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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Pre-fill  QI pre-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  FIN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  RACE  ETHNICITY  COHORT  AGE | Patient SSN  FIN  First Name  Last Name  Birth Date  Sex  Race  Ethnicity  Cohort  Age | Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: **can change**  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change |  |
| **#** | **Name** | **QUESTION** | **Field Format** | **DEFINITIONS/DECISION RULES** |
| 1 | hospice | During the period from 01/01/2022 through 01/31/2023, is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program? 1. Yes  2. No | 1,2  **If 1 and abnmamval, ctabnval, and abhivval = null, the case is excluded; else if 1, go to abnmamval** | **A hospice program provides care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness.**  **Hospice care maybe provided in a hospice facility, in the home, or other settings.**  **Acceptable:** Enrollment in a VHA or community-based hospice program  **Unacceptable:** Enrollment in a VHA Palliative Care or HBPC program  **Suggested Data sources:** problem list, **c**onsult notes, history and physical, order summary, progress notes  **Exclusion statement:** Documentation of enrollment in hospice during the study period excludes the case from designated Communication of Test Results. |

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| 2 | pallcare | During the period from 01/01/2022 through 01/31/2023, is there documentation in the medical record the patient is enrolled in a VHA or community-based palliative care program? 1. Yes  2. No | 1,2  **If 1 and abnmamval, ctabnval, and abhivval = null, the case is excluded; else if 1, go to abnmamval** | **Palliative Care is the identification, prevention, and treatment of suffering by assessment of physical, psychosocial, intellectual, and spiritual needs of the patient with a goal of supporting and optimizing the patient’s quality of life.**  **Suggested Data sources:** consult notes, history and physical, order summary, progress notes  **Exclusion statement:** Documentation of enrollment in palliative care during the study period excludes the case from designated Communication of Test Results. |
| 3 | termillnes | During the period from 01/01/2022 through 01/31/2023, is one of the following documented in the medical record?Provider documentation that the patient is terminally ill or has a terminal illnessPatient’s life expectancy is less than six (6) months on the problem list or in health factors 1.  Yes 2.  No | 1,2  **If 1 and abnmamval, ctabnval, and abhivval = null, the case is excluded; else if 1, go to abnmamval** | In order to select value 1, there must be documentation of one of the following: Provider documentation that the patient is terminally ill or has a terminal illness **Note:** Do not make assumptions about whether a condition constitutes a terminal illness. The documentation must indicate the patient is terminally ill or that the patient has a terminal illness. Patient’s life expectancy of less than six (6) months documented on the problem list or in health factors **Suggested Data sources:** consult notes, health factors, history and physical, order summary, problem list, progress notes  **Exclusion statement:** Documentation of terminal illness or life expectancy less than six (6) months during the study period excludes the case from designated Communication of Test Results. |
|  |  | **FOBT/FIT** |  |  |
| 4 | abfobtval | Computer to pre-fill the result of the abnormal FOBT/FIT reported during the study period. | \_\_\_\_\_\_\_  **Pre-filled: Cannot be modified**   |  | | --- | | **Must be positive** | | **Computer will pre-fill the abnormal result of the FOBT/FIT reported during the study period. Positive FOBT/FIT results are considered abnormal results that require action.** |

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| 5 | abfobtdt | Computer to pre-fill the date the abnormal FOBT/FIT result requiring action was reported. | mm/dd/yyyy  **Pre-filled: can be modified**   |  | | --- | | >= stdybeg and <= stdyend | | **Computer will pre-fill the date the abnormal FOBT/FIT result requiring action was reported. Positive FOBT/FIT results are considered abnormal results that require action.**  If the pre-filled FOBT/FIT report date is incorrect, the abstractor may enter the correct date.  For example:   * Report date is 6/18/22; however, there is notation the results were called to the provider on 6/17/22. Enter 6/17/22 as report date. * The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the results were communicated to the patient on 6/16/22. Enter 6/16/22 as the report date. |
| 6 | nonvafobt | Is there documentation that the FOBT/FIT was performed outside of VHA?  1. Yes  2. No | 1,2  **If 1, go to abafpval**  **as applicable** | FOBT/FIT performed outside VHA, fee basis, may be determined by checking to see if FOBT/FIT was ordered by and consult placed by VHA.  If the FOBT/FIT was ordered by VHA and performed outside VHA, enter 1.  FOBT/FIT performed in private sector, not fee basis, includes documentation the FOBT/FIT was performed outside VHA such as patient self-report documented by VHA staff or outside FOBT/FIT report without evidence it was ordered by VHA. |
| 7 | abfobtadm | During the timeframe from (computer display abfobtdt to abfobtdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to abafpval**  **as applicable** | **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**  **Inpatient admission includes: acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care**  **Suggested data sources:** admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes |

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| 8 | fobtnoact | During the timeframe from (computer display abfobtdt to abfobtdt + 7 days), did the ordering provider document the abnormal FOBT/FIT result did not require action?   1. Yes 2. No | 1,2  **If 1, go to abafpval as applicable** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent FOBT/FIT entered in ABFOBTDT.**  **Ordering provider =** physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The documented reason for a FOBT/FIT result not requiring action must be specific to the FOBT/FIT.** |

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| 9 | abfobtcom | During the timeframe from (computer display abfobtdt to abfobtdt + 30 days), was the abnormal FOBT/FIT result communicated to the patient by one of the following methods?   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter – Certified letters are no longer required for abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   1. Yes  2. No | 1,2  **If 2, go to abafpval as applicable** | **Communication of the abnormal FOBT/FIT result to the patient must be documented in the record and any of the following communication methods by the ordering provider may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (e.g., CVT, VA Video Connect, (VVC)) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter - It is the ordering provider’s discretion if a routine letter can be used to communicate abnormal results that require action * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   **NOTE:** Presence of My HealtheVet Premium account alone is NOT acceptable to answer “yes” to this question.  **Following are some examples of acceptable documentation:**   * statements indicating test results were reviewed with or provided to the patient * notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results * statements indicating the patient received additional testing and/or treatment based on test results   **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.  **VHA Guideline information**: While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report. |
| 10 | abfobcomdt | Enter the earliest date the abnormal FOBT/FIT result requiring action was communicated to the patient. | mm/dd/yyyy  If afobtcomdt > 7 days and <= 14 days after abfobtdt, go to noabfobcom; else go to abfobtpro   |  | | --- | | >= abfobtdt and <= 30 days after abfobtdt | | **Warning if >7 days after abfobtdt** | | **If more than one acceptable method was used to communicate the abnormal FOBT/FIT result to the patient, enter the exact date of the earliest communication to the patient.**  If the date the encounter occurred is different from the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.  **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes |
| 11 | noabfobcom | During the timeframe from (computer display abfobtdt to abfobtdt + 14 days), is there documentation of a reason why the abnormal FOBT/FIT result was not communicated timely to the patient?  1. Yes  2. No | 1,2 | **In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes.** For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  **If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”.** |

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| 12 | abfobtpro | Which health care staff communicated the abnormal FOBT/FIT result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. Pharmacist  5. Psychologist  6. Social worker  7. Other staff deemed appropriate by the medical facility | 1,2,3,4,5,6,7 | **Health care staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility**.** |
| 13 | abfobtmeth | What method was used to notify the patient of the abnormal FOBT/FIT result?  1. Certified letter  2. Face to face encounter  3. Standard Letter (not certified)  4. Secure messaging  5. Clinical Video Telehealth (CVT)  6. Telephone (including Audiocare) | 1,2,3,4,5,6 | **If more than one method was documented to communicate the abnormal FOBT/FIT result to the patient (e.g., telephone visit and subsequent certified letter), enter the earliest method documented.**   * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
|  |  | **Alpha-fetoprotein** |  |  |
| 14 | abafpval | Computer to pre-fill the result of the abnormal alpha-fetoprotein (AFP) reported during the study period. | \_\_\_\_\_\_\_  **Pre-filled: Cannot be modified**   |  | | --- | | **Must be high** | | **Computer will pre-fill the abnormal result of the abnormal AFP reported during study period. AFP results flagged as high are considered abnormal AFP results that require action.** |

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| 15 | abafpdt | Computer to pre-fill the date the abnormal AFP result requiring action was reported. | mm/dd/yyyy  **Pre-filled: can be modified**   |  | | --- | | >= stdybeg and <= stdyend | | **Computer will pre-fill the date the abnormal AFP result requiring action was reported.** **AFP results flagged as high are considered abnormal AFP results that require action.**  If the pre-filled AFP report date is incorrect, the abstractor may enter the correct date.  For example:   * Report date is 6/18/22; however, there is notation the results were called to the provider on 6/17/22. Enter 6/17/22 as report date. * The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the results were communicated to the patient on 6/16/22. Enter 6/16/22 as the report date. |
| 16 | nonvafp | Is there documentation that the alpha-fetoprotein (AFP) test was performed outside of VHA?  1. Yes  2. No | 1,2  **If 1, go to abpsaval** | An AFP test performed outside VHA, fee basis, may be determined by checking to see if AFP was ordered by and consult placed by VHA.  If the AFP was ordered by VHA and performed outside VHA, enter 1.  An AFP test performed in private sector, not fee basis, includes documentation the AFP was performed outside VHA such as patient self-report documented by VHA staff or outside AFP report without evidence it was ordered by VHA. |
| 17 | admabafp | During the timeframe from (computer display abafpdt to abafpdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to abpsaval** | **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care  **Suggested data sources:** admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes |

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| 18 | afpnoact | During the timeframe from (computer display abafpdt to abafpdt + 7 days), did the ordering provider document the abnormal AFP result did not require action?   1. Yes 2. No | 1,2  **If 1, go to abpsaval** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent AFP test entered in ABAFPDT.**  **Ordering provider =** physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The documented reason for an abnormal AFP result not requiring action must be specific to the AFP.** |

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| 19 | abafpcom | During the timeframe from (computer display abafpdt to abafpdt + 30 days), was the abnormal AFP result communicated to the patient by one of the following methods?   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter – Certified letters are no longer required for abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   1. Yes  2. No | 1,2  **If 2, go to abpsaval** | **Communication of the abnormal AFP result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (e.g., CVT, VA Video Connect, VVC)) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter - It is the ordering provider’s discretion if a routine letter can be used to communicate abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Following are some examples of acceptable documentation :**   * statements indicating test results were reviewed with the patient or provided to the patient * notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results * statements indicating the patient received additional testing and/or treatment based on test results   **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.  **VHA Guideline information**: While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report. |
| 20 | abafpcomdt | Enter the **earliest** date the abnormal AFP result was communicated to the patient. | mm/dd/yyyy  If abafpomdt > 7 days and <= 14 days after abafpdt, go to noabafpcom; else go to abafppro   |  | | --- | | >=abafpdt and <= 30 days after abafpdt | | **Warning if > 7 days after abafpdt** | | **If more than one acceptable method was used to communicate the abnormal AFP result to the patient, enter the exact date of the earliest communication to the patient.**  If the date the encounter occurred is different from the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.  **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes |
| 21 | noabafpcom | During the timeframe from (computer display abafpdt to abafpdt + 14 days), is there documentation of a reason why the abnormal AFP result was not communicated timely to the patient?  1. Yes  2. No | 1,2 | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |
| 22 | abafppro | Which health care staff communicated the abnormal AFP result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. Pharmacist  5. Psychologist  6. Social worker  7. Other staff deemed appropriate by the medical facility | 1,2,3,4,5,6,7 | **Health care staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |

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| 23 | abafpmeth | What method was used to notify the patient of the abnormal AFP result?  1. Certified letter  2. Face to face encounter  3. Standard Letter (not certified)  4. Secure messaging  5. Clinical Video Telehealth (CVT)  6. Telephone (including Audiocare) | 1,2,3,4,5,6 | **If more than one method was documented to communicate the abnormal AFP test result to the patient (e.g., telephone encounter and subsequent certified letter), enter the earliest method documented.**   * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
|  |  | **Prostate Specific Antigen** |  |  |
| 24 | abpsaval | Computer to pre-fill the result of the abnormal prostate specific antigen (PSA) reported during the study period. | \_\_\_\_\_\_\_  **Pre-filled: Cannot be modified**   |  | | --- | | **Must be >= 10 ng/mL** | | **Computer will pre-fill the result of the abnormal PSA test reported during study period. PSA results >= 10 ng/mL are considered abnormal results that require action.** |
| 25 | abpsadt | Computer to pre-fill the date the abnormal PSA result requiring action was reported. | mm/dd/yyyy  **Pre-filled: can be modified**   |  | | --- | | >= stdybeg and <= stdyend | | **Computer will pre-fill the date the abnormal PSA result requiring action was reported.** **PSA results flagged as high are considered abnormal PSA results that require action.**  If the pre-filled PSA report date is incorrect, the abstractor may enter the correct date.  For example:   * Report date is 6/18/22; however, there is notation the results were called to the provider on 6/17/22. Enter 6/17/22 as report date. * The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the results were communicated to the patient on 6/16/22. Enter 6/16/22 as the report date. |
| 26 | nonvapsa | Is there documentation that the prostate specific antigen (PSA) test was performed outside of VHA?  1. Yes  2. No | 1,2  **If 1, go to abnmamval as applicable** | A PSA test performed outside VHA, fee basis, may be determined by checking to see if PSA was ordered by and consult placed by VHA.  If the PSA was ordered by VHA and performed outside VHA, enter 1.  PSA test performed in private sector, not fee basis, includes documentation the PSA was performed outside VHA such as patient self-report documented by VHA staff or outside PSA report without evidence it was ordered by VHA. |
| 27 | admabpsa | During the timeframe from (computer display abpsadt to abpsadt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to abnmamval as applicable** | **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care  **Suggested data sources:** admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes |
| 28 | psanoact | During the timeframe from (computer display abpsadt to abpsadt + 7 days), did the ordering provider document the abnormal PSA result did not require action?   1. Yes 2. No | 1,2  **If 1, go to abnmamval as applicable** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent PSA test entered in ABPSADT.**  **Ordering provider =** physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The documented reason for an abnormal PSA result not requiring action must be specific to the PSA.** |

