

**Document Links:**

[HBPC Instrument](#)

**COHORT**  
69 – Home Based Primary Care

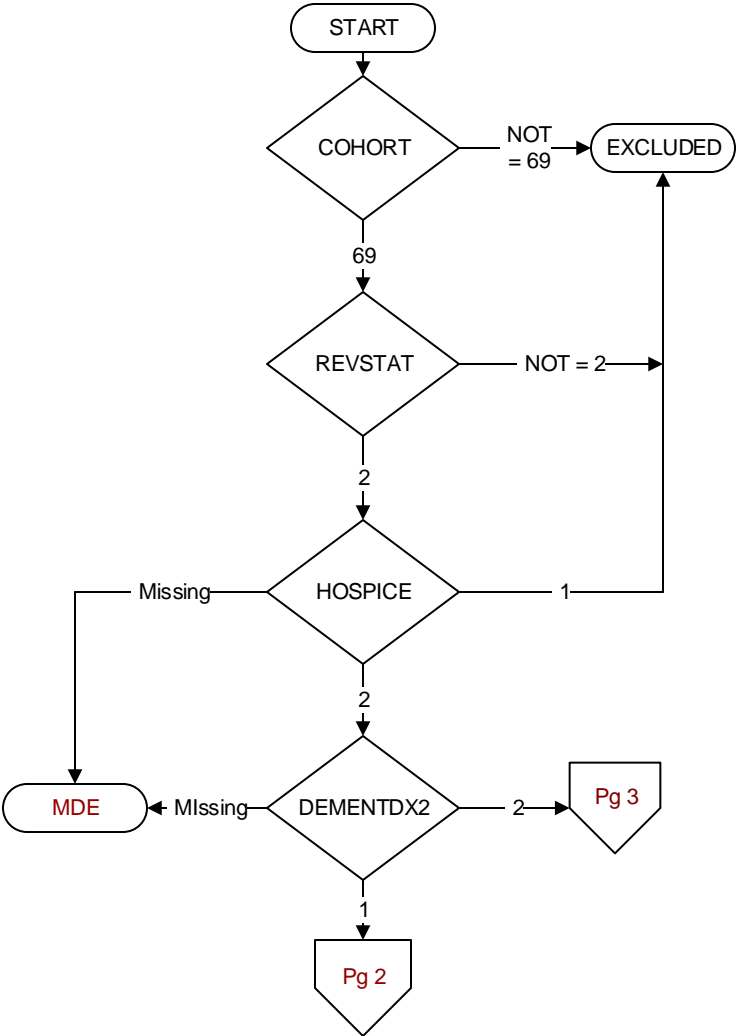
**REVSTAT**  
REVIEW STATUS (not abstracted)  
0. Abstraction has not begun  
1. Abstraction in progress  
2. Abstraction completed w/o errors  
3. TVG failure (exclusion)  
4. Record contains missing data  
5. Administrative exclusion from all measures

