

**Document Links:**[CGPI Validation Module](#)[CGPI DM Module](#)**COHORT**

16. AML - Outpatient visit  
 48. Female, age 20-69  
 50. Random Sample  
 51. Random Sample MH  
 54. Frail/Elderly  
 60. DM Outpatient

**FEFLAG** (rcvd on pull list)

FE case flagged for CGPI review / scoring?  
 0. No  
 1. Yes

**OTHCARE** (Validation)

Is there evidence in the medical record that within the past two years, the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a non-VHA setting?  
 1. yes  
 2. no

**REVSTAT**

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

**DMFLAG** (rcvd on Pull List)

Pt flagged w diagnosis of Diabetes Mellitus?  
 0. No  
 1. Yes

**HOSPICE** (Validation)

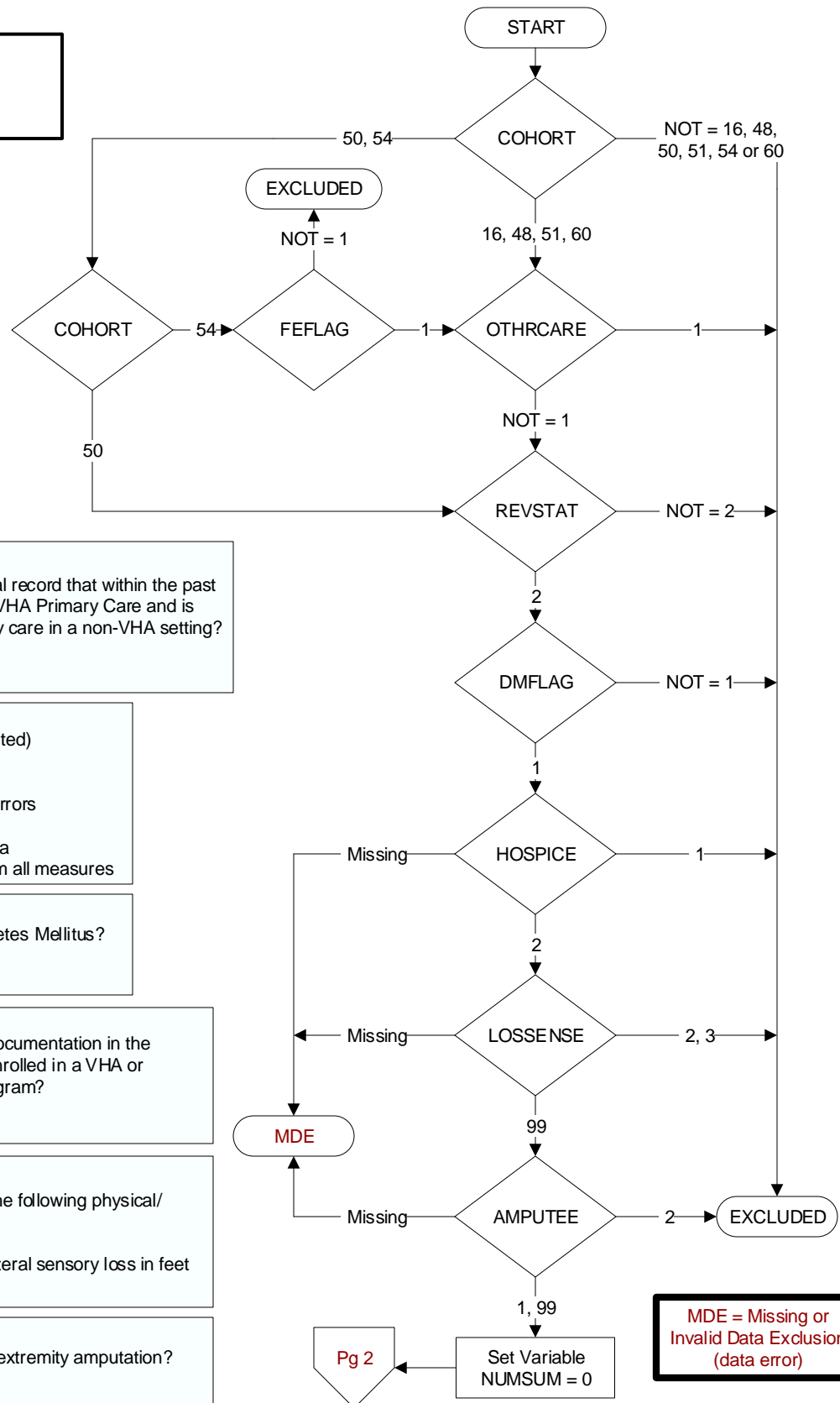
During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?  
 1. Yes  
 2. No