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| 29 | abpsacom | During the timeframe from (computer display abpsadt to abpsadt + 30 days), was the abnormal PSA result communicated to the patient by one of the following methods?   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter – Certified letters are no longer required for abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   1. Yes  2. No | 1,2  **If 2, go to abnmamval as applicable** | **Communication of the abnormal PSA result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (e.g., CVT, VA Video Connect, VVC)) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter - It is the ordering provider’s discretion if a routine letter can be used to communicate abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Following are some examples of acceptable documentation :**   * statements indicating test results were reviewed with the patient or provided to the patient * notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results * statements indicating the patient received additional testing and/or treatment based on test results   **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.  **VHA Guideline information**: While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report. |
| 30 | abpsacomdt | Enter the **earliest** date the abnormal PSA result was communicated to the patient. | mm/dd/yyyy  If abpsacomdt > 7 days and <= 14 days after abpsadt, go to noabpsacom; else go to abpsapro   |  | | --- | | >=abpsadt and <= 30 days after abpsadt | | **Warning if > 7 days after abpsadt** | | **If more than one acceptable method was used to communicate the abnormal PSA result to the patient, enter the exact date of the earliest communication to the patient.**  If the date the encounter occurred is different from the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.  **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes |
| 31 | noabpsacom | During the timeframe from (computer display abpsadt to abpsadt + 14 days), is there documentation of a reason why the abnormal PSA result was not communicated timely to the patient?  1. Yes  2. No | 1,2 | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |

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| 32 | abpsapro | Which health care staff communicated the abnormal PSA result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. Pharmacist  5. Psychologist  6. Social worker  7. Other staff deemed appropriate by the medical facility | | 1,2,3,4,5,6,7 | | **Health care staff that may communicate abnormal test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 33 | abpsameth | What method was used to notify the patient of the abnormal PSA result?  1. Certified letter  2. Face to face encounter  3. Standard Letter (not certified)  4. Secure messaging  5. Clinical Video Telehealth (CVT)  6. Telephone (including Audiocare) | | 1,2,3,4,5,6 | | **If more than one method was documented to communicate the abnormal PSA test result to the patient (e.g., telephone encounter and subsequent certified letter), enter the earliest method documented.**   * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
|  |  | **Mammogram** |  | |  | |
| 34 | abnmamval | Computer to pre-fill the result of the abnormal mammogram reported during the study period. | \_\_\_\_\_\_\_  **Pre-filled: Cannot be modified**   |  | | --- | | Must be 0, 3, 4, or 5 | | | **Computer will pre-fill the abnormal result of the mammogram reported during the study period. Abnormal mammogram results that require action are BI-RAD Codes of 0, 3, 4, or 5.** | |

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| 35 | abmamdt | Computer to pre-fill the date the abnormal mammogram result requiring action was reported. | mm/dd/yyyy  **Pre-filled: can be modified**   |  | | --- | | >= stdybeg and <= stdyend | | **Computer will pre-fill the date the abnormal mammogram result requiring action was reported. Abnormal mammogram results that require action are BI-RAD Codes of 0, 3, 4, or 5.**  If the pre-filled mammogram report date is incorrect, the abstractor may enter the correct date.  For example:   * Report date is 6/18/22; however, there is notation the results were called to the provider on 6/17/22. Enter 6/17/22 as report date. * The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the results were communicated to the patient by the ordering provider or designee on 6/16/22. Enter 6/16/22 as the report date. |
| 36 | nonvamam | Is there documentation that the mammogram was performed outside of VHA?  1. Yes 2. No | 1,2  **If 1, go to ctabnval**  **as applicable** | Mammogram performed outside VHA, fee basis, may be determined by checking to see if mammogram was ordered by and consult placed by VHA. If the mammogram was ordered by VHA and performed outside VHA, enter 1.  Mammogram performed in private sector, not fee basis, includes documentation the mammogram was performed outside VHA such as patient self-report documented by VHA staff or outside mammogram report without evidence it was ordered by VHA. |
| 37 | admam | During the timeframe from (computer display abmamdt to abmamdt +7 days), was the patient admitted to an inpatient setting?  1. Yes 2. No | 1,2  **If 1, go to ctabnval**  **as applicable** | **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**  **Inpatient admission includes: acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care**  **Suggested data sources:** admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes |

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| 38 | mamnoact | During the timeframe from (computer display abmamdt to abmamdt + 7 days), did the ordering provider document the abnormal mammogram result did not require action?   1. Yes 2. No | 1,2  **If 1, go to ctabnval as applicable** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent mammogram entered in ABMAMDT.**  **Ordering provider =** physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA).  For the purpose of this question, a radiologist or radiology staff are not acceptable as an ordering provider.  Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The documented reason for an abnormal mammogram result not requiring action must be specific to the mammogram.** |

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| 39 | amamcom | During the timeframe from (computer display abmamdt to abmamdt + 30 days), was the abnormal mammogram result communicated to the patient by one of the following methods?   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter – Certified letters are no longer required for abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   1. Yes 2. No | 1,2  **If 2, go to ctabnval**  **as applicable** | **Communication of the abnormal mammogram result to the patient must be documented in the record and any of the following communication methods by the ordering provider may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (e.g., CVT, VA Video Connect, (VVC)) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter - It is the ordering provider’s discretion if a routine letter can be used to communicate abnormal results that require action * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   **NOTE:** Presence of My HealtheVet Premium account alone is NOT acceptable to answer “yes” to this question.  **Following are some examples of acceptable documentation:**   * statements indicating test results were reviewed with or provided to the patient   + **Note:** Per VHA Directive 1330.01(4), both Radiology and Ordering Providers are required to *communicate* the mammogram results to the patient. However, for these measures, we are no longer giving credit for communication of test results documented by Radiologists or Radiology staff. If the Radiology documentation is the only documentation of communication of mammogram results, select value “2”. * notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results (e.g., breast ultrasound done immediately following a suspicious mammogram; referred for biopsy after an abnormal mammogram)   **Cont’d next page**  **Communication cont’d**   * statements indicating the patient received additional testing and/or treatment based on test results   **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.  **VHA Guideline information**: While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report. |
| 40 | amamcomdt | Enter the earliest date the abnormal mammogram result requiring action was communicated to the patient. | mm/dd/yyyy  If amamcomdt > 7 days and <= 14 days after abmamdt, go to nomamcom; else go to abmampro   |  | | --- | | >= abmamdt and <= 30 days after abmamdt | | **Warning if >7 days after abmamdt** | | **If more than one acceptable method was used to communicate the abnormal mammogram result to the patient, enter the exact date of the earliest communication to the patient.**  If the date the encounter occurred is different from the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.  **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes |
| 41 | nomamcom | During the timeframe from (computer display abmamdt to abmamdt + 14 days), is there documentation of a reason why the abnormal mammogram result was not communicated timely to the patient?  1. Yes 2. No | 1,2 | **In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes.** For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  **If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”.** |

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| 42 | abmampro | Which health care staff communicated the abnormal mammogram result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. Pharmacist  5. Psychologist  6. Social worker  7. Other staff deemed appropriate by the medical facility | 1,2,3,4,5,6,7 | **Health care staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility**.** |
| 43 | abmameth | What method was used to notify the patient of the abnormal mammogram result?  1. Certified letter  2. Face to face encounter  3. Standard Letter (not certified)  4. Secure messaging  5. Clinical Video Telehealth (CVT)  6. Telephone (including Audiocare) | 1,2,3,4,5,6 | **If more than one method was documented to communicate the abnormal mammogram result to the patient (e.g., telephone visit and subsequent certified letter), enter the earliest method documented.**   * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
|  |  | **Low Dose CT Scan** |  |  |
| 44 | ctabnval | Computer to pre-fill the result of the abnormal low dose CT scan reported during the study period. | \_\_\_\_\_\_\_  **Pre-filled: Cannot be modified**   |  | | --- | | Must be **3, 4A, 4B, 4X or S** | | **Computer will pre-fill the abnormal result of the low dose CT scan reported during study period. Abnormal low dose CT scan results that require action are LUNGRADS Codes of 3, 4A, 4B, 4X or S.** |