**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

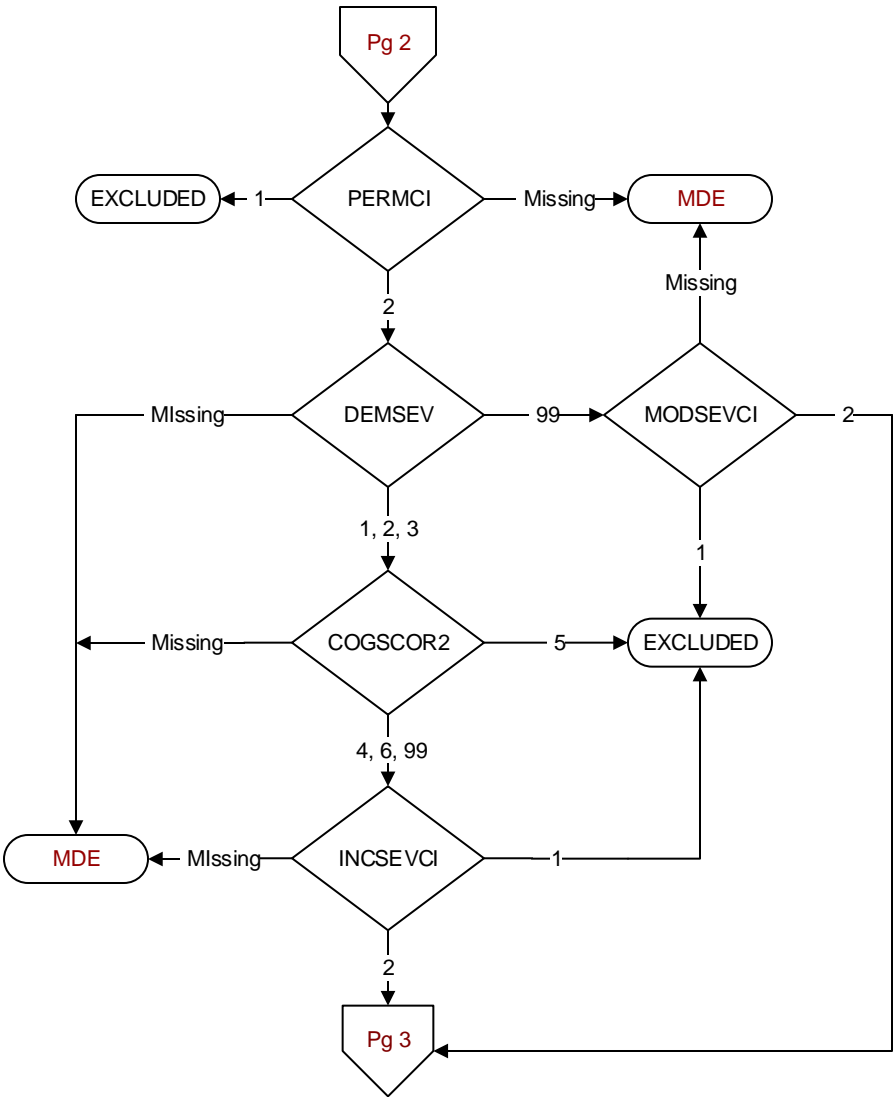
**DEMENTDX2**  
During the past year, does the record document a diagnosis of dementia/ neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