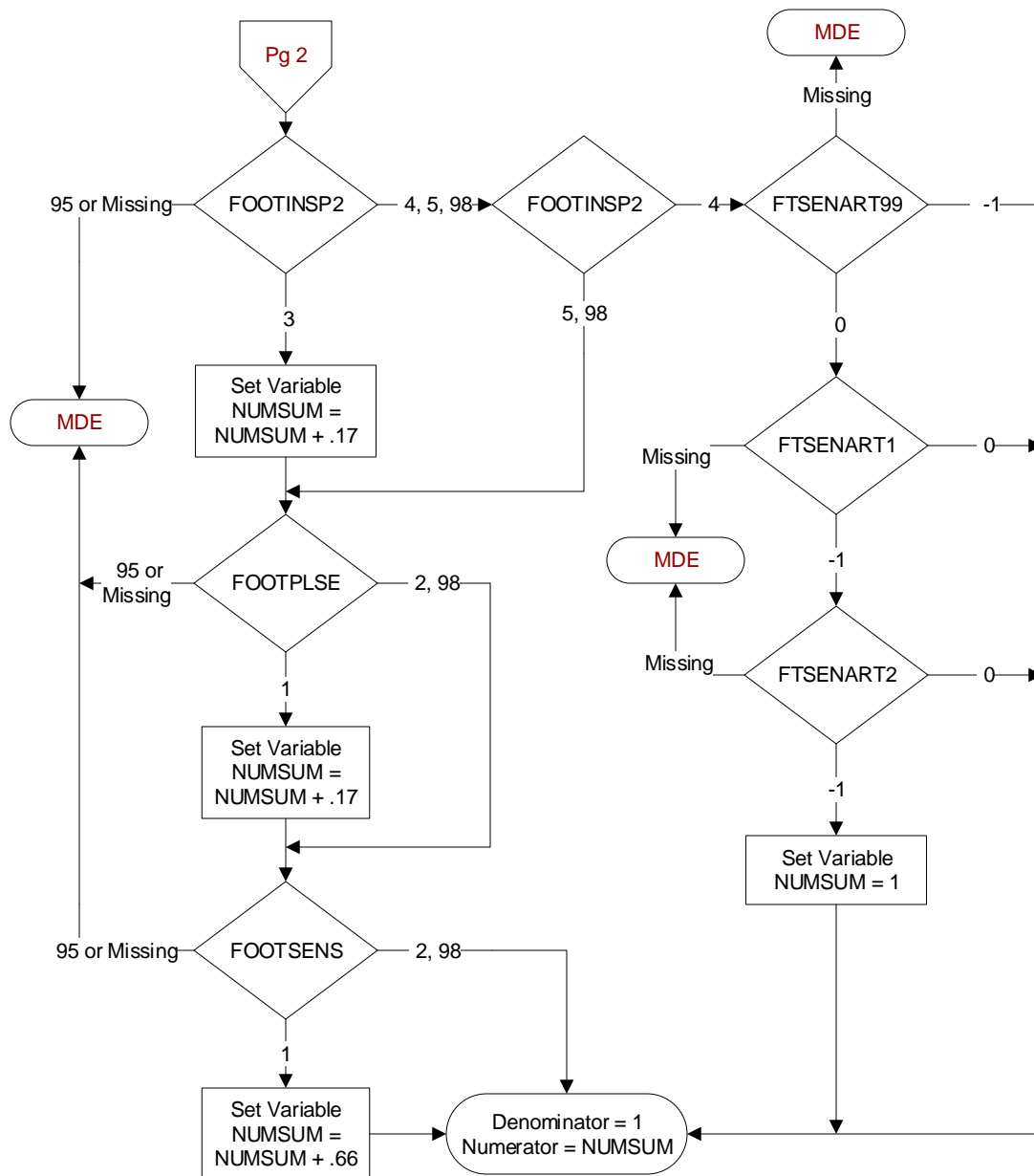
**LOSSENSE** (DM)

Does the patient have any of the following physical/ neurological impairments?  
 2. quadriplegia/paraplegia  
 3. past stroke, resulting in bilateral sensory loss in feet  
 99. none of these impairments

**AMPUTEE** (DM)

Does the patient have a lower extremity amputation?  
 1. Unilateral amputation  
 2. Bilateral amputation  
 99. No documentation of lower extremity amputation



**FOOTINSP2 (DM)**

Within the past year, does the record document a visual inspection of the patient's feet during a face-to-face (in person) or clinical video telehealth (CVT, VA Video Connect (VVC)) visit?

- 3. Yes, visual inspection of the patient's feet was documented during a face-to-face visit
- 4. Yes, visual inspection of the patient's feet was documented during a CVT or VVC visit
- 5. No documentation of a visual inspection of the patient's feet during the past year
- 95. Not applicable
- 98. Patient refused foot exam

During the CVT or VVC visit on (computer display footinsdt), did the healthcare provider ask the patient about any of the following signs and symptoms in the patient's feet? (DM)

**Select all that apply:**

**FTSENART1.** Signs and symptoms of sensory loss

**FTSENART2.** Signs and symptoms of reduced arterial circulation

**FTSENART95.** Not applicable

**FTSENART99.** None of the above documented

**FOOTPLSE (DM)**

Within the past year, does the record document pulses were checked in patient's feet?

- 1. Yes
- 2. No
- 95. Not applicable
- 98. Patient refused foot exam

**FOOTSENS (DM)**

Within the past year, does the record document the result of testing for foot sensation by monofilament?

- 1. Yes
- 2. No
- 95. Not applicable
- 98. Patient refused monofilament testing