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| 45 | abnctsdt | Computer to pre-fill the date the abnormal low dose CT scan result requiring action was reported. | mm/dd/yyyy  **Pre-filled: can be modified**   |  | | --- | | >= stdybeg and <= stdyend | | **Computer will pre-fill the date the abnormal low dose CT scan result requiring action was reported.** **Abnormal low dose CT scan results that require action are LUNGRADS Codes of 3, 4A, 4B, 4X or S.**  If the pre-filled low dose CT scan report date is incorrect, the abstractor may enter the correct date.  For example:   * Report date is 6/18/22; however, there is notation the results were called to the provider on 6/17/22. Enter 6/17/22 as report date. * The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the results were communicated to the patient on 6/16/22. Enter 6/16/22 as the report date. |
| 46 | nonvacts | Is there documentation that the low dose CT scan was performed outside of VHA?  1. Yes 2. No | 1,2  **If 1, go to abhivval as applicable** | Low dose CT scan performed outside VHA, fee basis, may be determined by checking to see if low dose CT scan was ordered by and consult placed by VHA. If the low dose CT scan was ordered by VHA and performed outside VHA, enter 1.  Low dose CT scan performed in private sector, not fee basis, includes documentation the low dose CT scan was performed outside VHA such as patient self-report documented by VHA staff or outside low dose CT scan report without evidence it was ordered by VHA. |
| 47 | admabcts | During the timeframe from (computer display abnctsdt to abnctsdt +7 days), was the patient admitted to an inpatient setting?  1. Yes 2. No | 1,2  **If 1, go to abhivval as applicable** | **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care  **Suggested data sources:** admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes |

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| 48 | ctsnoact | During the timeframe from (computer display abctsdt to abctsdt + 7 days), did the ordering provider document the abnormal low dose CT scan result did not require action?   1. Yes  No | 1,2  **If 1, go to abhivval as applicable** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent low dose CT scan entered in ABNCTSDT.**  **Ordering provider =** physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA).  For the purpose of this question, a radiologist or radiology staff are not acceptable as an ordering provider.  Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The documented reason for an abnormal low dose CT scan result not requiring action must be specific to the low dose CT scan.** |

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| 49 | abctscom | During the timeframe from (computer display abnctsdt to abnctsdt + 30 days), was the abnormal low dose CT Scan result communicated to the patient by one of the following methods?   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter – Certified letters are no longer required for abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   1. Yes  2. No | 1,2  **If 2, go to abhivval as applicable** | **Communication of the abnormal low dose CT Scan result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (e.g., CVT, VA Video Connect, VVC)) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter - It is the ordering provider’s discretion if a routine letter can be used to communicate abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Following are some examples of acceptable documentation :**   * statements indicating test results were reviewed with the patient or provided to the patient * notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results * statements indicating the patient received additional testing and/or treatment based on test results   **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.  **VHA Guideline information**: While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report. |
| 50 | abctcomdt | Enter the **earliest** date the abnormal low dose CT Scan result was communicated to the patient. | mm/dd/yyyy  If abctcomdt > 7 days and <= 14 days after abnctsdt, go to noctscom2; else go to abctspro   |  | | --- | | >=abnctsdt and <= 30 days after abnctsdt | | **Warning if > 7 days after abnctsdt** | | **If more than one acceptable method was used to communicate the abnormal low dose CT Scan result to the patient, enter the exact date of the earliest communication to the patient.**  If the date the encounter occurred is different from the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.  **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes |
| 51 | noctscom2 | During the timeframe from (computer display abnctsdt to abnctsdt + 14 days), is there documentation of a reason why the abnormal low dose CT Scan result was not communicated timely to the patient?  1. Yes 2. No | 1,2 | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |

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| 52 | abctspro | Which health care staff communicated the abnormal low dose CT Scan result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. Pharmacist  5. Psychologist  6. Social worker 7. Other staff deemed appropriate by the medical facility | | 1,2,3,4,5,6,7 | | **Health care staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. | |
| 53 | abctsmeth | What method was used to notify the patient of the abnormal low dose CT Scan result?  1. Certified letter  2. Face to face encounter  3. Standard Letter (not certified)  4. Secure messaging  5. Clinical Video Telehealth (CVT) 6. Telephone (including Audiocare) | | 1,2,3,4,5,6 | | **If more than one method was documented to communicate the abnormal low dose CT scan test result to the patient (e.g., telephone encounter and subsequent certified letter), enter the earliest method documented.**   * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. | |
|  |  | | **Human Immunodeficiency Virus** | |  | |  |
| 54 | abhivval | | Computer to pre-fill the result of the abnormal human immunodeficiency virus (HIV) reported during the study period. | | \_\_\_\_\_\_\_  **Pre-filled: Cannot be modified**   |  | | --- | | **Positive, reactive, POS, P** | | | **Computer will pre-fill the result of the abnormal HIV test reported during study period that was performed just prior to the VSSC “Newly Diagnosed HIV” flag.**  **HIV results performed just prior to the “Newly Diagnosed HIV” flag are considered abnormal results that require action.** |