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

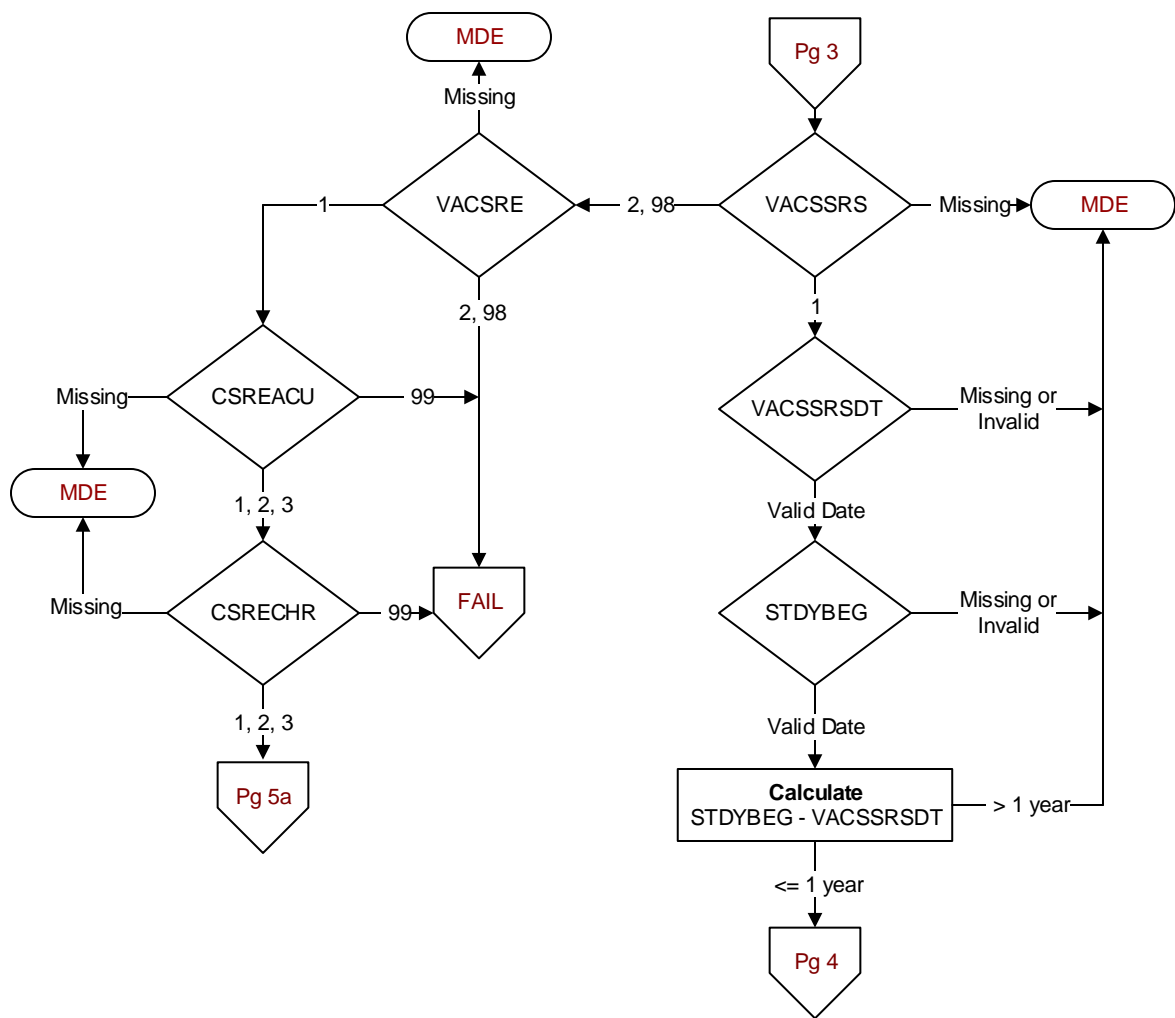
1. Yes  
2. No



MDE = Missing or Invalid Data Exclusion (data error)



|   |   |
|---|---|
| <b>PERMCI</b><br>During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder?<br>1. Yes<br>2. No   | <b>MODSEVCI</b><br>During the past year, did the clinician document in the record that the patient has moderate or severe cognitive impairment?<br>1. Yes<br>2. No  |
| <b>DEMSEV</b><br>Was the severity of dementia assessed during the past year using one of the following standardized tools?<br>1. Clinical Dementia Rating Scale (CDR)<br>2. Functional Assessment Staging Tool (FAST)<br>3. Global Deterioration Scale (GDS)<br>99. Severity of dementia was not assessed during the past year using one of the specified tools | <b>COGSCOR2</b><br>What was the outcome of the assessment of the severity of dementia assessment?<br>4. Score indicated mild dementia<br>5. Score indicated moderate to severe dementia<br>6. Score indicated no dementia<br>99. No score documented in the record or unable to determine outcome |
| <b>INCSEVCI</b><br>During the time frame 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?<br>1. Yes<br>2. No  |   |



**VACSRE**

On (if vacssrs = 1, computer to display vacssrstdt; 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

