

**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

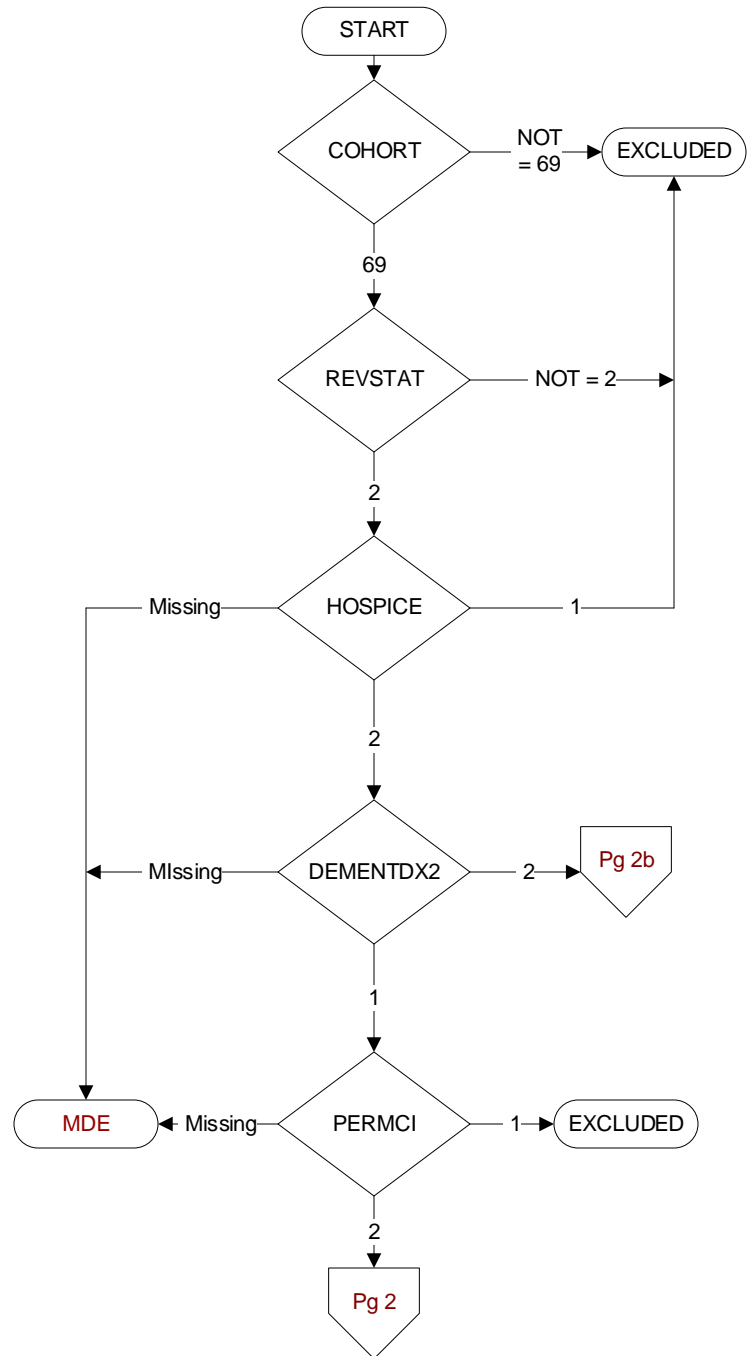
1. Yes
2. No

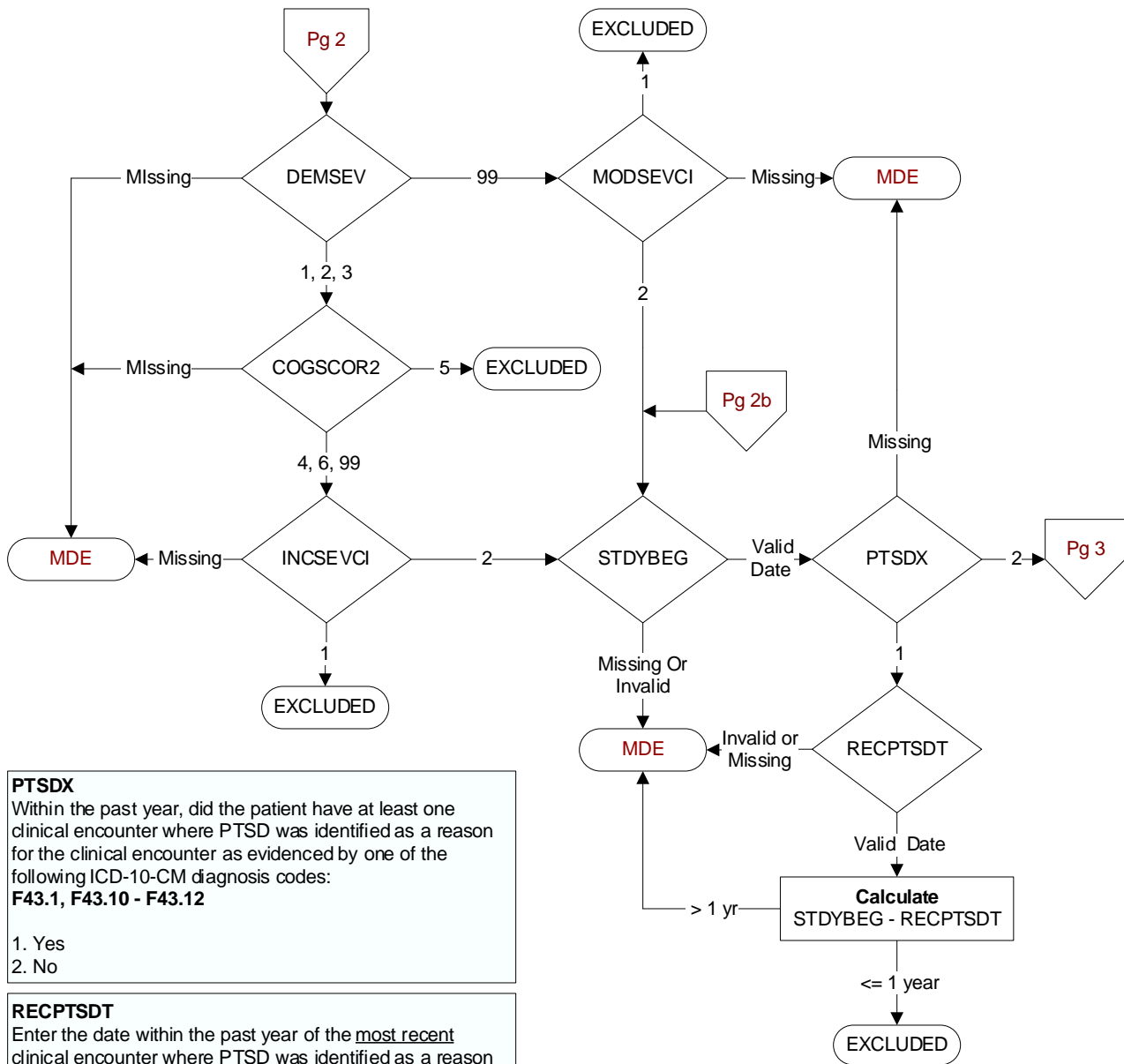
**PERMCI**

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)**



**PTSDX**

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:

**F43.1, F43.10 - F43.12**

1. Yes
2. No

**RECPTSDT**

Enter the date within the past year of the most recent clinical encounter