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| 55 | abhivdt | Computer to pre-fill the date the abnormal HIV result requiring action was reported. | mm/dd/yyyy  **Pre-filled: can be modified**   |  | | --- | | >= stdybeg and <= stdyend | | **Computer will pre-fill the date the abnormal HIV result requiring action was reported.** **HIV results flagged as high are considered abnormal HIV results that require action.**  If the pre-filled HIV report date is incorrect, the abstractor may enter the correct date.  For example:   * Report date is 6/18/22; however, there is notation the results were called to the provider on 6/17/22. Enter 6/17/22 as report date. * The exam was performed on 6/16/22 and the report release date is 6/18/22; however, there is notation that the results were communicated to the patient on 6/16/22. Enter 6/16/22 as the report date. |
| 56 | vconfhiv | On (computer to display abhivdt) was a human immunodeficiency virus (HIV) confirmatory test result reported?  **Examples of HIV confirmatory tests include, but are not limited to:**   * Western blot * Indirect fluorescent antibody (IFA) * HIV Viral Load * HIV PCR * HIV RNA * HIV NAAT   1. Yes  2. No | 1,2  If 2, auto-fill chivres as 95 and go to vhivscr | **Please ensure the HIV test result reported was a HIV confirmatory test.**  **HIV screening test alone is NOT acceptable.**  **If a HIV confirmatory test result was reported on the date displayed in the question, select value 1.**  **If a HIV confirmatory test result was not reported on the date displayed, select value 2.**  **Examples of HIV confirmatory tests include, but are not limited to:**   * Western blot * Indirect fluorescent antibody (IFA) * HIV Viral Load * HIV PCR * HIV RNA * HIV NAAT   Examples of HIV screening tests include but are not limited to:   * ELISA (enzyme-linked immunosorbent assay) * EIA (enzyme immunoassay). * Rapid HIV Tests (OraQuick® Rapid HIV-1 Antibody Test; Reveal™ HIV-1 Antibody Test; Uni-Gold Recombigen™ HIV Test) * HIV Antigen/Antibody Tests (HIV AG/AB) |

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| 57 | chivres | What was the result of the confirmatory test for HIV?  1. Positive or reactive  2. Negative or nonreactive  3. Indeterminate  95. Not applicable | 1,2,3,95  If 1,2 or 3 go to newhivdx  Will be auto-filled as 95 if vconfhiv = 2 | **Review the** **HIV confirmatory test lab report and laboratory reference range. Enter the value corresponding with the documented HIV confirmatory test result.**  **Positive or reactive** means antibodies to the HIV were detected.  **Negative or nonreactive** means there were no antibodies to the HIV detected.  **Indeterminate** means the result was invalid and the test needs to be repeated. |
| 58 | vhivscr | On (computer to display abhivdt) was a screening test for HIV performed?  1. Yes  2. No | 1,2  **If 2, go to end**   |  | | --- | | **Warning if 2 and vconfhiv = 2** | | A screening test for HIV is done to detect antibodies against the HIV virus.  **Common screening tests for HIV include but are not limited to:**   * ELISA (enzyme-linked immunosorbent assay) * EIA (enzyme immunoassay) * Rapid HIV Tests (OraQuick® Rapid HIV-1 Antibody Test; Reveal™ HIV-1 Antibody Test; Uni-Gold Recombigen™ HIV Test) * HIV Antigen/Antibody Tests (HIV AG/AB) |
| 59 | shivres | What was the result of the screening test for HIV?  1. Positive or reactive  2. Negative or nonreactive  3. Indeterminate | 1,2,3 | **Review the** **HIV screening test lab report and laboratory reference range. Enter the value corresponding with the documented HIV screening test result.**  Results from screening tests for HIV are reported as positive/reactive, negative /nonreactive, or indeterminate.  **Positive or reactive** means the **test** shows the patient is HIV positive and has HIV infection.  **Negative or nonreactive** means the patient is HIV negative. The patient does not have HIV (based on the window period and no recent risks).  **Indeterminate** means the result was invalid and the test needs to be repeated. |

