Document Links:

HBPC Instrument

COHORT

69 - Home Based Primary Care

REVSTAT

REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- TVG failure (exclusion)
- 4. Record contains missing data
- 5. Administrative exclusion from all measures

HOSPICE

During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program? 1. Yes

2. No

DEMENTDX2 (MH)

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:

 $\begin{array}{l} {\sf A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, }\\ {\sf F01.50, F01.511, F01.518, F01.52 - F01.54, F01.A0, }\\ {\sf F01.A11, F01.A18, F01.A2 - F01.A4, F01.B0, F01.B11, }\\ {\sf F01.B18, F01.B2 - F01.B4, F01.C0, F01.C11, F01.C18, }\\ {\sf F01.C2 - F01.C4, F02.80, F02.811, F02.818, F02.82 - }\\ {\sf F02.84, F02.A0, F02.A11, F02.A18, F02.A2 - F02.A4, }\\ {\sf F02.B0, F02.B11, F02.B18, F02.B2 - F02.B4, F02.C0, }\\ {\sf F02.C11, F02.C18, F02.C2 - F02.C4, F03.90, F03.911, }\\ {\sf F03.918, F03.92 - F03.94, F03.A0, F03.A11, F03.A18, }\\ {\sf F03.84, F03.C0, F03.C11, F03.C18, F03.C2 - F03.C4, }\\ {\sf F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, }\\ {\sf F19.17, F19.27, F19.97, G23.1, G30.0, G30.1, G30.8, }\\ {\sf G30.9, G31.01, G31.09, G31.83, G90.3 } \end{array}$