where PTSD was identified as a reason for the clinical encounter.

**DEMSEV**

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**

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

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

**MODSEVCI**

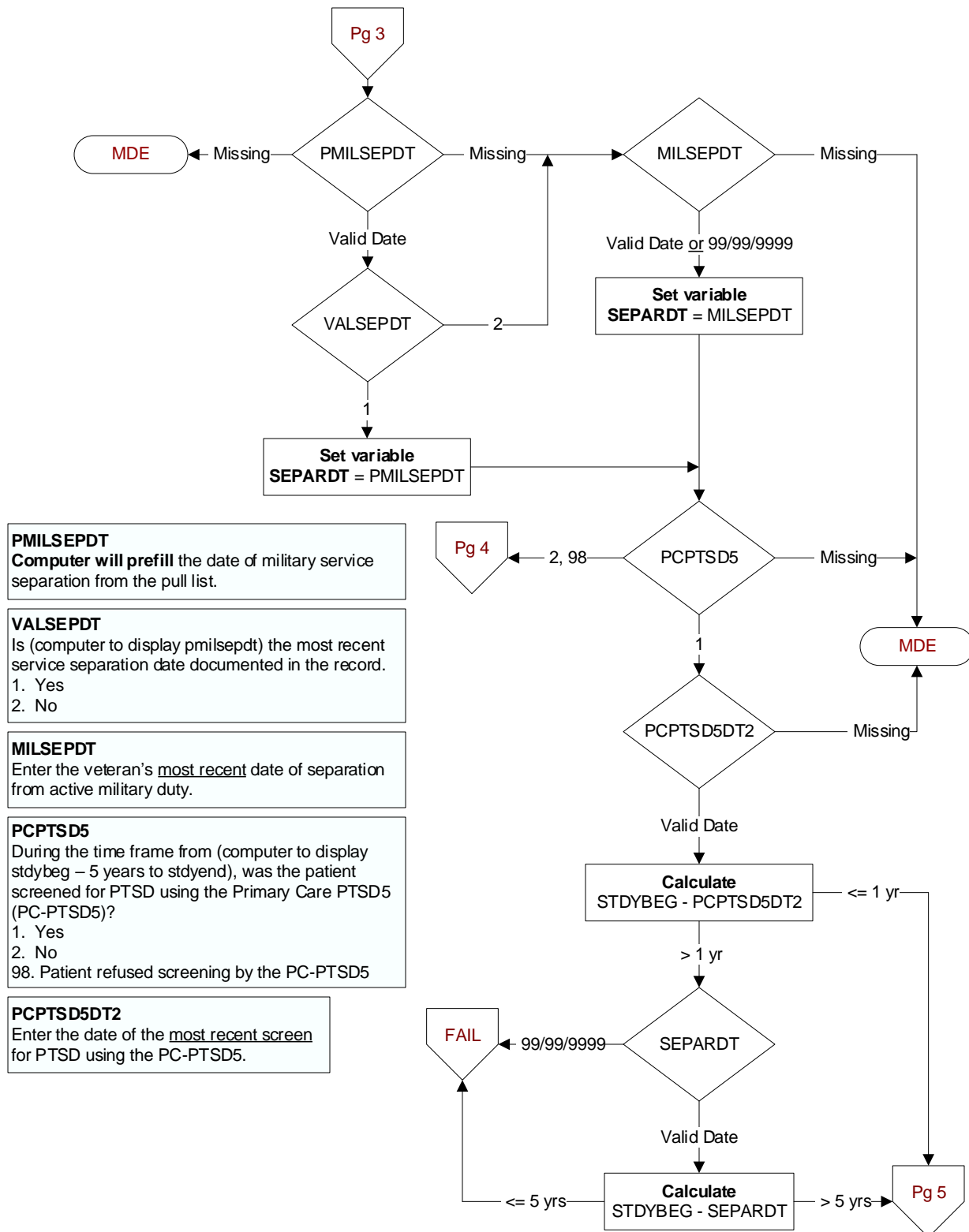
During the past year, did the clinician document in the record that the patient has moderate or severe cognitive impairment?

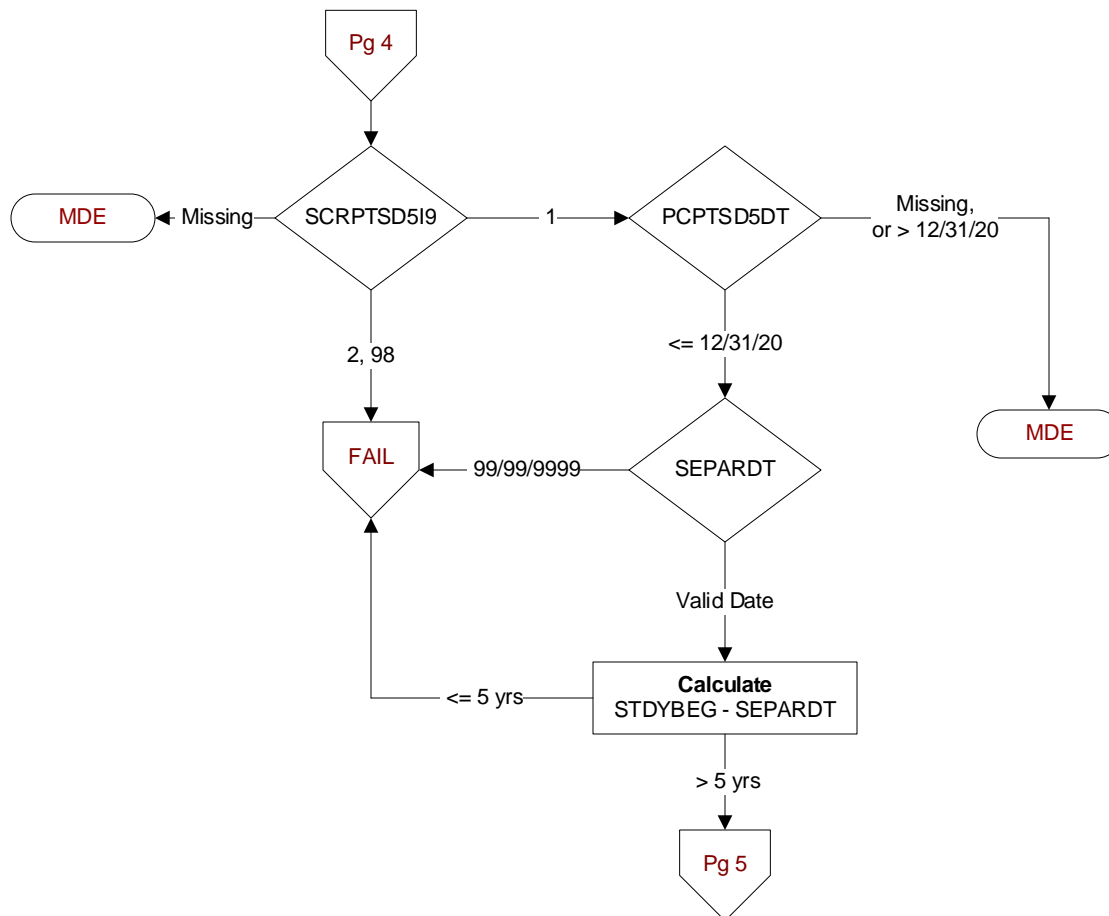
1. Yes
2. No

**INCSEVCI**

During the time frame from (computer display demsevd + 1 day to stdyend), did a physician/APN/PA or psychologist document in the record that the patient has moderate or severe cognitive impairment?

