

**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
- 3. 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:

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

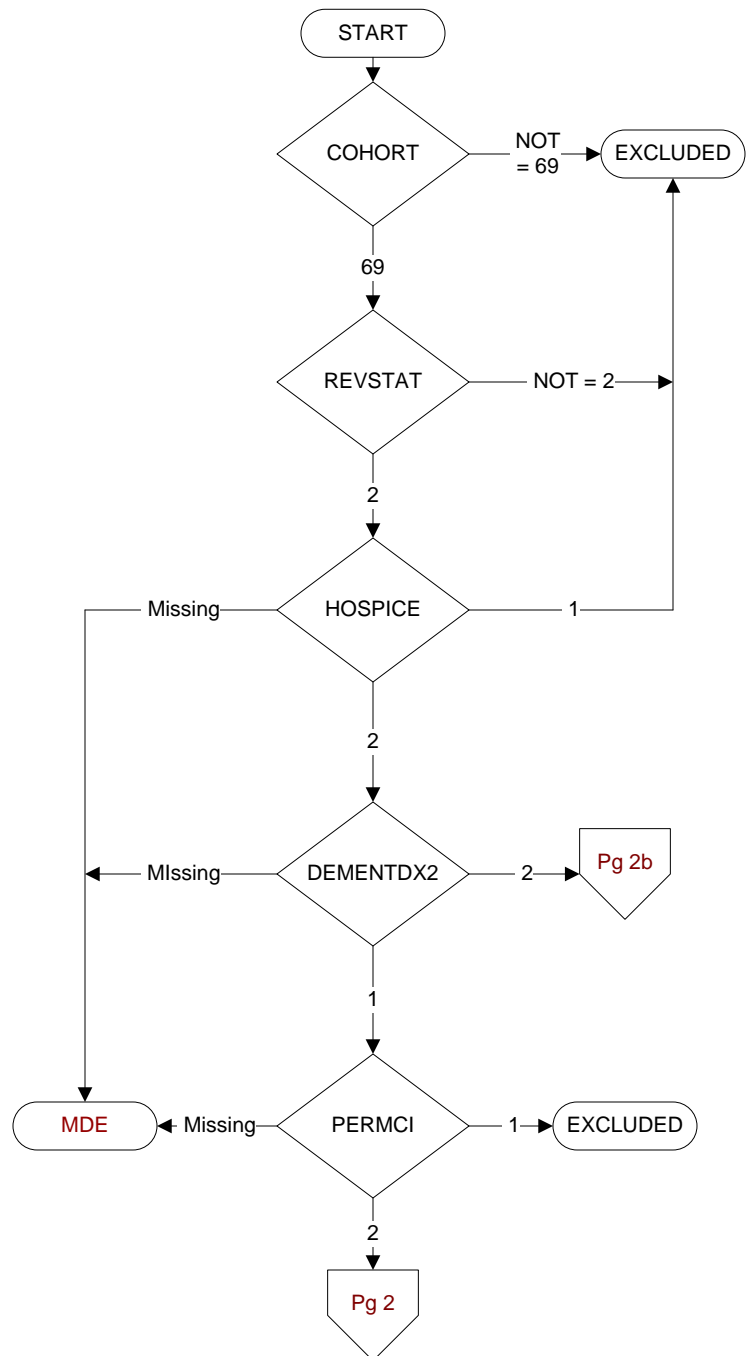
- 1. Yes
- 2. No

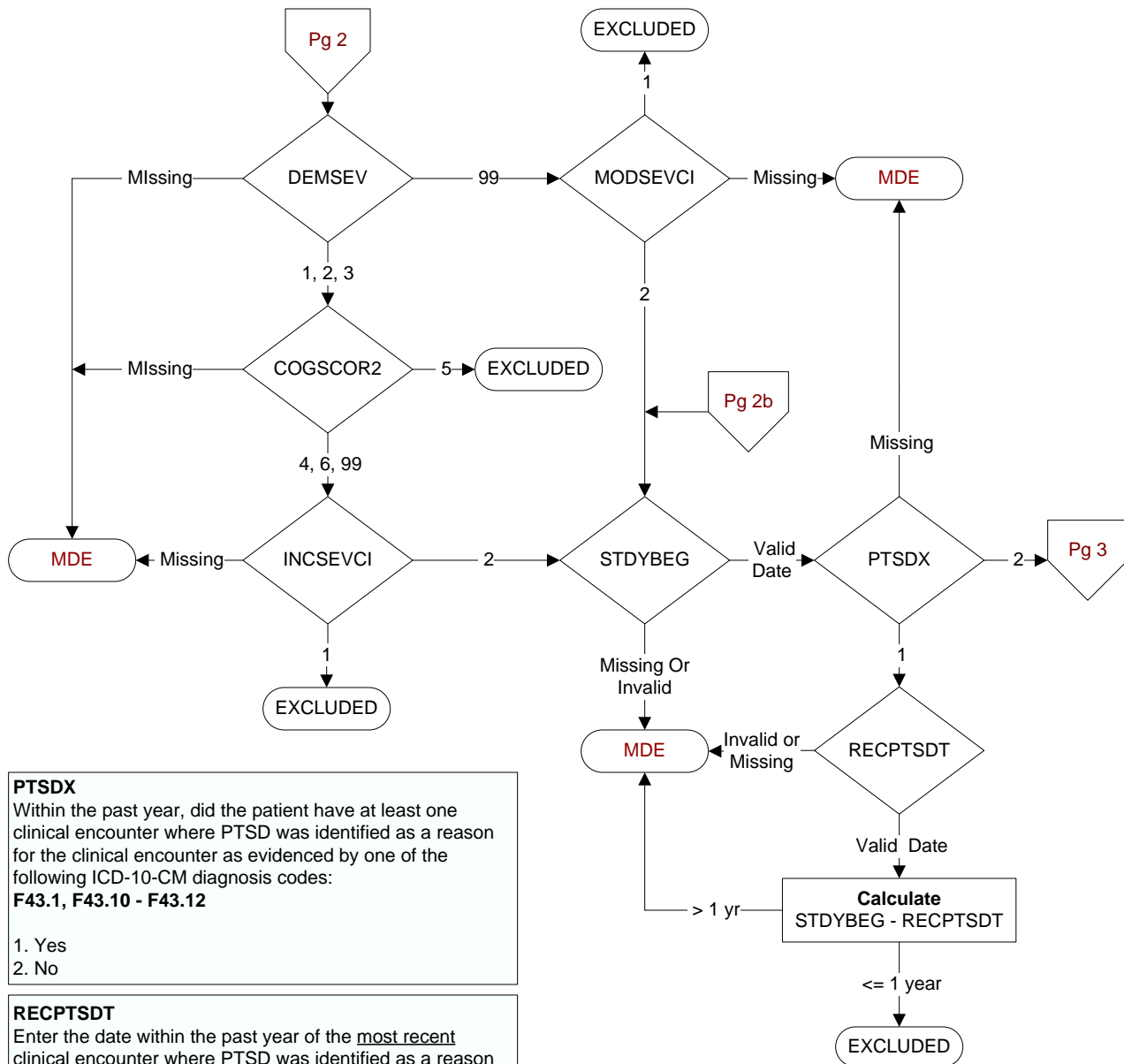
