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

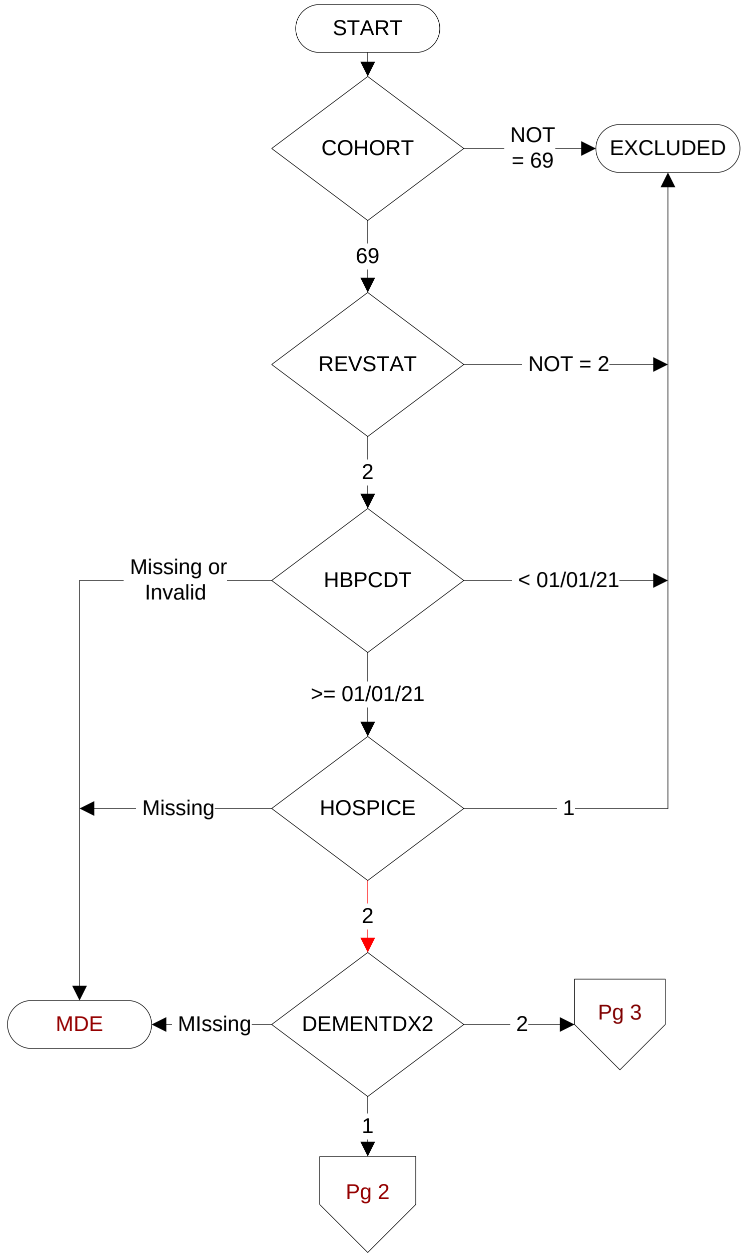
HOSPICE
During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?
1. Yes
2. No

HBPCDT
Enter the date of the most recent home care encounter for this patient, occurring within the study interval.

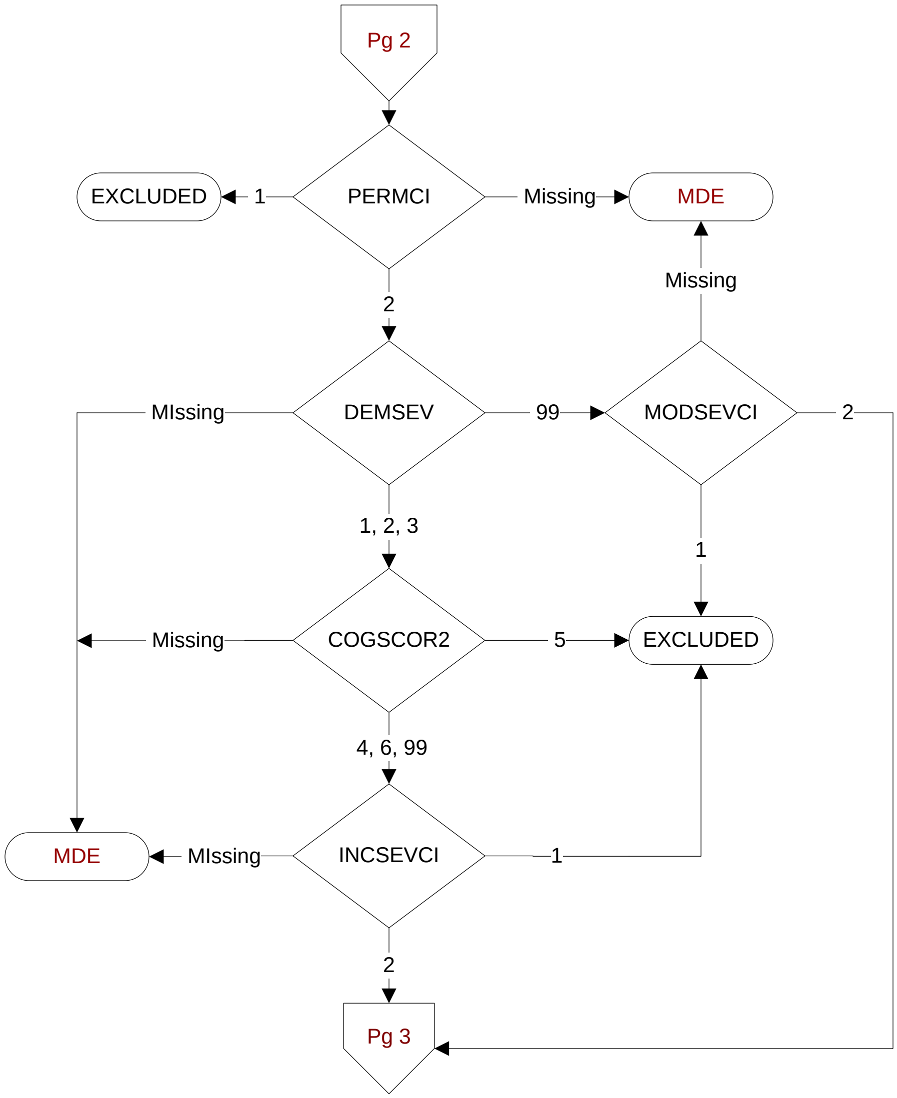
DEMENTDX2
During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, 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



MDE = Missing or Invalid Data Exclusion (data error)



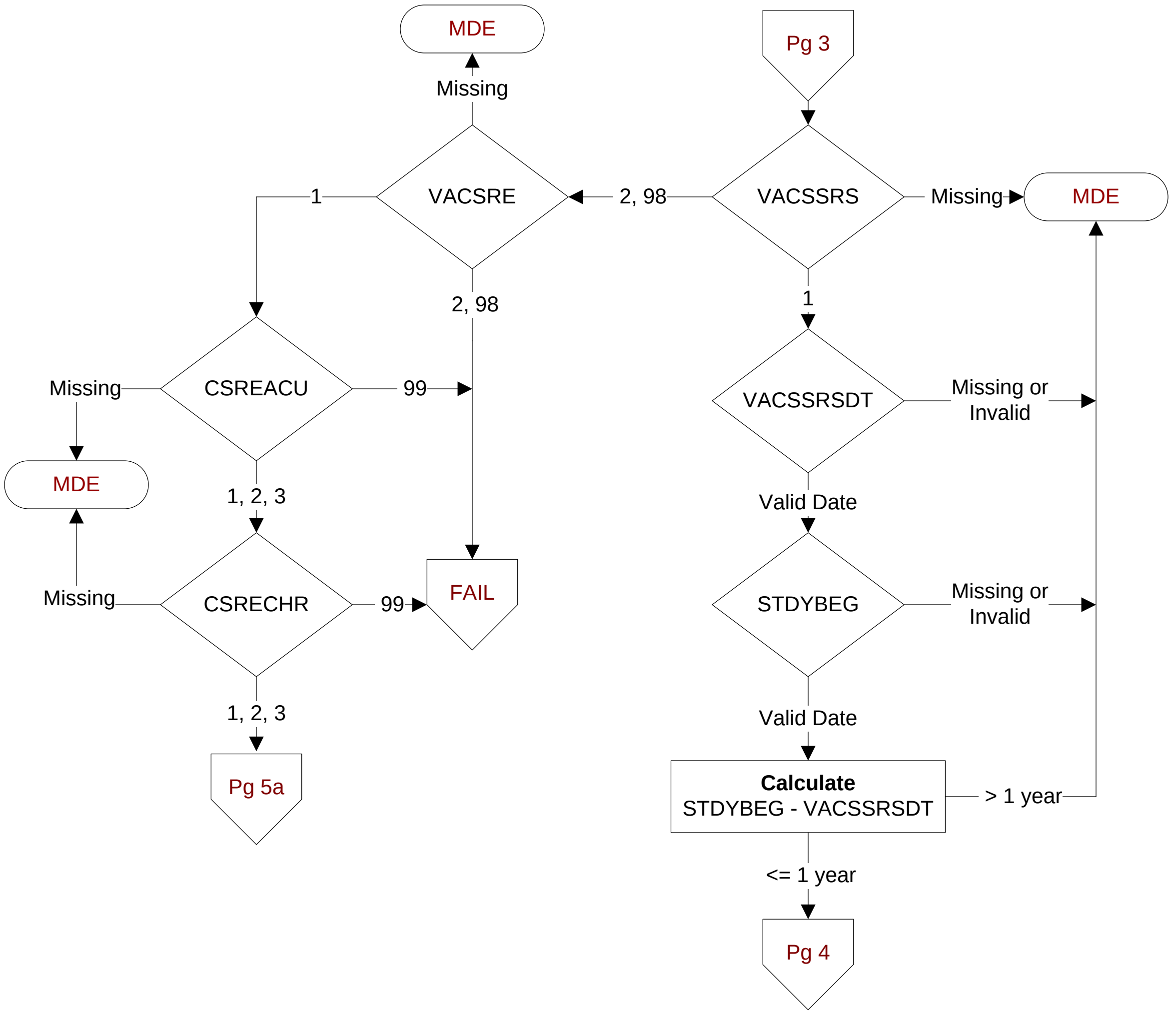
PERMCI
During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder?
1. Yes
2. No

