

**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 from all measures

**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?

1. 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, A8182, A8189, A819, F0150, F0151, F0280, F0281, F0390, F0391, F1027, F1097, F1327, F1397, F1817, F1827, F1897, F1917, F1927, 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?

1. 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)

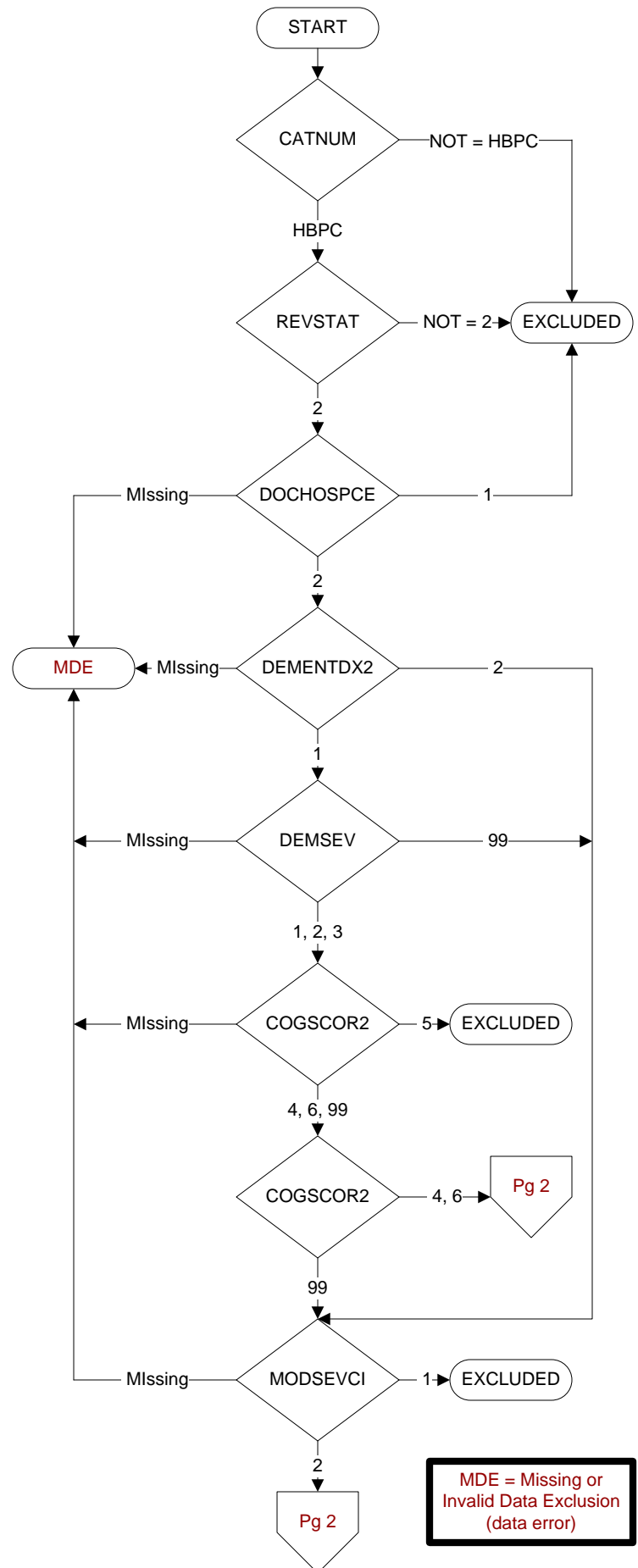
What was the outcome of the assessment of the severity of dementia assessment?