**PERMCI**

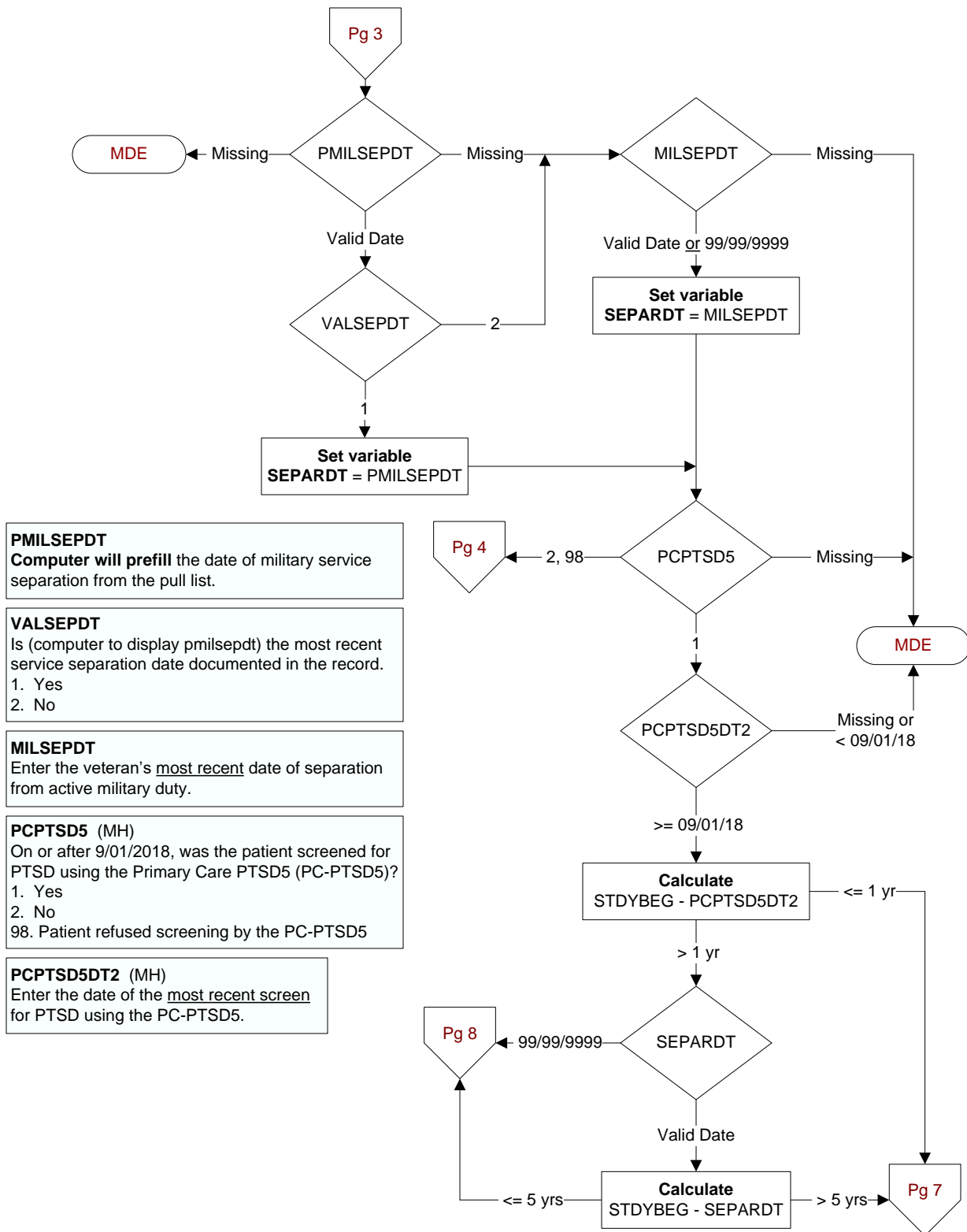
During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder?