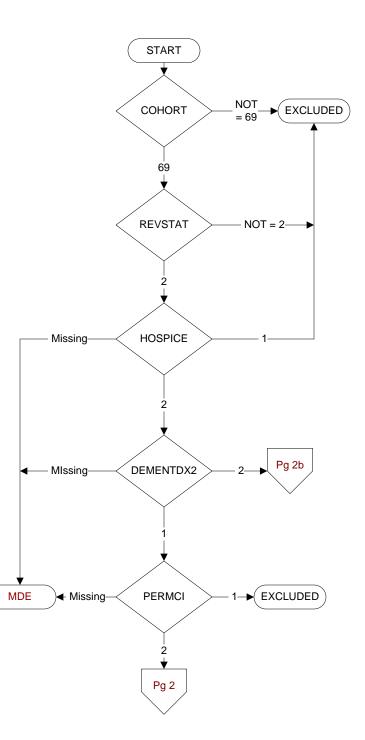
1. Yes

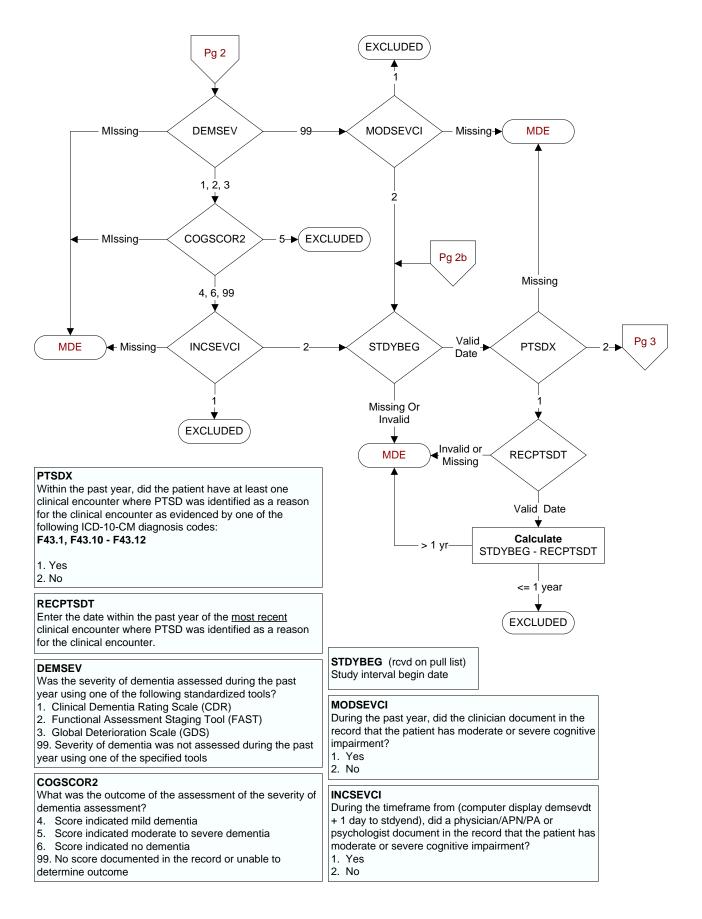
2. No

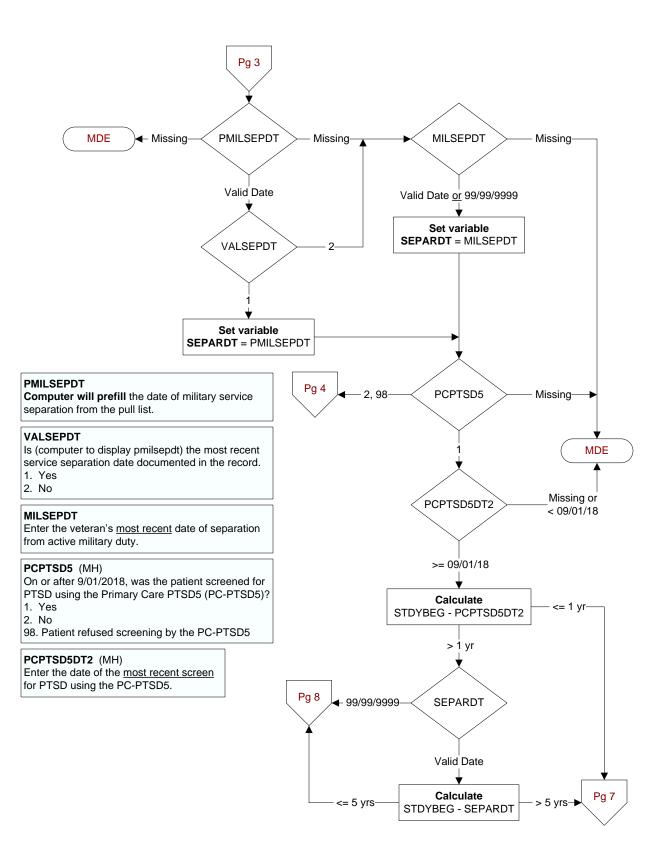
PERMCI

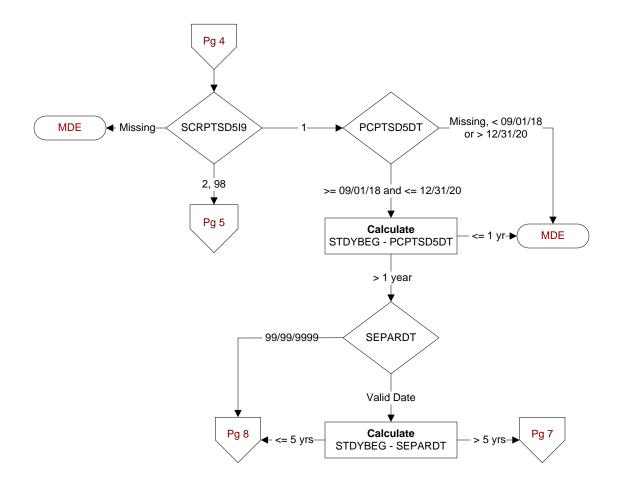
During the past year, did a physician/APN/ PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder? 1. Yes 2. No











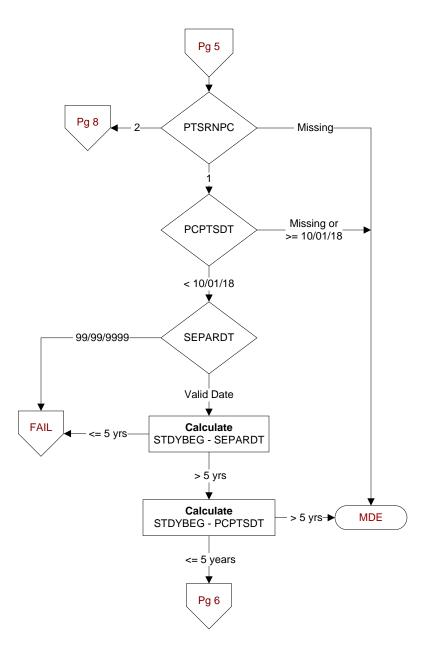
SCRPTSD5I9

During the timeframe from 9/01/2018 to 12/31/2020, was the patient screened for PTSD using the <u>Primary Care PTSD5 +I9</u>? 1. Yes 2. No

98. Patient refused screening by the PC-PTSD5 +I9

PCPTSD5DT

Enter the date of the <u>most recent screen</u> for PTSD using the PC-PTSD5+ I9.



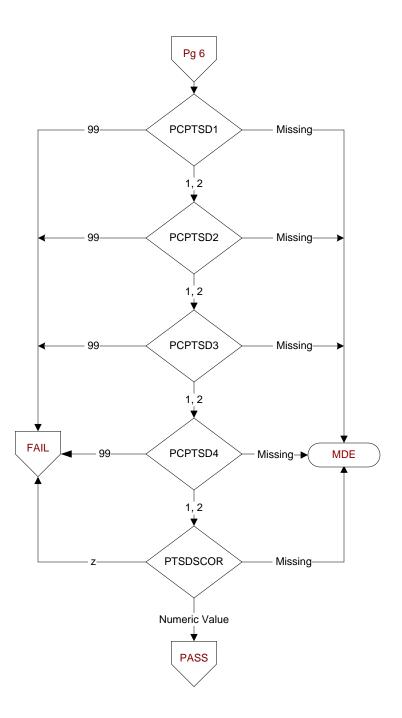
PTSRNPC (MH)

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 (MH)

Enter the date of the <u>most</u> recent screen for PTSD using the PC-PTSD.

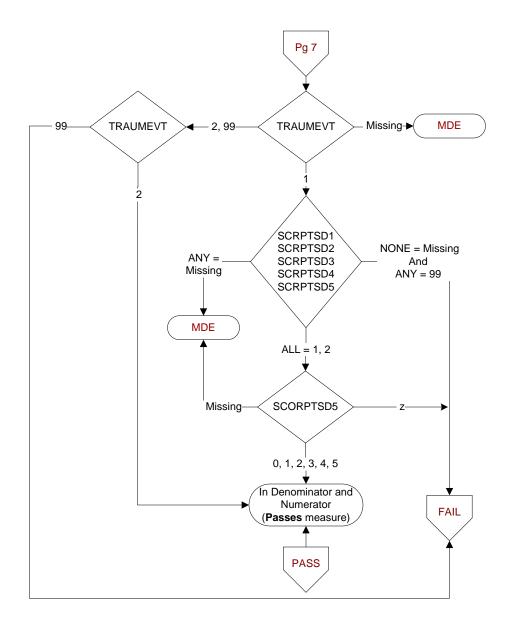


PCPTSD

Enter the patient's answers to each of the Primary Care PTSD Screen questions:			
Have you ever had any experience that was so frightening, horrible, or upsetting that, IN			
THE PAST MONTH, you:			
PCPTSD1. Have had any nightmares about it or thought about it when you did not want to?			
PCPTSD2. Tried hard not to think about it or went out of your way to avoid situations that			
remind you of it?	_		
PCPTSD3. Were constantly on guard, watchful, or easily startled?		F	
PCPTSD4. Felt numb or detached from others, activities, or your surroundings?		E	
1. Yes		s	
2. No		r	
95. Not applicable		E r (/ n	
99. No answer documented		n	

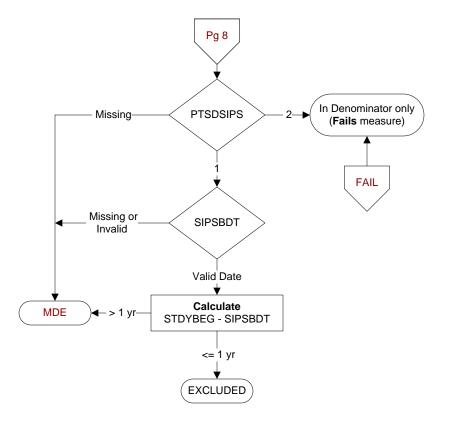
PTSDSCOR

Enter the total score for the screen documented in the record. (Abstractor can enter default z if no total score is documented)



TRAUMEVT

TRAUMEVT Enter the response documented in the record for	Enter the patient's answers to each of the PC- PTSD5 Screen questions:	
PC-PTSD5 exposure to traumatic event(s).	In the past month, have you:	
Sometimes things happen to people that are	SCRPTSD1. Had nightmares about the event(s)	
unusually or especially frightening, horrible, or	or thought about the event(s) when you did	
traumatic. For example:	not want to?	
 a serious accident or fire 	SCRPTSD2. Tried hard not to think about the	
 a physical or sexual assault or abuse 	event(s) or went out of your way to avoid	SCORPTSD5
 an earthquake or flood 	situations that remind you of the event(s)?	Enter the total score for the PC-
• a war	SCRPTSD3. Been constantly on guard, watchful,	PTSD5 screen documented in the
 seeing someone be killed or seriously 	or easily startled?	record
injured	SCRPTSD4. Felt numb or detached from people,	
 having a loved one die through homicide or 	activities, or your surroundings?	PTSD5OUT
suicide.	SCRPTSD5. Felt guilty or unable to stop blaming	Enter the interpretation of the PC-
Have you ever experienced this kind of event?	yourself or others for the event(s) or any	PTSD5 screen as documented in
	problems the event(s) may have caused?	the medical record.
1. Yes	1. Yes	1. Positive
2. No	2. No	2. Negative
99. Response not documented	99. Response not documented	99. No interpretation documented



PTSDSIPS

During the past year, was the patient screened for PTSD using the Single Item PTSD Screener-B (SIPS-B) at a VHA facility that uses the Cerner electronic health record? 1. Yes 2. No

SIPSBDT

Enter the most recent date the SIPS-B was completed.