Document Links:

HBPC Instrument

CATNUM

Sample cohort

HBPC - Home Based Primary Care

REVSTAT

REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- 4. Record contains missing required answers
- 5. Administrative Exclusion

DOCHOSPCE

Is one of the following documented in the medical record?

- The patient is enrolled in a VHA or community-based Hospice program
- The patient has a diagnosis of cancer of the liver, pancreas, or esophagus
- On the problem list it is documented the patient's life expectancy is less than 6 months?
- Yes
- 2. No

DEMENTDX2 (HBPC)

During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

A8100, A8101, A8109, A812, A8189, A819, Primary I60xx – I69xx + Secondary F0150 or F0151, F0390, F0391, any Primary xxx.xx + Secondary F0280 or F0281, F0390. F0391, F1027, F1997, G231, G300, G301, G308, G309, G3101, G3109, G3183, G903

- 1. Yes
- 2. No

DEMSEV (HBPC)

Was the severity of dementia assessed during the past year using one of the following standardized tools?

- Clinical Dementia Rating Scale (CDR)
- 2. Functional Assessment Staging Tool (FAST)
- 3. Global Deterioration Scale (GDS)
- 99. Severity of dementia was not assessed during the past year using one of the specified tools

COGSCOR2 (HBPC)

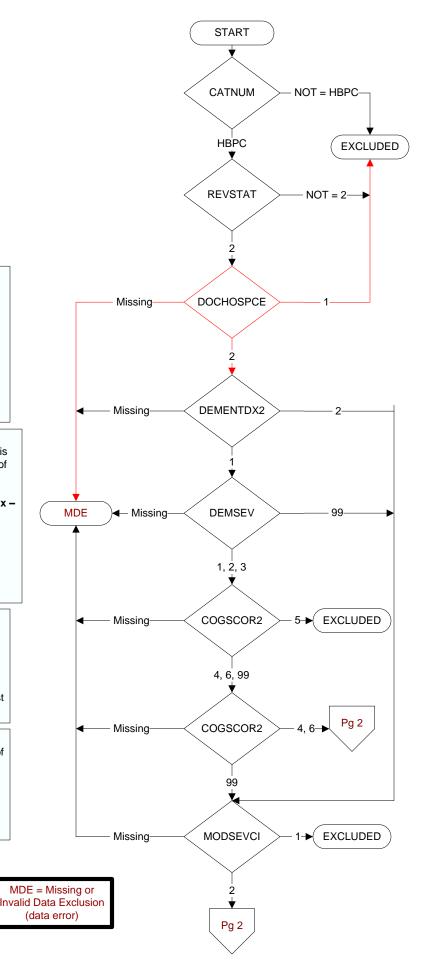
What was the outcome of the assessment of the severity of dementia assessment?

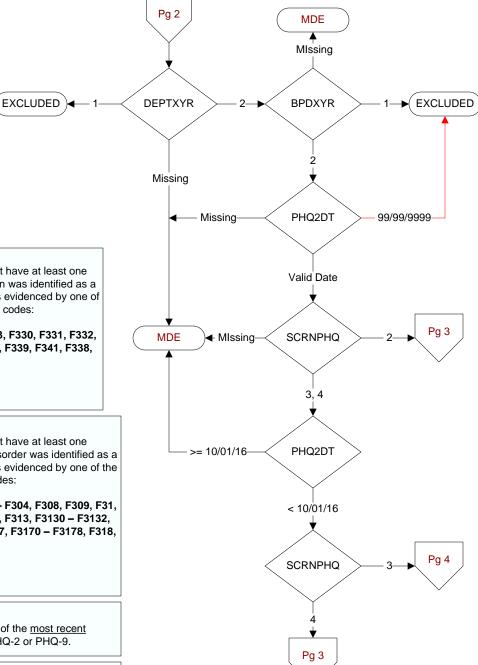
- 4. Score indicated mild dementia
- 5. Score indicated moderate to severe dementia
- 6. Score indicated no dementia
- 99. No score documented in the record or unable to determine outcome

MODSEVCI (HBPC)

During the past year, did the clinician document in the record that the patient has moderate or severe cognitive impairment?

- 1. Yes
- 2. No





DEPTXYR (HBPC)

Within the past year, did the patient have at least one clinical encounter where depression was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

F32, F320 - F325, F328, F329, F33, F330, F331, F332, F333, F334, F3340, F3341, F3342, F339, F341, F338, F0631, F0632

- 1. Yes
- 2. No

BPDXYR (HBPC)

Within the past year, did the patient have at least one clinical encounter where bipolar disorder was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

F30, F301, F3010 - F3013, F302 - F304, F308, F309, F31, F310, F311, F3110 - F3113, F312, F313, F3130 - F3132, F314 - F316, F3160 - F3164, F317, F3170 - F3178, F318, F3181, F3189, F319

- 1. Yes
- 2. No

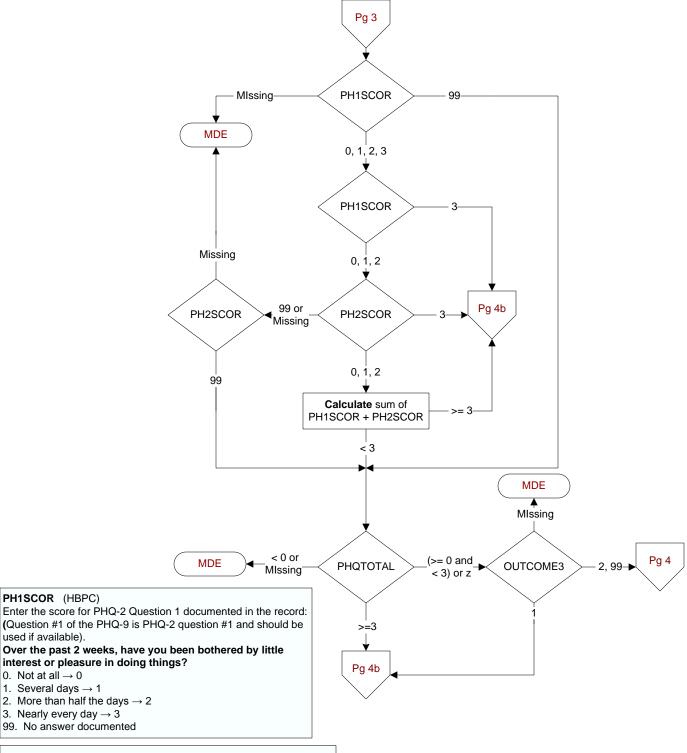
PHQ2DT (HBPC)

Enter the date within the past year of the <u>most recent</u> screening for depression by the PHQ-2 or PHQ-9.

SCRNPHQ (HBPC)

On the date of the most recent screening for depression, was the patient screened by the PHQ-2 or the PHQ-9?

- 2. Screened by PHQ-2
- 3. Screened by PHQ-9
- 4. Screened by PHQ-2 AND PHQ-9 on the same date



PH2SCOR (JBPC)

Enter the score for PHQ-2 Question 2 documented in the record:

(Question #2 of the PHQ-9 is PHQ-2 question #2 and should be used if available).

Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?

- 0. Not at all \rightarrow 0
- 1. Several days \rightarrow 1
- 2. More than half the days \rightarrow 2
- 3. Nearly every day \rightarrow 3
- 99. No answer documented

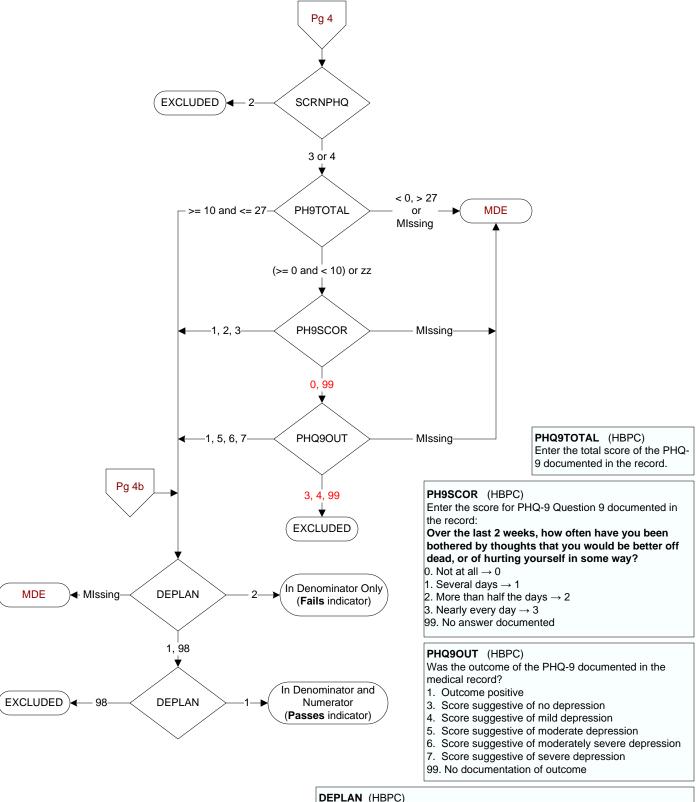
PHQTOTAL (HBPC)

Enter the <u>total score</u> for the **PHQ-2** documented in the medical record.

OUTCOME3 (HBPC)

What was the outcome of the PHQ-2 documented in the record?

- 1. Outcome positive (suggestive of depression)
- 2. Outcome negative (no indication of depression)
- 99. Outcome not documented



During the time frame from (computer to display phg2dt to phg2dt + 14 days), did a HBPC team member (physician/APN/PA, RN, Pharmacist, Psychologist, Social Worker) document a follow-up evaluation and/or plan for treatment?

- 1. Yes 2. No
- 98. Veteran refused follow-up intervention for positive depression screen