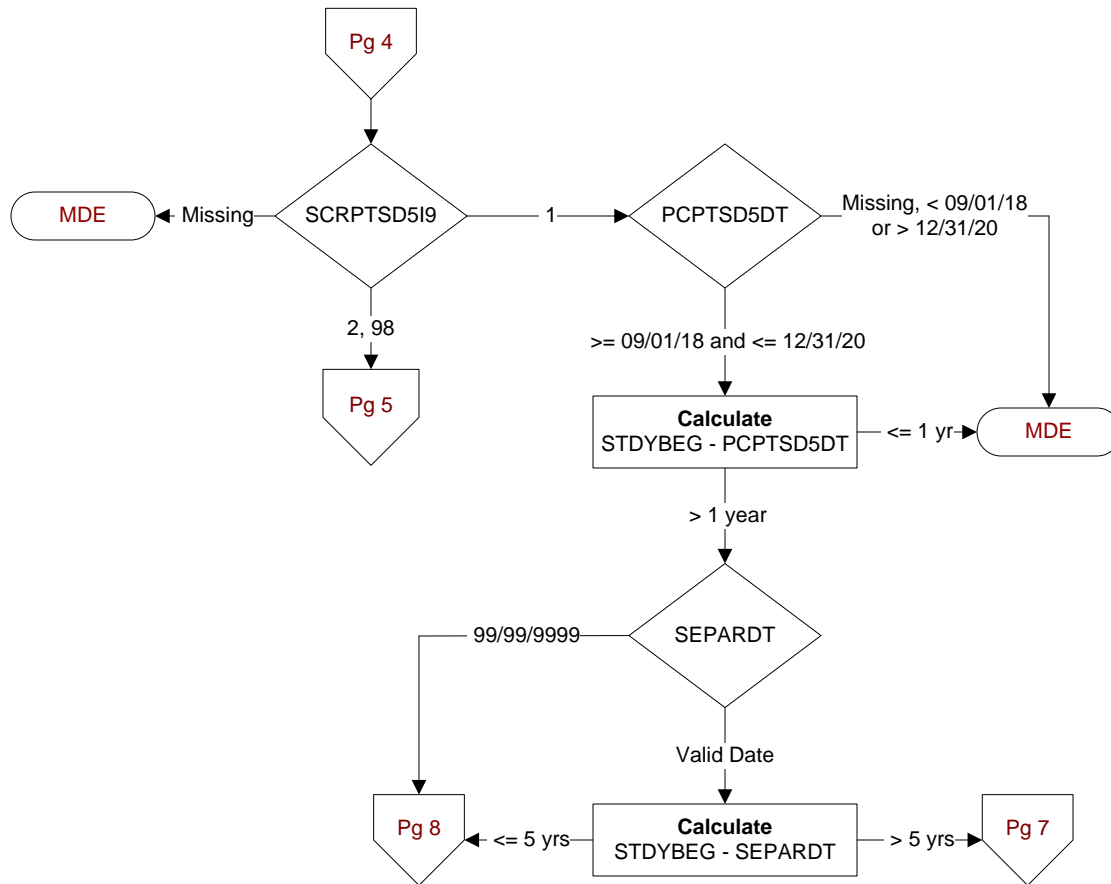
- 1. Yes
- 2. No

**MDE = Missing or  
Invalid Data Exclusion  
(data error)**







**SCRPTSD5I9**

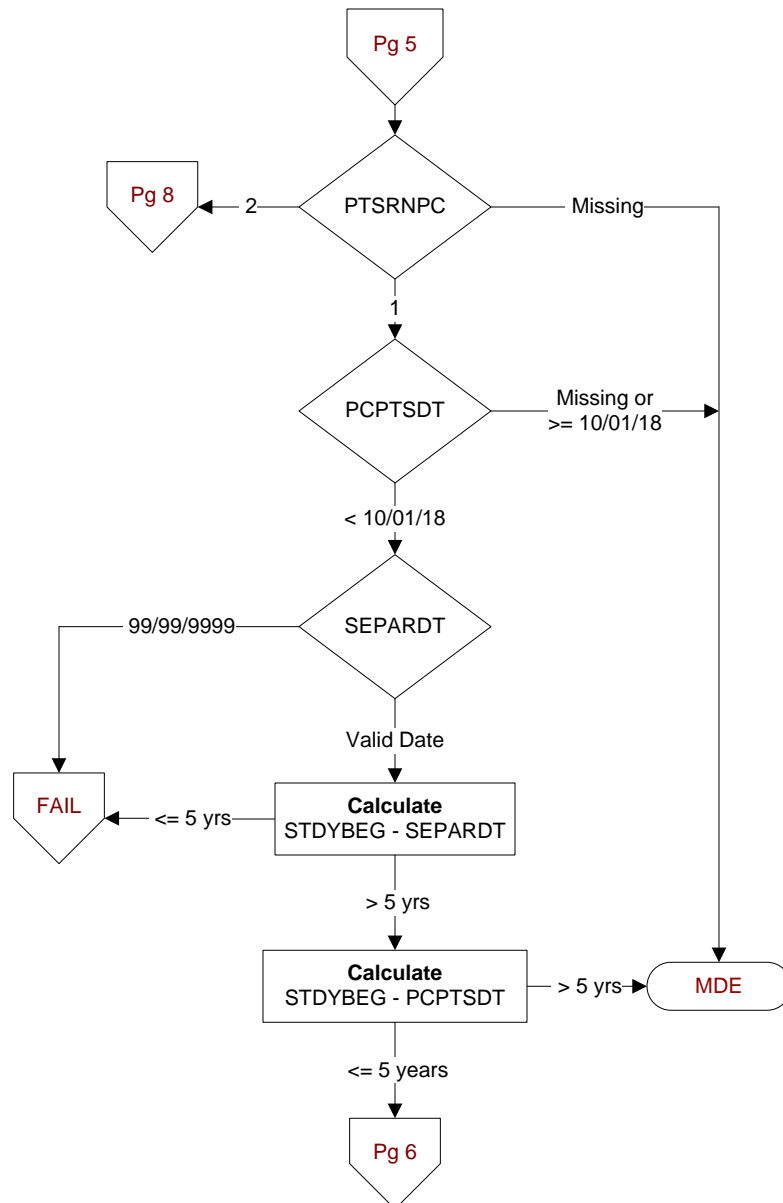
During the time frame from 9/01/2018 to 12/31/2020, was the patient screened for PTSD using the Primary Care PTSD5 +I9?

1. Yes
2. No

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

**PCPTSD5DT**

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

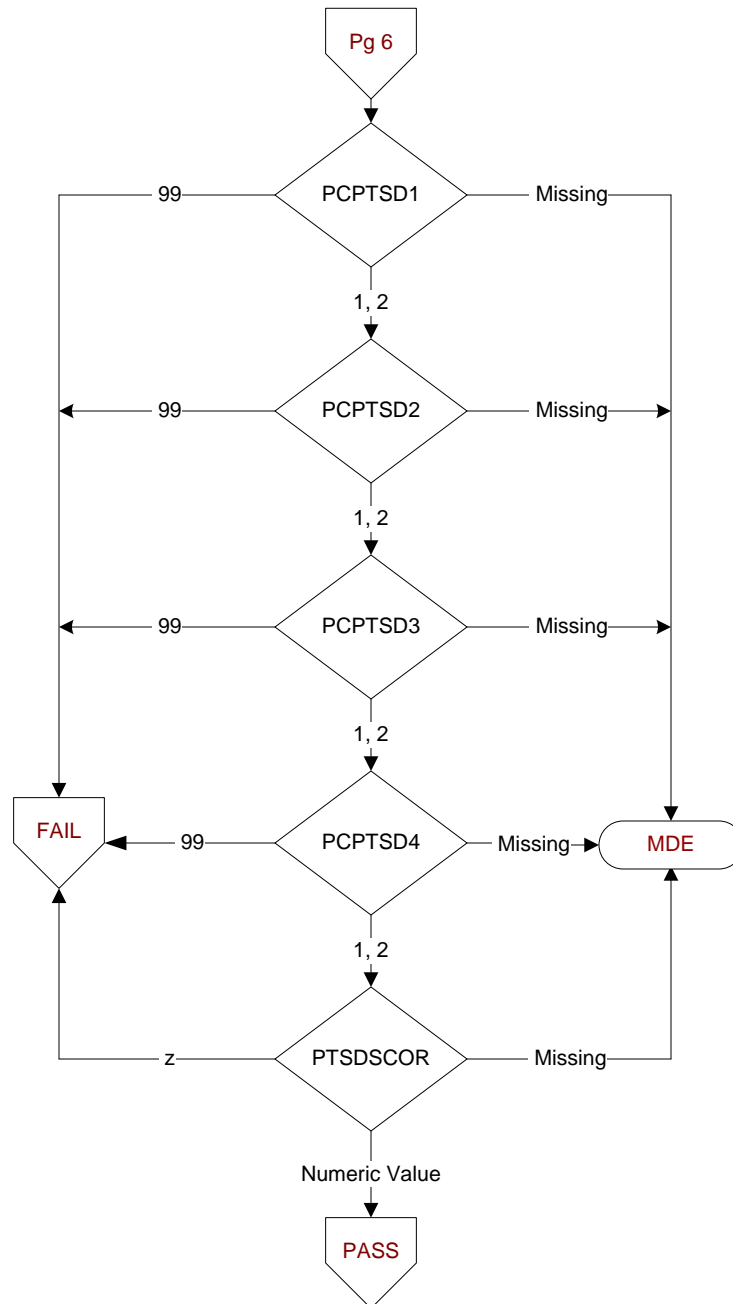
**PTSRNPC (MH)**

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

**PCPTS DT (MH)**

Enter the date of the most 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?

