

## Data Abstraction Definitions Preventive Care (PC)

DATA ELEMENTS/ VARIABLE NAMES	INSTRUCTIONS (DEFINITIONS, VALID VALUES)	INCLUSIONS/SYNONYMS	EXCLUSIONS
Confirm Diagnosis of Chronic Conditions  <b>[PCCONFIRMED]</b>	<p>Instruction: Determine if the patient has documentation of at least one of the specified chronic conditions.</p> <p><b>Yes (1):</b> Select this option if the patient has documentation of at least one of the specified chronic conditions anywhere in the office/clinic record.</p> <p><b>No/No reason documented (0):</b> Select this option if the patient has no documentation of at least one of the specified chronic conditions anywhere in the office/clinic record.</p> <p style="text-align: center;"><b>If “No” - STOP ABSTRACTION</b></p> <p><b>Skip (2):</b> Select this option if you are unable to find the patient’s medical record.</p>	<p>See list of chronic conditions in Appendix A.1.</p>	<p>None</p>
Office/clinic Visit Date <b>[HFPCVISITDATE]</b>  <b>[HFPCINVALID]</b>	<p>THIS ELEMENT IS SYNCHRONIZED WITH THE OFFICE/CLINIC VISIT DATE ELEMENT IN HF</p> <p>Instruction: Enter the date of each visit to the office/clinic in MM/DD/YYYY format <u>during the measurement period.</u></p> <p>Instruction: Determine if the pre-populated visit date is invalid.</p> <p><b>Yes (1):</b> Select this option if the pre-populated visit date is invalid and indicate the reason why.</p> <p><b>No (0):</b> Select this option if the pre-populated visit is not invalid.</p> <p><i>NOTE: This element defaults to no.</i></p>	<p>None</p>	<p>None</p>
Blood Pressure Measurement  <b>[PCBPMEASURE]</b>	<p>Instruction: Determine if the patient’s BP was recorded at <u>every office/clinic visit during the measurement period.</u></p> <p><b>Yes (1):</b> Select this option if the patient’s BP measurement was recorded at this office/clinic visit.</p> <p><b>No/No reason documented (0):</b> Select this option if the patient’s BP measurement was not recorded at this office/clinic visit.</p>	<p>None</p>	<p>None</p>

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Breast Cancer Screening  <b>[PCMAMMOGRAM]</b>	<p>Instruction: Determine if a mammogram was performed during the measurement period or year prior to the measurement period.</p> <p><i>Note: The default setting for this element is SKIP.</i></p> <p><b>Yes (1):</b> Select this option if a mammogram was performed during the measurement period or year prior to the measurement period.</p> <p><i>Note: Documentation in the medical record must include both of the following:</i></p> <ul style="list-style-type: none"> <li>• <i>A note indicating the date the mammo gram was performed</i> <b>AND</b></li> <li>• <i>The result of the finding</i></li> </ul> <p><i>(Note: If there is evidence of two separate mastectomies, this patient may be excluded from the measure. The bilateral mastectomy must have occurred by the end of the measurement period.)</i></p> <p><b>No/No reason documented (0):</b> Select this option if a mammogram was not performed during the measurement period or year prior to the measurement period.</p> <p><b>Not performed for medical reasons (3):</b> Select this option if there was any documentation the patient had a bilateral mastectomy.</p> <p><b>Skip (2):</b> Select this option if you are not abstracting records for claims-based measures.</p>	Breast imaging, breast x-ray, breast cancer screening, diagnostic mammography, digital mammography, mammogram, screening mammography	None

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Colorectal Cancer Screening  [PCFOBT/PERFORM]	<p>Instruction: Determine if colorectal cancer screening is current during the <u>measurement period</u>.</p> <p><b>Yes (1):</b> Select this option if colorectal cancer screening is current.</p> <p><i>Note: Current colorectal cancer screening is defined as performing any of the following:</i></p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) annually</li> <li>• Flexible sigmoidoscopy every five years</li> <li>• Annual FOBT plus flexible sigmoidoscopy every five years</li> <li>• Double-contrast barium enema every five years</li> <li>• Colonoscopy every ten years</li> </ul> <p><b>No/No reason documented (0):</b> Select this option if colorectal cancer screening is not current.</p> <p><b>Not current for medical reasons (3):</b> Select this option if the screening is not current due to medical reasons</p> <p><b>Not current for patient reasons (4):</b> Select this option if the screening is not current due to patient reasons.</p> <p><b>Not current for system reasons (5):</b> Select this option if the screening is not current due to system reasons.</p>	<p><b>Colorectal cancer screening:</b> documentation colorectal screening is “up-to-date” or “current”</p> <p><b>FOBT:</b> ColoCARE, Coloscreen, EZ Detect, Fecal occult blood test, flushable reagent pads, flushable reagent stool blood test, guiac smear test, Hemoccult, Seracult, stool occult blood test</p> <p><b>Not screened for medical reasons (3) may include:</b> total colectomy, terminal illness, other reason documented by practitioner for not performing colorectal cancer screening</p>	None

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Influenza Immunization  [PCFLUSHOT]	<p>Instruction: Determine if the patient received an influenza immunization from September through February of the year prior to the measurement period.</p> <p><b>Yes (1):</b> Select this option if the patient received an influenza immunization during the influenza season.</p> <p><b>No/No reason documented (0):</b> Select this option if the patient did not receive an influenza immunization during the influenza season.</p> <p><b>Not received for medical reasons (3):</b> Select this option if the patient did not receive an influenza immunization for medical reasons.</p> <p><b>Not received for patient reasons (4):</b> Select this option if the patient did not receive an influenza immunization for patient reasons.</p> <p><b>Not received for system reasons (5):</b> Select this option if the patient did not receive an influenza immunization for system reasons.</p>	<p><b>Not received for medical reasons (3) may include:</b> egg allergy, adverse reaction to influenza vaccine, other reason documented by practitioner for not receiving an influenza immunization</p>	None
Pneumonia Vaccination  [PCPNEUMOSHOT]	<p>Instruction: Determine if the patient has <u>ever</u> received a pneumonia vaccination.</p> <p><b>Yes (1):</b> Select this option if the patient has <u>ever</u> received a pneumonia vaccination.</p> <p><b>No/No reason documented (0):</b> Select this option if the patient has <u>never</u> received a pneumonia vaccination.</p> <p><b>Not received for medical reasons (3):</b> Select this option if the patient has <u>never</u> received a pneumonia vaccination for medical reasons.</p> <p><b>Not received for patient reasons (4):</b> Select this option if the patient has <u>never</u> received a pneumonia vaccination for patient reasons.</p>	<p><b>Not received for medical reasons (3) may include:</b> anaphylactic reaction, other medical reason(s) documented by practitioner for not receiving pneumococcal vaccination</p>	None