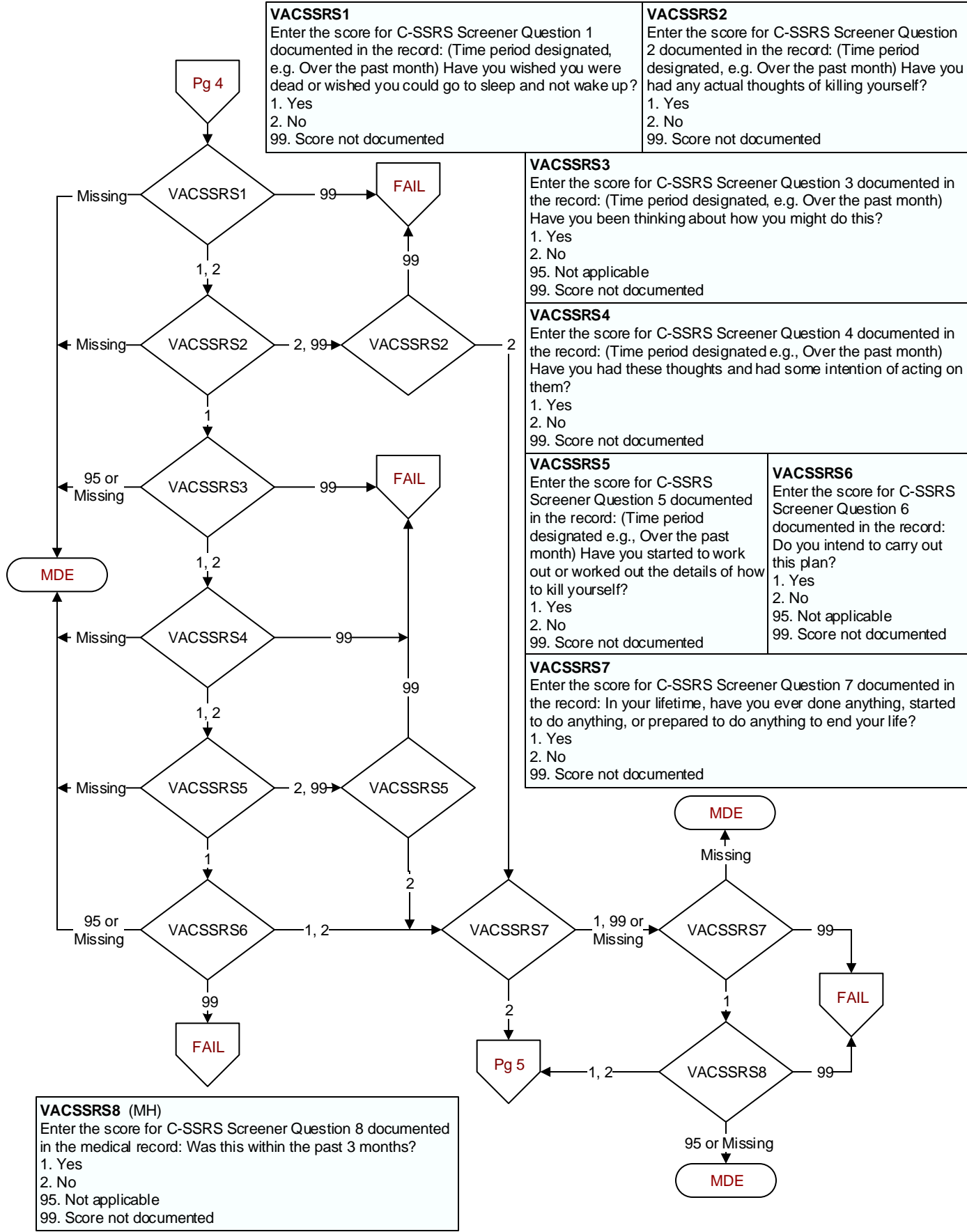
**VACSSRS**

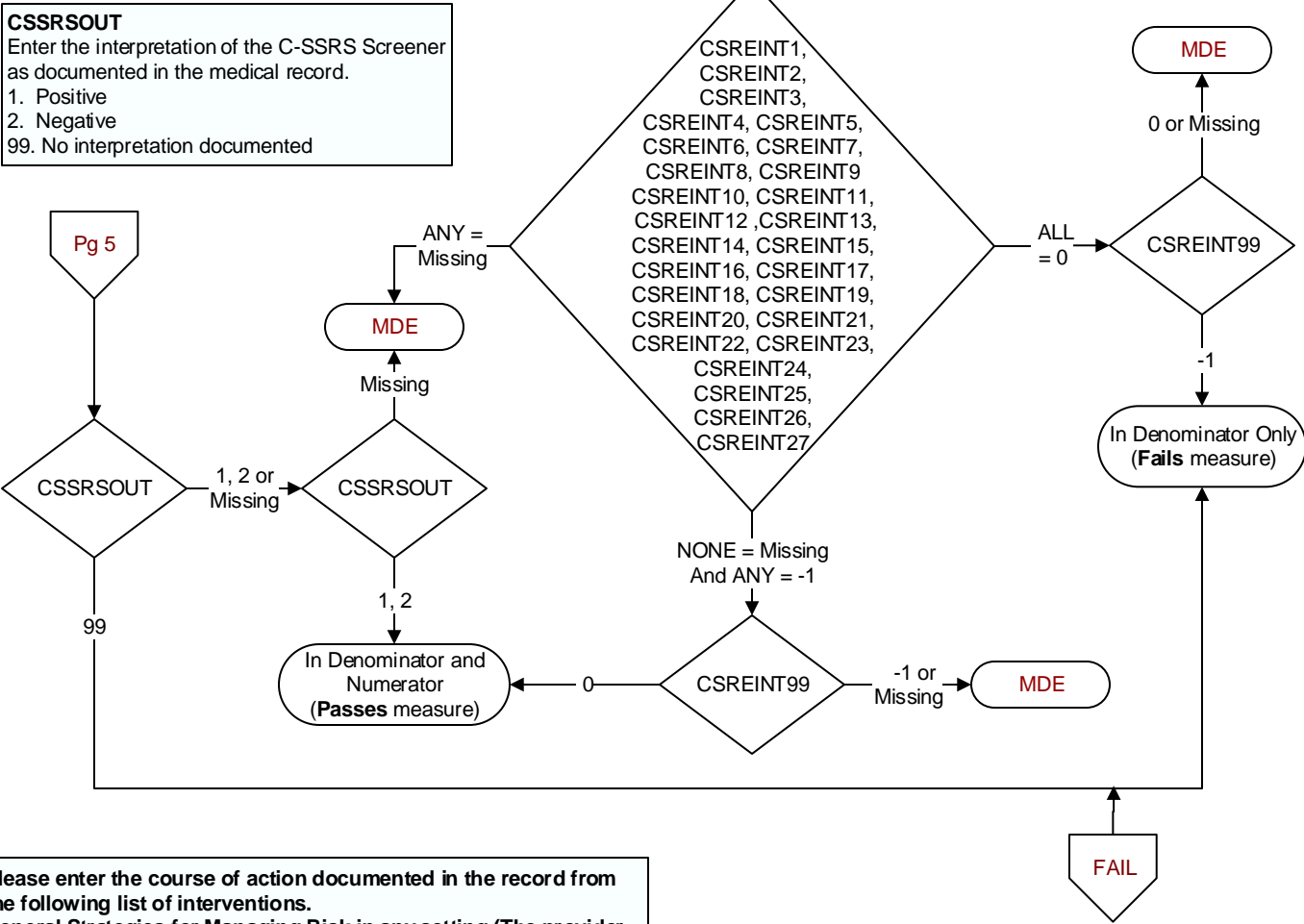
During the past year, did an acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?

- 1. Yes
- 2. No
- 98. Patient refused to complete the C-SSRS Screener

**VACSSRSDT**

Enter the most recent date the C-SSRS Screener was completed.





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