**PCPTSD4.** Felt numb or detached from others, activities, or your surroundings?

1. Yes

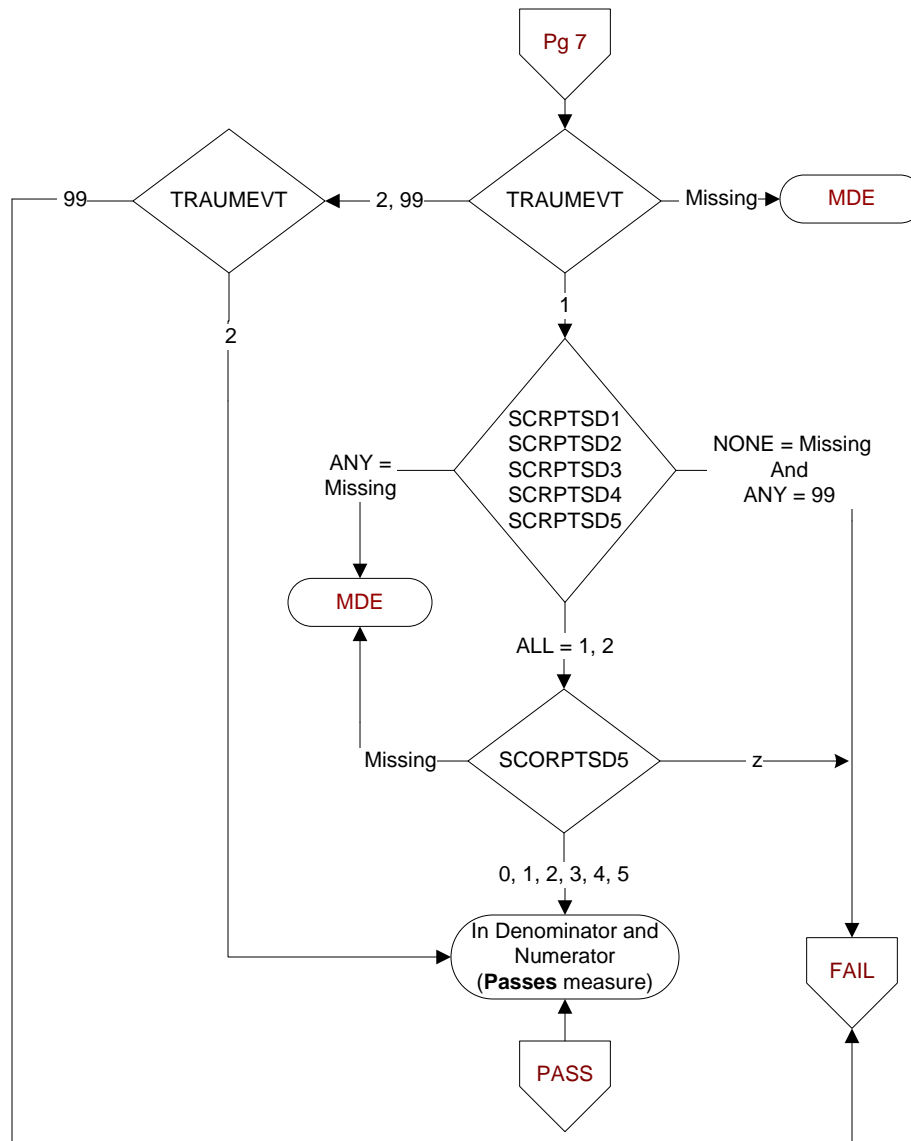
2. No

95. Not applicable

99. No answer documented

**PTSDSCOR**

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

**TRAUMEVT**

Enter the response documented in the record for PC-PTSD5 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

Enter the patient's answers to each of the PC-PTSD5 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

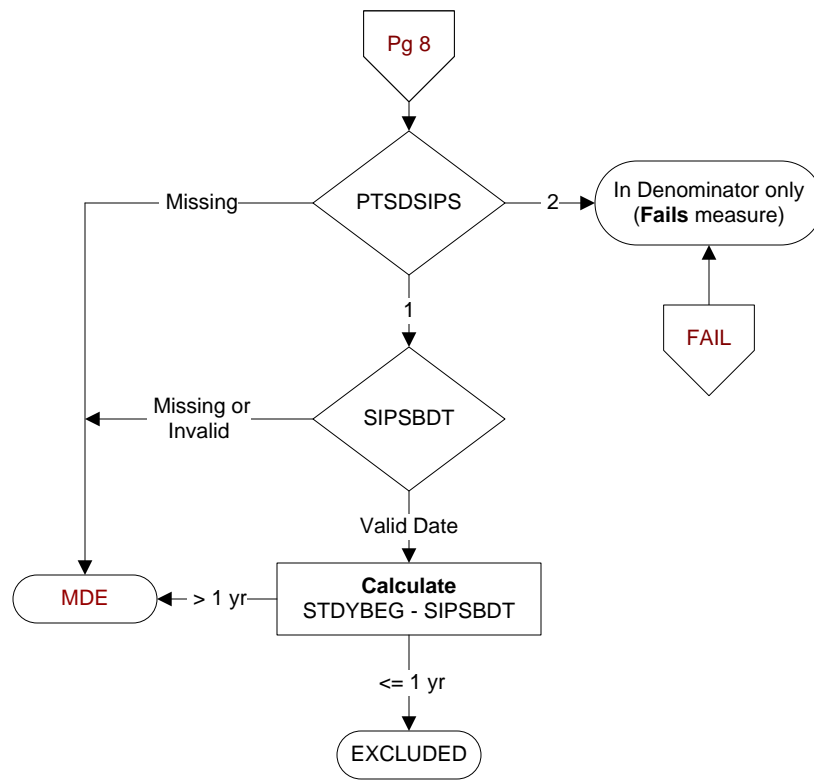
**SCORPTSD5**

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

**PTSD5OUT**

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

1. Positive
2. Negative
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.