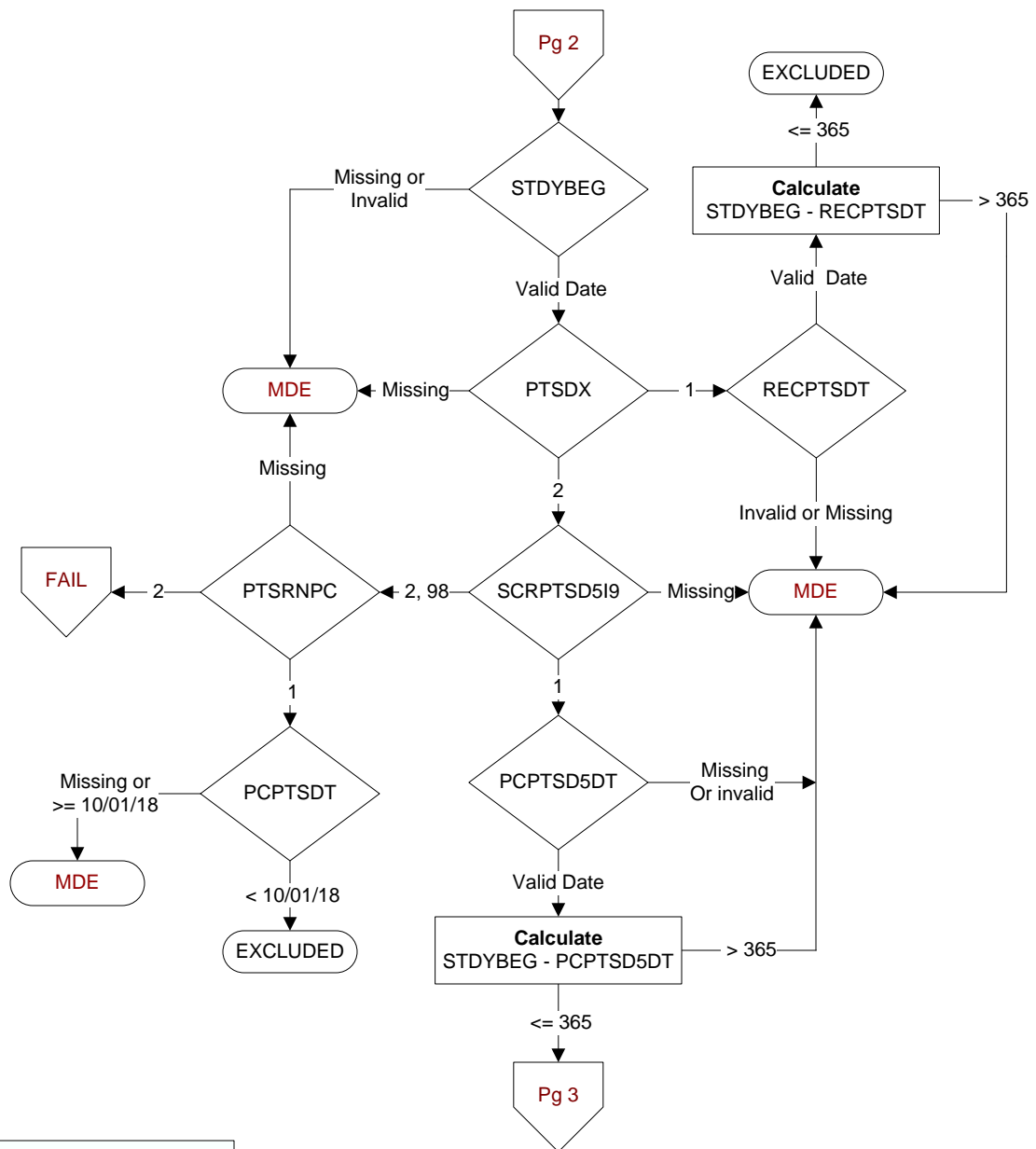
4. Score indicated mild dementia
5. Score indicated moderate to severe dementia
6. Score indicated no dementia
99. No score documented in the record or unable to determine outcome

**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





**STDYBEG** (rcvd on pull list)  
Study interval begin date

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

**F431, F4310 - F4312**

1. Yes
2. No

**RECPTS DT** (HBPC)  
Enter the date within the past year of the most recent clinical encounter where PTSD was identified as a reason for the clinical encounter.

**PTSRNPC** (HBPC)  
Within the past five years and prior to 10/01/2018, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?

1. Yes
2. No

**PCPTSDT** (HBPC)  
Enter the date of the most recent screen for PTSD using the PC-PTSD.

**SCRPTSD5I9** (HBPC)  
During the past year was the patient screened for PTSD using the Primary Care PTSD5 +I9?

1. Yes
2. No
98. Patient refused screening by the PC-PTSD5 +I9

**PCPTSD5DT** (HBPC)  
Enter the date within the past year of the most recent screen for PTSD using the PC-PTSD5+ I9.

**TRAUMEVT (MH)**

Enter the response documented in the record for PC-PTSD5 +I9 exposure to traumatic event(s).

**Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:**

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

**Have you ever experienced this kind of event?**

- 1. Yes
- 2. No
- 99. Response not documented

(MH) Enter the patient's answers to each of the PC-PTSD5 +I9 Screen questions:

**In the past month, have you:**

- SCRPTSD1.** Had nightmares about the event(s) or thought about the event(s) when you did not want to?
- SCRPTSD2.** Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?
- SCRPTSD3.** Been constantly on guard, watchful, or easily startled?
- SCRPTSD4.** Felt numb or detached from people, activities, or your surroundings?
- SCRPTSD5.** Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
- 1. Yes
  - 2. No
  - 99. Response not documented

**PTSD5OUT (MH)**

Enter the interpretation of the PC-PTSD5 +I9 as documented in the medical record.

- 1. Positive
- 2. Negative
- 99. No interpretation documented

**SCORPTSD5 (MH)**

Enter the total score for the PC-PTSD5 +I9 screen documented in the record.

**PTSDI9SCOR (MH)**

Enter the score for item 9 question #6 of the PC-PTSD5 + I9 screen documented in the record:

**Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?**

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

**PTSDI9OUT (MH)**

Enter the interpretation of item 9 question #6 of the PC-PTSD5- +I9 screen as documented in the medical record.

- 1. Positive
- 2. Negative
- 99. No interpretation documented

