) medication options were discussed with the patient. If physician/APN/PA prescribed any of the medications for the patient, select “1.”  **Examples of categories of prophylactic (preventative) medications (please refer to drug handbook for complete list of medications) for headache include:**  1. Anticonvulsants/Antiepileptic drugs (e.g., carbamazepine, clobazam, lamotrigine, phenobarbital, phenytoin)  2. Antidepressants (amitriptyline, doxepin, desipramine)  3. Beta-blockers (atenolol, metoprolol, propranolol)  4. Calcium Channel Blockers (amlodipine,diltiazem, nifedipine)  5. SSRI’s (citalopram, excitalopram, fluoxetine, paroxetine, sertraline,vilazodone)  6. SNRI’s (desvenlafaxine, duloxetine, venlafaxine, minacipran)  7. Vitamins/minerals/supplements (magnesium, riboflavin, CoQ10, butterbur, petadolex)  8. ACE inhibitors (enalopril, lisonopril)(/ARBs (candesartan, valsartan, losartan)  9. Muscle relaxants (methocarbamol, cyclobenzaprine, carisoprodol)  10. Sleep medications (estazolam, temazapam, zolpidem)  11. Benzodiazepines (diazepam, lorazepam, oxazepam)  12. Non-pharmacological/adjuvant therapy  13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®]  14. Interventional therapeutic procedures  15. Devices  16. Alpha agonists (clonidine, guanabenz, guanfacine)  17. Antihistamine (cetirizine, chlorpheniramine, diphenhydramine, loratadine)  18. Direct vascular smooth muscle relaxant (cycladelate) |