1. Yes
2. No



**SCRPTSD5I9**

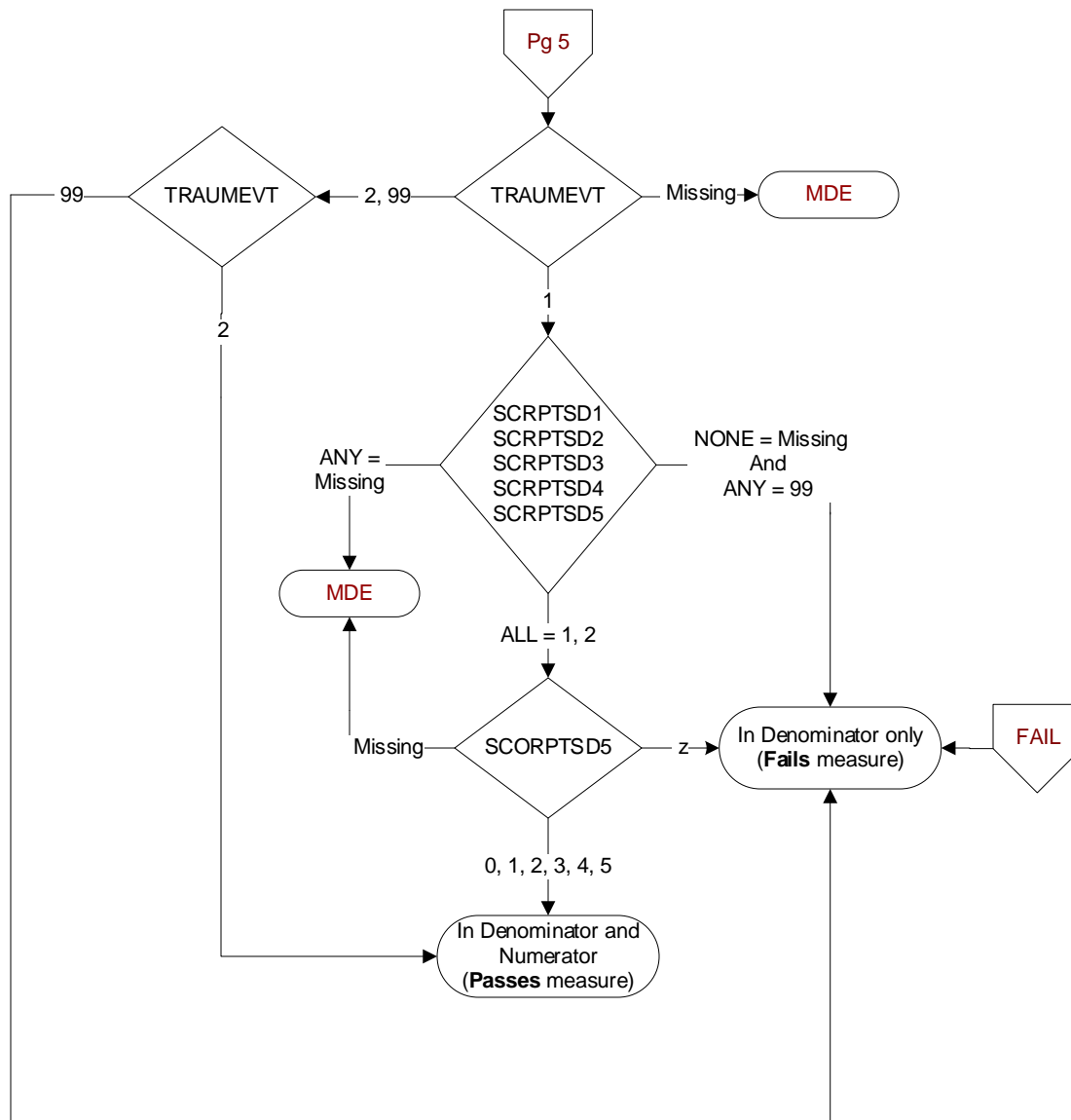
During the time frame from (computer to display stdybeg – 5 years to 12/31/2020), was the patient screened for PTSD using the Primary Care PTSD5 +I9?

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.

**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 documented in the record..