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| 60 | newhivdx | Does provider documentation indicate this patient was newly diagnosed with HIV?   1. Yes 2. No 3. Unable to determine if HIV was a new diagnosis for this patient | 1,2,99  **If 2, go to end** | **Review provider documentation related to the HIV test results on ABHIVDT to determine if HIV was a new diagnosis for this patient.**  For example, physician notes, “HIV confirmatory test positive. Previous testing results were negative;” select value 1.  If provider documentation indicates the patient has a history of long standing HIV diagnosis, select value 2.  If there is no provider documentation indicating when the HIV diagnosis was made, select value 99. |
| 61 | nonvahiv | Is there documentation that the human immunodeficiency (HIV) test was performed outside of VHA?  1. Yes  2. No | 1,2  **If 1, go to end** | **A HIV test performed outside VHA, fee basis, may be determined by checking to see if HIV was ordered by and consult placed by VHA.**  If the HIV was ordered by VHA and performed outside VHA, enter 1.  HIV test performed in private sector, not fee basis, includes documentation the HIV was performed outside VHA such as patient self-report documented by VHA staff or outside HIV report without evidence it was ordered by VHA. |
| 62 | admabhiv | During the timeframe from (computer display abhivdt to abhivdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to end** | **The intent is to determine if the patient was admitted to inpatient care at a community (non-VA) or VA facility during the specified timeframe.**  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care  **Suggested data sources:** admission notes, CLC notes, discharge summary, EADT, ED record, non-VA care coordination notes, scanned notes, social worker notes |
| 63 | hivnoact | During the timeframe from (computer display abhivdt to abhivdt + 7 days), did the ordering provider document the abnormal HIV result did not require action?   1. Yes 2. No | 1,2  **If 1, go to end** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent HIV test entered in ABHIVDT.**  **Ordering provider =** physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The documented reason for an abnormal HIV result not requiring action must be specific to the HIV.** |

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| 64 | abhivcom | During the timeframe from (computer display abhivdt to abhivdt + 30 days), was the abnormal HIV result communicated to the patient by one of the following methods?   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter – Certified letters are no longer required for abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   1. Yes  2. No | 1,2  **If 2, go to end** | **Communication of the abnormal HIV result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Clinical Video Telehealth (e.g., CVT, VA Video Connect, VVC)) refers to real time clinic based video encounter between the patient and provider. **Documentation of discussion of results within the CVT encounter in the progress note is required.** * Telephone encounter * Standard or certified letter - It is the ordering provider’s discretion if a routine letter can be used to communicate abnormal results that require action. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters.   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Following are some examples of acceptable documentation :**   * statements indicating test results were reviewed with the patient or provided to the patient * notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results * statements indicating the patient received additional testing and/or treatment based on test results   **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.  **VHA Guideline information**: While this question looks for communication of abnormal test results up to 30 days after the abnormal test, VHA requires communication of abnormal test results requiring action within 7 days of the report. |
| 65 | abhivcomdt | Enter the **earliest** date the abnormal HIV result was communicated to the patient. | mm/dd/yyyy  If abhivcomdt > 7 days and <= 14 days after abhivdt, go to noabhivcom; else go to abhivpro   |  | | --- | | >=abhivdt and <= 30 days after abhivdt | | **Warning if > 7 days after abhivdt** | | **If more than one acceptable method was used to communicate the abnormal HIV result to the patient, enter the exact date of the earliest communication to the patient.**  If the date the encounter occurred is different from the date the note was signed, use the encounter date found in PCE Outpatient Encounter or the date the note was started.  **Suggested Data Sources:** PCE Outpatient Encounter, Clinic notes, Progress notes |
| 66 | noabhivcom | During the timeframe from (computer display abhivdt to abhivdt + 14 days), is there documentation of a reason why the abnormal HIV result was not communicated timely to the patient?  1. Yes  2. No | 1,2 | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |
| 67 | abhivpro | Which health care staff communicated the abnormal HIV result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. Pharmacist  5. Psychologist  6. Social worker  7. Other staff deemed appropriate by the medical facility | 1,2,3,4,5,6,7 | **Health care staff that may communicate abnormal test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |

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| 68 | abhivmeth | What method was used to notify the patient of the abnormal HIV result?  1. Certified letter  2. Face to face encounter  3. Standard Letter (not certified)  4. Secure messaging  5. Clinical Video Telehealth (CVT)  6. Telephone (including Audiocare) | 1,2,3,4,5,6 | **If more than one method was documented to communicate the abnormal HIV test result to the patient (e.g., telephone encounter and subsequent certified letter), enter the earliest method documented.**   * Clinical Video Telehealth (CVT) refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |