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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  MARITAL STATUS  AGE | Patient SSN  First Name  Last Name  Birth Date  Sex  Race  Ethnicity  Marital Status  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  Pre-fill: no change  Calculate age at If valoudenc = 1, calculate age at oudencdt ; else if valoudenc = 2, calculate age at oudencdt2 |  |
| **Initial Encounter** | | | | |
| 1 | oudencdt | **Computer will pre-fill** the date of the earliest outpatient encounter with a Physician/APN/PA related to Opioid Use Disorder. | mm/dd/yyyy  **Computer will pre-fill**  **Cannot modify**     |  | | --- | | >= 10/01/2016 and <= 9/30/2019 | | **Computer will pre-fill** **the date of the earliest outpatient,** **encounter** with a Physician/APN/PA for a diagnosis of Opioid Use Disorder (OUD) where the Veteran has been prescribed long-term opioid(s) for at least 1 year prior to the index encounter within the specified time frame from 10/01/2016 to 9/30/2019. This date will come from the patient list provided by the Office of Analytics & Performance Integration-Performance Measurement and cannot be modified. |
| 2 | oudsta | **Computer will pre-fill the station (facility ID) where the visit took place.** | **\_\_ \_\_ \_\_**  **Computer will pre-fill**  **Cannot modify** | **Computer will pre-fill the station (facility ID)** where the earliest visit related to Opioid Use Disorder (OUD) took place. This will come from the patient list provided by Office of Analytics & Performance Integration-Performance Measurement and cannot be modified. |
| 3 | oudencdx | **Computer will pre-fill** the Opioid Use Disorder (OUD) ICD-10-CM diagnosis code documented in the record for the encounter on (computer display oudencdt). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_  **Pre-filled: cannot be modified**  ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters) | **Pre-filled; cannot be modified.**  The computer pre-fills the ICD-10-CM diagnosis code documented in the record from the pull list. |

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| 4 | valoudenc | On (computer display oudencdt), is there documentation that the patient had an outpatient encounter with a Physician/APN/PA related to Opioid Use Disorder (OUD) at facility (computer display oudsta)?  1. Yes  2. No | 1,2  If 2, go to oudencdt2 | **Include outpatient encounters** **with a Physician/APN/PA,** includingPrimary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) where any of the following apply:   * Documentation in the progress notes that the patient has Opioid Use Disorder (OUD) OR * Documentation that the patient has OUD represented by any F11 ICD-10 code present in the medical record on the date of the encounter   **F11 OUD ICD-10-CM Codes include the following:**   |  |  | | --- | --- | | F11.20 | Opioid dependence | | F11.229 | Opioid dependence intoxication | | F11.220 | Opioid dependence uncomplicated | | F11.221 | Opioid dependence uncomplicated delirium | | F11.222 | Opioid dependence uncomplicated perceptual disturbance | | F11.24 | Opioid dependence with opioid-induced mood disorder | | F11.288 | Opioid dependence with other opioid-induced disorder | | F11.259 | Opioid dependence with opioid-induced psychotic disorder, unspecified | | F11.250 | Opioid dependence with opioid-induced psychotic disorder with delusions | | F11.281 | Opioid dependence with opioid-induced sexual dysfunction | | F11.251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations | | F11.282 | Opioid dependence with opioid-induced sleep disorder | | F11.29 | Unspecified opioid-induced disorder | | F11.23 | Opioid dependence with opioid-induced withdrawal |   **An outpatient encounter with a Physician/APN/PA related to Opioid Use Disorder may include:**   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as imaging tests * Telephone calls to inform patient of test results * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities |

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| **Opioid Use Disorder** **long-term opioid therapy (LTOT)** | | | | |
| 5 | oudltotdt | Computer will pre-fill the date the patient was prescribed at least one 90 day prescription for long-term opioid therapy (LTOT). | mm/dd/yyyy  **Computer will pre-fill**  **Cannot modify** | **Computer will pre-fill the date the patient was prescribed at least one 90 day** **prescription for long-term opioid therapy (LTOT)**. This will come from the patient list provided by Office of Analytics & Performance Integration-Performance Measurement and cannot be modified. |
| 6 | oudsta2 | Computer will pre-fill the station (facility ID) where prescribed the long-term opioid therapy (LTOT). | **\_\_ \_\_ \_\_**  **Computer will pre-fill**  **Cannot modify** | **Computer will pre-fill the station (facility ID)** where prescribed the long-term opioid therapy (LTOT). This will come from the patient list provided by Office of Analytics & Performance Integration-Performance Measurement and cannot be modified. |
| 7 | valoudltot | During the timeframe from (computer display oudltotdt – 1 year to oudltotdt) was the patient prescribed at least one 90 day prescription for long-term opioid therapy (LTOT)?  1. Yes  2. No | 1,2  **If 2, the case is excluded** | **Look back 1 year prior to the visit and confirm that the patient was prescribed** **at least one long-term opioid therapy (LTOT) anytime one year prior to the encounter date.**  **Long-term opioid therapy is defined as use of opioids on most days for >3 months or 90 days. If there is any prescription documentation that the patient has been prescribed an opioid medication for at least 90 days within the year prior to the encounter, select value “1”.**  **Review Table 1**: Commonly Prescribed long-term opioid therapy (LTOT), as a reference list.   * If any LTOTs in Table 1 are documented as prescribed to the patient during the timeframe displayed, select value “1” * Select value “2” if the patient is not prescribed LTOT and the case will be excluded.   **Exclusion Statement:** If the patient *does not* have at least one 90 day prescription for a LTOT for up to 1 year prior to the visit, the case is excluded from review**.** |
| 8 | ltotsvc | Enter the service or clinic that prescribed the long-term opioid therapy (LTOT) on (computer to display oudltotdt). | Free text  **If valoudenc = 1, go to oudothdx1** | **Enter the service or clinic that prescribed the long-term opioid therapy (LTOT).**  **Examples of the service or clinic may include, but are not limited to Mental Health Physician, Psychiatrist, Primary Care Physician/APN/PA, or Women’s Health Clinic** |
| 9 | oudencdt2 | During the timeframe from 10/01/2016 to 9/30/2019, enter the date of the earliest outpatient encounter with a Physician/APN/PA related to Opioid Use Disorder (OUD) at facility (computer display oudsta2). | mm/dd/yyyy   |  | | --- | | >= 10/01/2016 and <= 9/30/2019 |   Abstractor may enter 99/99/9999  **If 99/99/9999, the case is excluded** | **Enter the exact date of the earliest** **outpatient encounter with a Physician/APN/PA related to opioid use disorder during the specified time frame.**  Include outpatient encounters with a Physician/APN/PA,includingPrimary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) where any of the following apply:   * Documentation in the progress notes that the patient has Opioid Use Disorder (OUD) OR * Documentation that the patient has OUD represented by a F11 ICD-10-CM code present in the medical record on the date of the encounter   **F11 OUD ICD-10-CM Codes include the following:**   |  |  | | --- | --- | | F11.20 | Opioid dependence | | F11.229 | Opioid dependence intoxication | | F11.220 | Opioid dependence uncomplicated | | F11.221 | Opioid dependence uncomplicated delirium | | F11.222 | Opioid dependence uncomplicated perceptual disturbance | | F11.24 | Opioid dependence with opioid-induced mood disorder | | F11.288 | Opioid dependence with other opioid-induced disorder | | F11.259 | Opioid dependence with opioid-induced psychotic disorder, unspecified | | F11.250 | Opioid dependence with opioid-induced psychotic disorder with delusions | | F11.281 | Opioid dependence with opioid-induced sexual dysfunction | | F11.251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations | | F11.282 | Opioid dependence with opioid-induced sleep disorder | | F11.29 | Unspecified opioid-induced disorder | | F11.23 | Opioid dependence with opioid-induced withdrawal |   **An outpatient encounter with a Physician/APN/PA related to Opioid Use Disorder may include:**   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult - only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as imaging tests * Telephone calls to inform patient of test results * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities   **If there is no outpatient encounter with a Physician/APN/PA related to opioid use disorder in the specified timeframe, enter 99/99/9999 and the case will be excluded.**  **Suggested data sources:** Clinic notes, Consult notes **Exclusion Statement**: Although the sample information indicated the patient had an encounter with a Physician/APN/PA related to Opioid Use Disorder, review of medical record documentation did not find an encounter within the specified time frame. |
| 10 | oudltot2 | During the timeframe from (computer display oudencdt2 – 1 year to oudencdt2 – 90 days) was the patient prescribed at least one 90 day prescription for long-term opioid therapy (LTOT)?  1. Yes  2. No | 1,2  **If 2, the case is excluded** | **Confirm that the patient was prescribed a long-term opioid therapy (LTOT). LTOT is defined as use of opioids on most days for >3 months or 90 days.**  **If there is any pharmacy documentation that the patient has been prescribed an opioid medication for at least 90 days during the specified timeframe, select value “1”.**  **Review Table 1:** Commonly Prescribed long-term opioid therapy (LTOT), as a reference list.   * If any LTOT(s) in Table 1 are documented as prescribed to the patient during the timeframe displayed, select value “1” * **Select value “2” if the patient is not prescribed LTOT** and the case will be excluded.   **Exclusion Statement:** If the patient *was not* prescribed at least one 90 day prescription of LTOT 1 year prior to the visit, the case is excluded from review. |
| 11 | ltotsvc2 | Enter the service or clinic that prescribed the 90 day prescription for a long-term opioid therapy (LTOT). | Free text | Enter the exact name of the service or clinic that prescribed the 90 day prescription for a long-term opioid therapy (LTOT).  **Examples of the service or clinic may include, but are not limited to:** Mental Health Physician, Psychiatrist, Primary Care Physician/APN/PA, or Women’s Health Clinic |
| 12 | oudothdx1  oudothdx2  oudothdx3  oudothdx4  oudothdx5 | Enter all OUD ICD-10-CM diagnosis code(s) documented in the medical record for the encounter on (if valoudenc = 1, computer display oudencdt, else display oudencdt2). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_  ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)  Abstractor can enter xxx.xxxx  May enter up to five codes | Enter the ICD-10-CM diagnosis code(s) documented on the date of the encounter.  **OUD Diagnosis codes include the following:**   |  |  | | --- | --- | | F11.20 | Opioid dependence | | F11.229 | Opioid dependence intoxication | | F11.220 | Opioid dependence uncomplicated | | F11.221 | Opioid dependence uncomplicated delirium | | F11.222 | Opioid dependence uncomplicated perceptual disturbance | | F11.24 | Opioid dependence with opioid-induced mood disorder | | F11.288 | Opioid dependence with other opioid-induced disorder | | F11.259 | Opioid dependence with opioid-induced psychotic disorder, unspecified | | F11.250 | Opioid dependence with opioid-induced psychotic disorder with delusions | | F11.281 | Opioid dependence with opioid-induced sexual dysfunction | | F11.251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations | | F11.282 | Opioid dependence with opioid-induced sleep disorder | | F11.29 | Unspecified opioid-induced disorder | | F11.23 | Opioid dependence with opioid-induced withdrawal |   If no other OUD diagnosis codes are found in the record, enter xxx.xxxx.  **Suggested data sources**: Problem List, Progress note, Patient care encounter report |

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| 13 | oudrisk1  oudrisk2  oudrisk3  oudrisk4  oudrisk5  oudrisk6  oudrisk7  oudrisk99 | During the timeframe from (if valoudenc = 1, computer display oudencdt – 1 year to oudencdt; else display oudencdt2 – 1 year to oudencdt2) is there documentation that the patient had any of the following conditions or diagnoses?  **Select all that apply:**  1. Chronic Pain Condition  2. Depression  3. Anxiety  4. Bipolar Disorder  5. Other Mental Health Condition  6. Other Substance Abuse  7. Musculoskeletal Disorders  99. None of these | 1,2,3,4,5,6,7,99  Cannot enter 99 with any other value | **Select all diagnoses that are documented in the medical record during the specified timeframe.**   * Medical diagnoses must be recorded as the patient’s diagnosis by a Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) to be selected. * Diagnoses codes documented on a problem list should be validated by clinician documentation.   **In addition, the following rules apply for each:**   * **Chronic Pain Condition(s)**: Include diagnoses such as chronic neck pain or chronic back pain that require the patient to take medication for pain. Look for documentation of conditions such as herniated or bulging discs, severe arthritis, fibromyalgia, temporomandibular disorder, irritable bowel syndrome, vulvodynia, chronic fatigue syndrome, interstitial cystitis, endometriosis, chronic migraine, chronic tension type headache, non-specific low back pain, other complex regional pain syndrome * **Depression:** Include any documented diagnosis of depression during the time frame. Depression diagnosis may include ICD-10 CM codes F32, F33, F34, F43 or F53 and/or be documented as depression, major depressive disorder, recurrent major depression, severe recurrent or seasonal major depression, or postpartum depression. * **Anxiety:** Anxiety disorder may be documented as a generalized anxiety disorder or a specific anxiety disorder (i.e., panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobias) * **Bipolar Disorder:** Bipolar disorder diagnosis may include an ICD-10 CM code of F30 or F31 and may be documented as bipolar disorder, bipolar I or bipolar II. * **Other Mental Health Condition(s):** Look for documentation that the patient has a mental health diagnosis (e.g., schizophrenia, psychosis, personality disorder, attention deficit disorder, or obsessive compulsive disorder). * **Other Substance Abuse diagnosis** (e.g., drug abuse, alcoholism, cannabis use, illegal drug use, alcohol, tobacco and other drug (ATOD) misuse. * **Musculoskeletal Disorders**: (e.g., spinal pain, joint disorder or joint (i.e., knee, shoulder) pain, osteoarthritis, low back pain, cervicalgia, generalized muscle weakness, infectious or inflammatory arthropathies, dentofacial disorders, connective/soft tissue disorders, spinal disorders (e.g., spina bifida), osteopathies, chondropathies, other acquired deformities of musculoskeletal system and connective tissue, intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified, periprosthetic fracture around internal prosthetic joint, biomechanical lesions, not elsewhere classified). * **If the patient does not have any of the listed comorbidities documented in the medical record, select value “99”**   **Suggested data sources**: Clinic notes, History and Physical (H&P), Progress notes, Discharge summary, Problem list |
| 14 | newvaoud | On (if valoudenc = 1, computer display oudencdt, else display oudencdt2) is there documentation that the patient was new to VA care?   1. Yes 2. No | 1,2 | * If this is the first encounter with a VA Physician/APN/PA for Opioid Use Disorder (OUD) care during the specified time frame, 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 provider. * Select value “2”, if the patient’s care has been managed by a VA Physician/APN/PA. |
| 15 | oudnote | On (If valoudenc = 1, computer to display oudencdt; else computer to display oudencdt2) did the Physician/APN/PA document Opioid Use Disorder (OUD) in the encounter note?   1. Yes 2. No | 1,2  If 1, go to moudenc1 | Look for Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) documentation of OUD in the encounter note.  **Opioid use disorder may be described as any of the following:**   * **Opioid dependence** * **Opioid withdrawal** * **Opioid-induced condition** * **Long-term (>3 months) Heroin use** * **Long-term (>3 months) Synthetic opioid use** |

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| 16 | oudnote2 | During the timeframe from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 7 days); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 7 days), did the Physician/APN/PA document Opioid Use Disorder (OUD) in the encounter note(s)?   1. Yes 2. No | 1,2 | Look for Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) documentation of OUD from the initial encounter though the end of the study time frame.  **Opioid use disorder may be described as any of the following:**   * **Opioid Dependence** * **Opioid withdrawal** * **Opioid-induced condition** * **Long-term (>3 months) Heroin use** * **Long-term (>3 months) Synthetic opioid use**   **Only acceptable source:** **Physician/APN/PA encounter notes** |
| **Opioid Use Disorder Treatment during the Encounter** | | | | |
| 17 | moudenc1  moudenc2  moudenc3  moudenc98  moudenc99 | On (If valoudenc = 1, computer to display oudencdt; else computer to display oudencdt2), select all Medications for Opioid Use Disorder (MOUD) prescribed to the patient.  **Select all documented:**  1. buprenorphine  2. methadone  3. naltrexone  98. Patient refused Medications for Opioid Use Disorder (MOUD)  99. None prescribed to the patient | 1,2,3,98,99  Cannot enter 98 or 99 with any other value | **Look for documentation that medication(s) for the treatment of OUD was ordered or prescribed to the patient on the date of the encounter.**  Select all medications that were ordered or prescribed to the patient for the treatment of OUD. Medications for Opioid Use Disorder (MOUD) include any of the following:   |  |  | | --- | --- | | **Generic Name** | **Brand Name** | | buprenorphine | Buprenex, Bunavail, Suboxone, Zubzolv | | methadone | Dolophine, Methadose | | naltrexone | Depade, ReVia, Vivitrol |   If the patient refused (buprenorphine, methadone, naltrexone), select value “98”.  If no MOUD was offered on the date of the encounter, select value “99”. |
| 18 | oudothtx1  oudothtx2  oudothtx3  oudothtx4  oudothtx99 | During the timeframe from (If valoudenc = 1, computer to display oudencdt to oudencdt + 7 days); else (if valoudenc = 2, computer to display oudencdt2 to oudencdt2 + 7 days), was **any other** treatment considered by the Physician/APN/PA?  **Select all that apply:**  1. Referral to Substance Abuse Program  2. Referral to Mental Health  3. Referral to Social Worker  4. Other treatment considered  99. No other treatment for OUD documented as considered | 1,2,3,4, 99  If 4, go to encoudoth2; else go to ouddep  Cannot select 99 with any other value | If any other treatment, such as referral to substance abuse program or rehabilitation center for drug abuse was documented as discussed or offered to the patient, select all that are documented from the time of the encounter up to 7 days after the encounter.  **Note:** Although answer choices 1, 2 and 3 are referrals, look for ANY other treatment considered and documented by the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) in the notes related to OUD treatment during the timeframe.  Select value “4” Other if any other treatment is considered for OUD.  If no treatment is documented as considered, select value “99”. |
| 19 | encoudoth2 | Enter the other treatment considered for OUD documented by the Physician/APN/PA. | Free text | Enter the exact physician/APN/PA documentation of the other treatment for OUD considered/discussed with the patient during the specified timeframe. |
| **Mental Health Assessment (During Encounter)** | | | | |
| 20 | ouddep1 | On (If valoudenc = 1, computer to display oudencdt; computer to display oudencdt2), was the patient assessed or screened for depression?  1. Yes  2. No | 1,2 | Review notes for documentation that depression screening was completed during the encounter **OR** that the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) assessed the patient for depression.  If there is any documented screening or assessment of depression in the medical record by another health care worker such as a social worker, registered nurse, care or case manager during the time frame, select value “1”. |
| 21 | oudsuid1 | On (If valoudenc = 1, computer to display oudencdt; else computer to display oudencdt2), was the patient assessed or screened for suicide ideation or thoughts?  1. Yes  2. No | 1,2 | Review notes for documentation that the patient was assessed or screened for suicide ideation **or** thoughts during the encounter **OR** that the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) assessed the patient for suicide related behaviors.  If any suicide assessment or screener is documented in the medical record by another health care worker such as a social worker, registered nurse, care or case manager during the timeframe, select value “1”. |
| 22 | refoud1 | On (If valoudenc = 1, computer to display oudencdt; else computer to display oudencdt2), did the Physician/APN/PA document offering a referral or consult to Mental Health or Behavioral Health services for Opioid Use Disorder (OUD)?  1. Yes  2. No | 1,2 | Select value “1” if there is any documentation that the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) discussed, offered, ordered, or consulted Mental Health or Behavioral Health services on the date of the encounter.  If the patient is already receiving mental health care or behavioral health services, select value “1” |

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| **OUD Treatment (At least one day after encounter up to 6 months after the encounter)** | | | | |
| 23 | moudpost1  moudpost2  moudpost3  moudpost98  moudpost99 | During the timeframe from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 6 months); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 6 months) select all medications prescribed to the patient for Opioid Use Disorder (OUD).  **Select all documented:**  1. buprenorphine  2. methadone  3. naltrexone  98. Patient refused Medications for Opioid Use Disorder (MOUD)  99. None prescribed to the patient | 1,2,3,98,99  Cannot enter 98 or 99 with any other value | **Look for documentation that medication(s) for the treatment of OUD was ordered or prescribed to the patient after the date of the encounter.**  Select all of the medications that were ordered or prescribed to the patient for the treatment of OUD.  Medications for Opioid Use Disorder (MOUD) include any of the following:   |  |  | | --- | --- | | **Generic Name** | **Brand Name** | | buprenorphine | Buprenex, Bunavail, Suboxone, Zubzolv | | methadone | Dolophine, Methadose | | naltrexone | Depade, ReVia, Vivitrol |   If the patient refused (buprenorphine, methadone, naltrexone), select value “98”.  If no MOUD was offered on the date of the encounter, select value “99”. |
| 24 | othoud1  othoud2  othoud2  othoud4  outoud99 | During the timeframe from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 6 months); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 6 months), was **any other treatment** for OUD considered by the Physician/APN/PA other than medications?  **Select all that apply:**  1. Referral to Substance Abuse Program  2. Referral to Mental Health  3. Referral to Social Worker  4. Other treatment considered  99. No documentation of other OUD treatment | 1,2,3,4,99  If othoud4 = -1, go to oudoth2; else go to ouddep2  Cannot select 99 with any other value | If any other treatment, such as referral to substance abuse program or rehabilitation center for drug abuse was documented as discussed or offered to the patient during the specified timeframe, select all documented during the specified timeframe.  Select value “4” if some other treatment for OUD is considered and documented by the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors). |

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| 25 | oudoth2 | Enter the other treatment the Physician/APN/PA documented as considered for the treatment of OUD other than medications. | Free Text | Enter the exact documentation of the other treatment for OUD the Physician/APN/PA documented as considered/discussed with the patient during the specified timeframe. |
| **Mental Health Assessment (6 months after the encounter)** | | | | |
| 26 | ouddep2 | During the timeframe from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 6 months); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 6 months), was the patient assessed or screened for depression?  1. Yes  2. No | 1,2 | **Review notes for any Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) documentation that depression screening was completed OR that the Physician/APN/PA documented assessing the patient for depression during the specified timeframe.**  If the depression assessment is documented in the medical record by another health care worker such as a social worker, registered nurse, care or case manager during the specified timeframe, select value “1”.  If there is any documented screening or assessment of depression in the medical record by another health care worker such as a social worker, registered nurse, care or case manager during the timeframe, select value “1”. |

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| 27 | oudsuid2 | During the timeframe from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 6 months); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 6 months), was the patient assessed or screened for suicide ideation or thoughts?  1. Yes  2. No | 1,2 | **Review notes for documentation that any assessment of suicide ideation or suicide related behaviors OR screening was completed during the specified timeframe by the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors).**  If any suicide assessment or screener is documented in the medical record by another health care worker such as a social worker, registered nurse, care or case manager during the timeframe, select value “1”. |
| 28 | oudmnhth2 | During the timeframe from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 6 months); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 6 months), did the Physician/APN/PA document offering a referral or consult to Mental Health or Behavioral Health services for Opioid Use Disorder (OUD)?  1. Yes  2. No  3. No – Patient already receiving Mental Health or Behavioral Health services | 1,2,3 | Select value “1” if there is any documentation that the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) discussed, offered, ordered, or consulted Mental Health or Behavioral Health services on the date of the encounter.  Select value “3” if the patient is already receiving mental health care or behavioral health services. |

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| **Opioid Use Disorder (OUD) Treatment** | | | | |
| 29 | oudriskfct | On (If valoudenc = 1, computer to display oudencdt; else computer to display oudencdt2), did the Physician/APN/PA document offering or discussing supportive treatment to address the risk factors for Opioid Use Disorder (OUD)?  1. Yes  2. No | 1,2  If 1, go to oudcomptx | Select value “1” if documentation indicates the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) discussed or documented offering supportive treatment related to the patient risk factors for OUD with the patient.  Risk factors may include, but are not limited to the following examples:   * **Social Stressors** (e.g., living status, caring for family, supports) * **Basic Needs Stressors** (e.g., current home/food insecurity, employment, safety) * **Past Adulthood Life Stressors** (e.g., Combat stressors, Childhood Abuse) * **Medical management** **Stressors** (e.g. the patient has delayed care or prioritized care for others over their own due to family responsibilities or is delaying aspects of care due to management of multiple conditions)   **Select value “1” even if the patient refused treatment, but documentation supported offering or discussing treatment to address any risk factors for OUD.**  **Suggested data sources**: Progress notes, Mental health (MH) notes |

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| 30 | oudriskfct19 | During the timeframe from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 6 months); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 6 months), did the Physician/APN/PA document offering or discussing supportive treatment to address ***any risk factors*** for Opioid Use Disorder (OUD)?  1. Yes  2. No | 1,2 | Select value “1” if documentation indicates the Physician/APN/PA, including Primary Care Physician (PCP), Family Nurse Practitioner, Psychiatrist, Psychologist or other Mental Healthcare Providers (i.e., Clinical Social Workers, Psychiatric or Mental Health Nurse Practitioners, Psychiatric Pharmacists, therapists, or counselors) discussed supportive treatment related to the patient risk factors for OUD with the patient.  **Risk factors may include, but are not limited to the following examples:**   * **Social Stressors** (e.g., living status, caring for family, supports) * **Basic Needs Stressors** (e.g., current home/food insecurity, employment, safety) * **Past Adulthood Life Stressors** (e.g., Combat stressors, Childhood Abuse) * **Medical management** (e.g. the patient has delayed care or prioritized care for others over their own due to family responsibilities or is delaying aspects of care due to management of multiple conditions)   **Select value “1” even if the patient refused treatment, but documentation supported offering or discussing treatment to address any risk factors for OUD.**  **Suggested data sources:** Progress notes, Mental health (MH) notes |

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| 31 | oudcomptx | During the timeframe from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 6 months); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 6 months), is there documentation that the patient received any opioid use treatment?  1. Yes  2. No | 1,2  If 2, go to sexorient | Look for any documentation that the patient is accessing substance abuse clinics, pain management clinics, or any other Opioid Use Disorder treatment services.  If the patient has received any opioid abuse treatment, select value “1” or yes.  If the patient was admitted to the inpatient setting during the timeframe for over dose related to opioid use and received treatment inpatient also select value “1”. |
| 32 | oudsvctx1  oudsvctx2  oudsvctx3  oudsvctx4  oudsvctx5  oudsvctx6  oudsvctx7  oudsvctx8  oudsvctx99 | Select all clinics or other Opioid Use Disorder (OUD) treatment services the patient **received** from (If valoudenc = 1, computer to display oudencdt + 1 day to oudencdt + 6 months); else (if valoudenc = 2, computer to display oudencdt2 + 1 day to oudencdt2 + 6 months).  **Select all that apply**:   1. Substance abuse clinics 2. Pain management clinics 3. Primary Care Provider 4. Emergency Department 5. Mental Healthcare 6. Admitted to Substance Abuse Treatment Center outside of VA’ 7. Admitted to VA rehabilitation service 8. Other Service for Opioid Use Disorder treatment   99. None of these | 1,2,3,4,5,6,7,8,99  If 8 go to othoudsvc, else go to sexorient  Cannot select 99 with any other value | Select all clinics or services that the patient saw or went to for the treatment of OUD during the specified timeframe.  If another service was offered to the patient, not described in the listed values, select value “8”.  If none of these services were actually received during the timeframe select value “99”. |
| 33 | othoudsvc | Enter any other services the patient saw for Opioid Use Disorder (OUD) Treatment. | Free Text | Enter any other services the patient saw for OUD treatment. |

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| **Demographics and Stressors** | | | | |
| 34 | sexorient | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 3 months to oudencdt + 3 months); else (if valoudenc = 2, computer to display oudencdt2 – 3 months to oudencdt2 + 3 months), is there documentation in the medical record of the Veteran’s sexual orientation and/or gender identity?   1. Yes 2. No   98. Veteran declined to answer | 1,2,98 | Look for documentation of sexual orientation (e.g., attracted to women and/or men) and/or gender identity including heterosexual, gay, lesbian, bisexual and transgender. Select value “1” if sexual orientation and/or gender identity is documented during the specified timeframe.  Select value “98” if there is documentation that the patient refused or declined to identify sexual orientation and/or gender identity.  **Suggested data sources**: Primary care notes, Mental health notes, Social work notes |
| 35 | livestat | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 3 months to oudencdt + 3 months); else (if valoudenc = 2, computer to display oudencdt2 – 3 months to oudencdt2 + 3 months), is there documentation in the medical record of the patient’s living status?   1. Veteran lives alone 2. Veteran lives with others 3. Veteran is homeless   99. No documentation of Veteran’s living status | 3,4,5,99 | Look for documentation in the medical record of the patient’s living status and select the corresponding value documented during the specified timeframe.  If the living status is not documented, select value “99”.  If multiple living statuses are documented during the timeframe, select the value that represents the most unstable living status.  If there is any documentation that the patient was homeless select value “5” over the options regardless of which was most recent.  **Suggested data sources**: Primary care progress notes, Mental health notes, Social work notes |

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| 36 | depend1  depend2  depend3  depend99 | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 3 months to oudencdt + 3 months); else (if valoudenc = 2, computer to display oudencdt2 – 3 months to oudencdt2 + 3 months), is there documentation in the medical record that the Veteran has any of the following dependents?  **Select all that apply:**   1. Children under age 18 2. Elderly parents 3. Adult children with special needs   99. None of the above documented | 1,2,3,99  Cannot select 99 with any other value | Look for documentation in the medical record that the Veteran has children under the age of 18, elderly parents, adult children with special needs and select the corresponding value documented during the specified timeframe.  **Suggested data sources**: Primary care progress notes, Mental health notes, Social work notes |
| 37 | socstress1  socstress2  socstress3  socstress4  socstress5  socstress99 | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 3 months to oudencdt + 3 months); else (if valoudenc = 2, computer display oudencdt2 – 3 months to oudencdt2+ 3 months), is there documentation in the medical record that the Veteran has any of the following social stressors?  **Select all that apply:**   1. Parenting stressors 2. Veteran is responsible to assist with care of others such as parents, siblings 3. Legal concerns 4. Physical handicap impacting Veteran’s independence 5. Interpersonal or Domestic violence   99. None of the above | 1,2,3,4,5,99  Cannot select 99 with any other value | Look for any documentation of social stressors documented during the specified timeframe.  Social stressors may include, but are not limited to any of the following:   * **Parenting stressors** (e.g., ill child, single parent, special needs) * **Assisting with care of others such as parents, siblings** * **Legal concerns** (e.g., charges pending, bankruptcy settlements, child custody, divorce) * **Has a physical handicap impacting Veteran’s independence** (e.g., amputation of limb with no transportation) * **Interpersonal or Domestic violence**   If there is no documentation of social stressors select value “99”  **Suggested data sources**: Progress notes, Nursing Notes, Social work notes, Mental health (MH) notes, MH case management notes |

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| 38 | troubrel1  troubrel2  troubrel3  troubrel4  troubrel99 | During the timeframe, from (If valoudenc = 1, computer to display oudencdt – 3 months to oudencdt + 3 months); else (if valoudenc = 2, computer to display oudencdt2 – 3 months to oudencdt2 + 3 months), is there documentation in the medical record that the Veteran has troubled relationship(s) with any of the following?  **Select all that apply:**   1. Spouse or Partner 2. Child or Children 3. Parent(s) 4. Sibling(s) 5. None of the above | 1,2,3,4,99  Cannot select value 99 with any other value | Look for any documentation that the patient has troubled relationship(s) with a spouse, partner, child or children, parent(s), or sibling(s).  Select all values that the patient has a documented troubled relationship(s) with during the specified timeframe.  If there is no documentation that the veteran had troubled relationships, select value “99”.  **Suggested data sources**: Progress notes, Nursing Notes, Social work notes, Mental health (MH) notes, MH case management notes |

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| 39 | baseneed1  baseneed2  baseneed3  baseneed4  baseneed5  baseneed6  baseneed7  baseneed8  baseneed99 | During the timeframe, from (If valoudenc = 1, computer to display oudencdt – 3 months to oudencdt + 3 months); else (if valoudenc = 2, computer to display oudencdt2 – 3 months to oudencdt2 + 3 months), is there documentation in the medical record that the Veteran has any of the following basic needs stressors?  **Select all that apply:**   1. Veteran is homeless 2. Veteran having troubles at work including getting or keeping employment 3. Veteran has difficulties with transportation 4. Veteran failing to meet their day-to-day responsibilities 5. Food insecurity (not enough money for food) 6. Financial difficulties keeping utility or other bills paid 7. Veteran feeling unsafe in their home 8. Other basic needs stressors   99. None of the above documented | 1,2,3,4,5,6,7,8,99  If 8 go to othstress, else go to sexabuse1  Cannot select value 99 with any other value | Look for any documentation in the medical record that the patient has basic needs stressors, indicated by any of the following:   * **Homelessness or nowhere to live** * **Unable to maintain employment** * **Has difficulties with transportation** (e.g. no transportation, unreliable public transport, unreliable vehicle) * **Veteran failing to meet their day-to-day including responsibilities** (e.g. keeping the house clean, preparing or buying food, not maintaining hygiene) * **Food insecurity documented in notes or screening for food insecurity identified as positive** (i.e., The Hunger Vital Sign (HVS) is a two question screener that may be documented to identify food insecurity. Select food insecurity if HVS is documented and one question is positive or answered yes in the screener) * **Unsafe housing** (e.g. the documentation that the Veteran feels unsafe in their home)   If there are other basic needs stressors documented that do not fit into any of these, select option “8” for other.  If no basic needs stressors are documented during the specified timeframe, select value “99”.  **Suggested data sources**: Progress notes, Nursing Notes, Social work notes, Mental health (MH) notes, MH case management notes |
| 40 | othstress | Enter other basic needs stressors documented in the medical record. | Free text | Enter any other basic needs stressors documented in the medical record. |

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| **Prior abuse and/or life stressors 1 year prior to encounter** | | | | |
| 41 | sexabuse1  sexabuse2  sexabuse3  sexabuse99 | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt); else computer to display oudencdt2 – 1 year to oudencdt2) is there documentation the Veteran sustained any sexual abuse in their adult life?  **Select all that apply:**   1. Military sexual trauma (MST) 2. Rape 3. Sexual Harassment 4. None of the above documented | 1,2,3,99  Cannot select 99 with any other value | Look for any documentation that the Veteran experienced any sexual abuse, such as rape, sexual harassment or sexual trauma, in their adult life (over the age of 18) during the specified timeframe.  Select all sexual abuse that is documented in the medical record during the timeframe.  If there is no documentation of sexual abuse, select value “99”.  **Suggested data sources**: Physician Progress notes, Mental health progress notes, Social work notes, ED notes |
| 42 | lifestres1  lifestres2  lifestres3  lifestres4  lifestres5  lifestres99 | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt; else computer to display oudencdt2 – 1 year to oudencdt2), is there documentation in the medical record that the Veteran has experienced trauma, emotional or verbal abuse, or legal issues?  **Select all that apply:**  1. Combat trauma  2. Physical trauma  3. Emotional/verbal abuse  4. Other traumas  5. Past legal involvement  99. None of the above documented | 1,2,3,4,5,99  Cannot select 99 with any other option value | Look for documentation in the medical record that the Veteran had any of the following adulthood life stressors during the specified timeframe and select all that apply:   * **Combat trauma** (e.g., witnessing, experiencing, secondary, engaged in combat) * **Physical trauma** (e.g. fights, intimate partner violence (IPV) or abuse) * **Emotional/verbal abuse** (e.g. spousal, other relational, employment, military service) * **Other traumas** (e.g. child loss, loss of close other spouse, accident) * **Past legal involvement** (e.g. arrests, jail time)   If no adulthood life stressors are documented during the specified timeframe, select value “99”.  **Suggested data sources**: Progress notes, Nursing Notes, Social work notes, Mental health (MH) notes, MH case management notes |

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| 43 | childstre1  childstre2  childstre3  childstre4  childstre5  childstre6  childstre7  childstre8  childstre9  childstre99 | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt); else computer to display oudencdt2 – 1 year to oudencdt2), is there documentation in the medical record that prior to age 18 the Veteran had any of the following childhood stressors?  **Select all that apply:**   1. Lived with anyone mentally ill 2. Lived with anyone who abused alcohol or an alcoholic 3. Lived with anyone who used illegal street drugs or who abused prescription medications 4. Lived with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility 5. Witnessed abuse 6. Experienced physical or sexual abuse 7. Experienced emotional abuse 8. Experienced homelessness, food insecurity or were in foster care 9. Other childhood stressors   99. None of the above | 1,2,3,4,5,6,7,8,9,99  If 9, go to othcldstre, else go to delcare  Cannot select 99 with any other value | Look for documentation during the specified timeframe that the Veteran has experienced childhood stressors.  Select all childhood stressor(s) documented in the medical record during the specified time frame.  **To be included as a childhood stressor, the age the Veteran experienced the childhood stressor must be known AND the documentation must indicate the patient was less than 18 years of age to be selected as a childhood stressor.**   * **Childhood stressors may include documentation of any of the following:** * Lived with anyone mentally ill, was depressed, or suicidal * Lived with a problem drinker or alcoholic * Lived with anyone who used illegal street drugs or who abused prescription medications * Lived with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility * Witnessed abuse, such as domestic violence * Experienced physical or sexual abuse under the age of 18 * Experienced emotional abuse * Experienced homelessness, food insecurity or were in foster care * Other childhood stressors (e.g., medical problems, justice system involved, immigrated to United States, dropped out of school   If no childhood life stressors are documented during the specified timeframe, select value “99”.  **Cont’d next page**  **Childhood stressors cont’d**  **Suggested data source**: Progress notes, Nursing Notes, Social work notes, Mental health (MH) notes, MH case management notes |
| 44 | othcldstre | Enter other childhood stressors documented in the medical record. | Free text | Enter other childhood stressors documented in the medical record. |
| **Medical Management** | | | | |
| 45 | delcare | During the time frame from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt; else computer to display oudencdt2 – 1 year to oudencdt2), is there documentation that the Veteran has delayed care or prioritized care for others over their own due to family responsibilities?   1. Yes 2. No | 1,2 | Select value “1” for any documentation that the patient has prioritized care for others over their own due to family responsibilities.  For example, documentation of rescheduling appointments to take their children to activities or canceling appointment due to caring for a parent. |
| 46 | delmult | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt; else computer to display oudencdt2 – 1 year to oudencdt2), is there documentation that the Veteran has delayed aspects of Opioid Use Disorder (OUD) care due to management of multiple conditions?   1. Yes 2. No | 1,2 | If the patient has other health conditions that they manage, look for any documentation during the specified timeframe that care for Opioid Use Disorder (OUD) was delayed due to the management of other health related conditions.  If there is documentation that the patient has prioritized other health care conditions and delayed OUD treatment due to another health related condition that the patient is managing, select value “1”.  **Suggested data sources**: Physician Progress notes, MH progress notes, Social work notes, ED notes |

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| 47 | noncomp | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt; else computer to display oudencdt2 – 1 year to oudencdt2), is there documentation that the Veteran has not adhered to medical and/or mental health care management plans?  1. Yes  2. No | 1,2 | Look for documentation during the specified timeframe that the Veteran has not adhered to the medical and/or mental health care management plans or ordered treatment(s) that the patient agreed to.  **Select value “1” for the following:**   * No show notes medication compliance * Not wearing medical devices * Not attending PT   Any documentation of noncompliance or not adhering to what is prescribed, select value “1”.  **For conflicting documentation, if there is any documentation during the timeframe that patients are not adhering to treatments, select value “1”.**  **Suggested data sources**: Physician Progress notes, MH progress notes, Social work notes, ED notes |
| 48 | noncomed | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt; else computer to display oudencdt2 – 1 year to oudencdt2), is there Physician/APN/PA documentation the Veteran has been non-compliant with medications?   1. Yes 2. No | 1,2 | Look for documentation during the specified timeframe that the Veteran has been non-compliant with medications.  **Select value “1” if any of the following documentation is present:**   * Patient is not taking the medication as directed * Asking for re-fills early * Medications were lost * Hoarding medications   **If there is any documentation the patient is abusing prescribed medications or is non-compliant, select value “1”.** |

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| 49 | difcarcor | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt; else computer to display oudencdt2 – 1 year to oudencdt2), is there documentation the Veteran is having difficulty coordinating care?   1. Yes 2. No | 1,2 | Look for documentation during the specified timeframe that the Veteran has difficulty coordinating care.  For example, if documentation indicates patient is missing appointments or not answering telephone calls to follow-up on care, select value “1”.  **Suggested data sources**: Case Management notes, progress notes, Mental health notes, Social work notes |
| 50 | carecoor | During the timeframe from (If valoudenc = 1, computer to display oudencdt – 1 year to oudencdt; else computer to display oudencdt2 – 1 year to oudencdt2), is there documentation the Veteran has a Care Coordinator?   1. Yes 2. No | 1,2 | Look for documentation during the specified timeframe that the Veteran has a Care Coordinator.  If documentation indicates the Veteran has a Care Coordinator, select value “1.”  **Suggested data sources**: Consults, Social work notes, Case management notes, Physician progress notes |