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

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

INCSEVCI
During the timeframe from (computer display demsevdt + 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



VACSRE
On (if vacssrs = 1, computer to display vacssrsdt; else display, During the past year), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?
1. Yes
2. No
98. Patient refused to complete CSRE

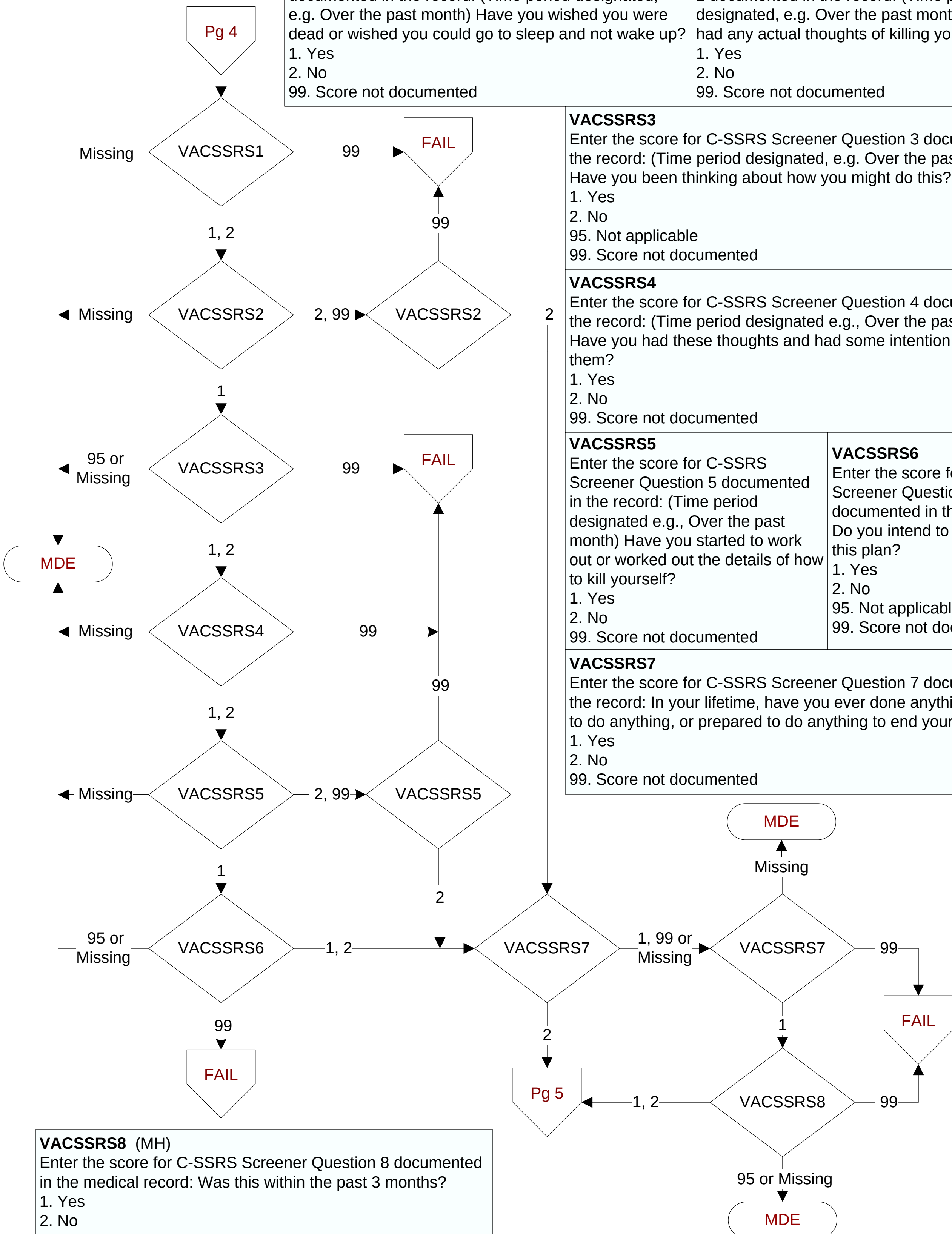
CSREACU
Enter the Clinical Impression of Acute Risk as documented in the medical record:
1. High Risk - (as evidenced by):
2. Intermediate Risk – (as evidenced by):
3. Low Risk – (as evidenced by):
99. Acute risk not documented

CSRECHR
Enter the Clinical Impression of Chronic Risk as documented in the medical record:
1. High Risk - (as evidenced by):
2. Intermediate Risk – (as evidenced by):
3. Low Risk – (as evidenced by):
99. Chronic risk not documented

STDYBEG (Rcvd on Pull List)
Study Interval begin date

VACSSRS
During the past year, did an acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?
1. Yes
2. No
98. Patient refused to complete the C-SSRS Screener

VACSSRSDT
Enter the <u>most recent</u> date the C-SSRS Screener was completed.



VACSSRS1
Enter the score for C-SSRS Screener Question 1 documented in the record: (Time period designated, e.g. Over the past month) Have you wished you were dead or wished you could go to sleep and not wake up?
1. Yes
2. No
99. Score not documented

VACSSRS2
Enter the score for C-SSRS Screener Question 2 documented in the record: (Time period designated, e.g. Over the past month) Have you had any actual thoughts of killing yourself?
1. Yes
2. No
99. Score not documented

VACSSRS3
Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this?
1. Yes
2. No
95. Not applicable
99. Score not documented

VACSSRS4
Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?
1. Yes
2. No
99. Score not documented

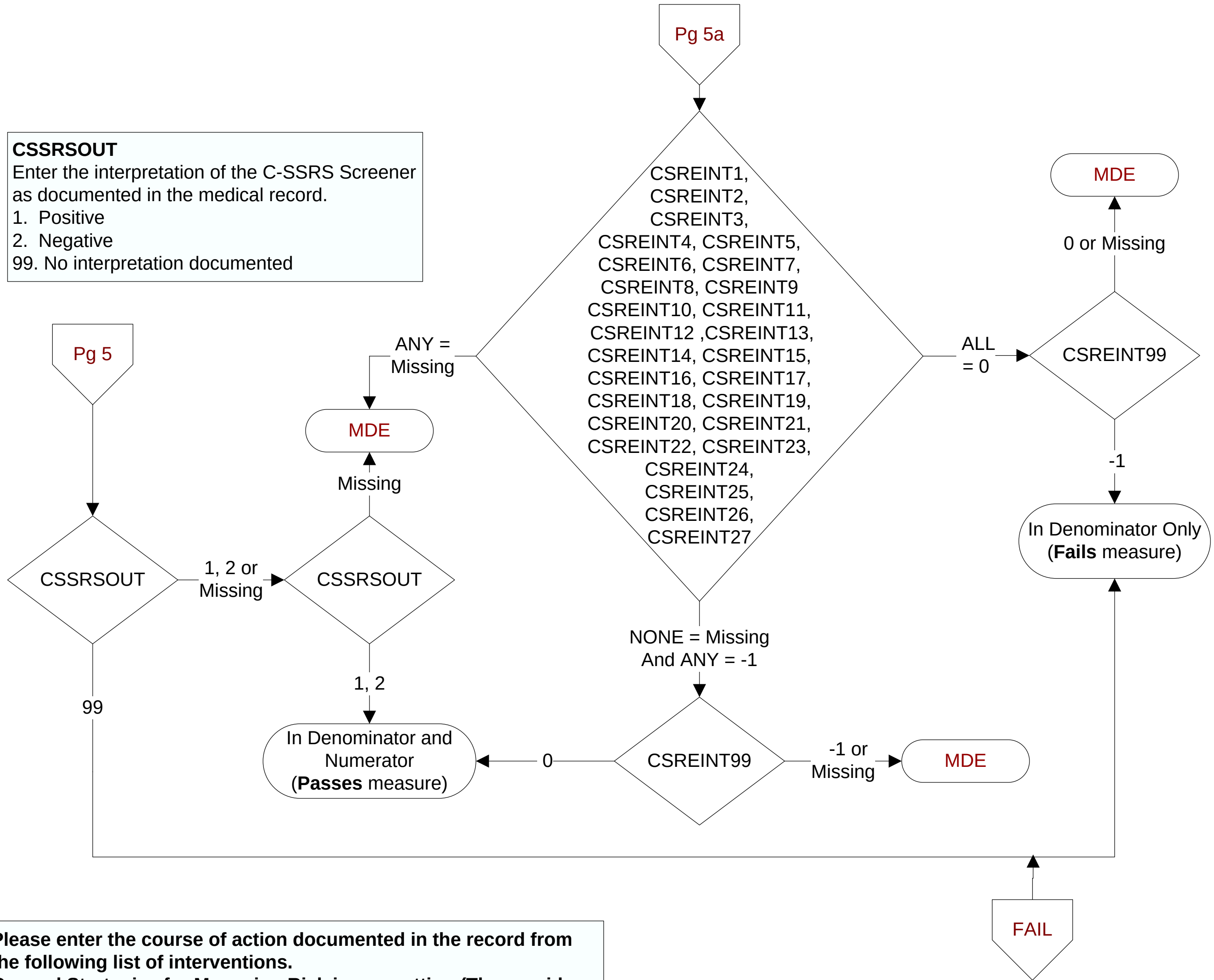
VACSSRS5
Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?
1. Yes
2. No
99. Score not documented

VACSSRS6
Enter the score for C-SSRS Screener Question 6 documented in the record: Do you intend to carry out this plan?
1. Yes
2. No
95. Not applicable
99. Score not documented

VACSSRS7
Enter the score for C-SSRS Screener Question 7 documented in the record: In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?
1. Yes
2. No
99. Score not documented

VACSSRS8 (MH)
Enter the score for C-SSRS Screener Question 8 documented in the medical record: Was this within the past 3 months?
1. Yes
2. No
95. Not applicable
99. Score not documented

CSSRSOUT
Enter the interpretation of the C-SSRS Screener as documented in the medical record.
1. Positive
2. Negative
99. No interpretation documented



Please enter the course of action documented in the record from the following list of interventions.
General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed.)

Select all that apply:
CSREINT1. Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
CSREINT2. Complete or Update Veteran's Safety Plan
CSREINT3. Increased frequency of Suicide Risk Screening [text box]
CSREINT4. Provide Lethal Means Safety Counseling (e.g., provision of gun locks)
CSREINT5. Obtain additional information from collateral sources [Optional: comment]
CSREINT6. For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk (Optional: comment)
CSREINT7. Address barriers to treatment engagement by: [text box]
CSREINT8. Address psychosocial needs by: [text box]
CSREINT9. Address medical conditions by: [text box]
CSREINT10. Consult/Referral to additional services and support: [text box for options]
CSREINT11. Referral to evidence based psychotherapy
CSREINT12. Referral to psychiatry/medication assessment or management
CSREINT13. Referral to Chaplaincy/pastoral care
CSREINT14. Referral to vocational rehabilitation/occupational rehabilitation services
CSREINT15. Referral for PRRC and/or ICMHR services
CSREINT16. Referral for residential mental health services
CSREINT17. Other Consult submitted to: [text box for user to enter a name]
CSREINT18. Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
CSREINT19. Discussion with Veteran regarding enhancement of a sense of purpose and meaning
CSREINT20. Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
CSREINT21. Conduct medication reconciliation
CSREINT22. Involve family/support system in Veteran's care
CSREINT23. Provide Opioid Overdose Education and Naloxone Distribution (OEND)
CSREINT24. Provide resources/contacts for benefits information
CSREINT25. Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
CSREINT26. Other/Comments: [text box]
CSREINT27. Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran's risk by sending a request for consultation by email to: Email (Left Click and Allow)
CSREINT99. No interventions documented by the provider