

RTRC Data Element Dictionary for EB TNP

Data Dictionary for a Uniform Set of Data Elements to be Collected by EB TNP Grantees for a Data Pooling Study

The ultimate objective of this study is to enhance the evidence base for telehealth in rural settings by pooling data collected across EB TNP grantees on the services they offer through telehealth and in-person care related to primary care, urgent care, behavioral health, maternal care, substance use disorder, and/or chronic care management services. Pooling data will be possible by using a standardized set of data elements. Based on grantee feedback about data collection feasibility, RTRC selected the 27 data elements described in this document. The first set includes 13 data elements that will be collected at the patient level once, the second set includes 7 data elements that will be collected at each encounter, and the third set includes 7 data elements representing clinical outcomes that will be collected at least quarterly on patients receiving relevant services. A data collection tool will be used to assemble the data. This document is a resource for using that tool.

Data elements that are collected at the PATIENT LEVEL ONCE

Instructions	NOTE that this part of the document is specific to patient-level data elements that are collected once at enrollment for each patient who received any health services as part of the EB TNP, either through telehealth or in-person treatment. See protocol for clarification.
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Data element number:	Patient – 1
Variable name:	Patient Identification
Variable definition:	An ID assigned to each patient that is automatically converted to a non-linkable ID when data are submitted to protect the patients' confidentiality
Valid (allowable) values:	<i>Any alphanumeric character</i>
Notes for abstraction:	<ul style="list-style-type: none"> • This field will only be used for internal (i.e. grantee/treatment facility) purposes to help grantees link data elements from disparate data sources for the same patient. • As your internal identifier, the patient ID could be the patient's full name or any other unique identifier. • The patient ID must remain consistent over the duration of the project. • To protect the patients' confidentiality, an anonymous (non-linkable) case ID will be automatically assigned to the record before it is transmitted to RTRC. The patient ID will never be uploaded or saved in the RTRC study database and is for your own reference only. See protocol for clarification.

Data element number:	Patient – 2
Variable name:	Treatment site ID
Variable definition:	An ID assigned to each treatment site
Valid (allowable) values:	<i>Any alphanumeric character</i>
Notes for abstraction:	<ul style="list-style-type: none"> • The site will usually be the clinic/organization where the patient receives in-person services or where the provider/clinician providing telehealth is affiliated.

	<ul style="list-style-type: none"> This is not literally where the patient is located receiving telehealth services, but instead is the clinic where the patient is affiliated for ID purposes. This serves as a tracking mechanism for data management activities. See protocol for clarification. The name of the site should remain consistent for the duration of the study.
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Data element number:	Patient – 3
Variable name:	EB TNP enrollment date
Variable definition:	The date when patient enrolled in EB TNP
Valid (allowable) values:	Date in the form of MM-DD-YYYY
Notes for abstraction:	<ul style="list-style-type: none"> Enter the date when the patient was enrolled in the EB TNP and is ready to begin receiving EB TNP services. This EB TNP enrollment date should precede any encounter dates that are considered part of the EB TNP. See protocol for clarification.

Data element number:	Patient – 4
Variable name:	Assigned treatment group
Variable definition:	Indicates whether the patient is in the telehealth treatment group or the in-person treatment group
Valid (allowable) values:	<p>Check only one of the following. Options for response are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Telehealth Treatment Group</i>: Indicates that the patient was assigned to the telehealth treatment group <input type="checkbox"/> <i>In-person Treatment Group</i>: Indicates that the patient was assigned to the in-person comparison group
Notes for abstraction:	<ul style="list-style-type: none"> This should indicate the patient’s initial assigned group. The patient is assigned to the Telehealth Treatment Group if telehealth is intended to be the primary treatment modality. The patient is assigned to the In-person Treatment Group if the patient’s intended primary treatment modality is in-person. Note that patients may occasionally “crossover” (i.e., receive treatment via the opposite modality) during the course of the study. Regardless, the treatment group would remain as originally assigned. See protocol for clarification.
Source for definitions:	EB TNP Notice of Funding Opportunity (NOFO)

Data element number:	Patient – 5
Variable name:	Age at intake
Variable definition:	The patient's age at EB TNP enrollment date
Valid (allowable) values:	<i>Any number</i>
Notes for abstraction:	<ul style="list-style-type: none"> Patient age (in years) should be determined at the EB TNP enrollment date. Do not round up. If the patient is X years and 11 months, then enter X years. If the patient is over 90 years old, then enter 90. Enter -1 if patient’s age is unknown.

Data element number:	Patient – 6
Variable name:	Gender
Variable definition:	The patient's gender
Valid (allowable) values:	<p>Check only one of the following. Options for response are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Other</i>: Can be used when/if patient is intersex or transitioning or nonbinary <input type="checkbox"/> <i>Unknown</i>: Unable to determine the patient's gender or not stated (e.g., not documented, conflicting documentation, or patient unwilling to provide)
Notes for abstraction:	<ul style="list-style-type: none"> • This can reflect the patient's identified sex.

Data element number:	Patient – 7
Variable name:	Race
Variable definition:	The patient's racial group
Valid (allowable) values:	<p>Check only one of the following. Options for response are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> <i>Black or African American</i> <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> <i>Native Hawaiian or other Pacific Islander</i> <input type="checkbox"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> <i>More than one race</i>: Patient's race is composed of or representing more than one racial group <input type="checkbox"/> <i>Unknown</i>: Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation, or patient unwilling to provide)
Notes for abstraction:	<ul style="list-style-type: none"> • White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g., Caucasian, Iranian, White). • Black or African American: A person having origins in any of the black racial groups of Africa. • Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam. • Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. • American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment (e.g., any recognized tribal entity in North and South America [including Central America], Native American). • If documentation indicates the patient has more than one race (e.g., Black-White, Indian-White), select "<i>More than one race.</i>" • Although the terms "Hispanic" and "Latino" are actually descriptions of the patient's ethnicity, it is not uncommon to find them referenced as race. If the patient's race is documented only as Hispanic/Latino, select "<i>Unknown.</i>" If the race is documented as mixed Hispanic/Latino with another race, use whatever race is given (e.g., Black-Hispanic – select "<i>Black</i>"). Other terms for Hispanic/Latino include Chicano, Cuban, H (for Hispanic), Latin American, Latina,

	Mexican, Mexican-American, Puerto Rican, South or Central American, and Spanish.
Source for definitions:	US Census Bureau: https://www.census.gov/topics/population/race/about.html

Data element number:	Patient – 8
Variable name:	Ethnicity
Variable definition:	The patient's ethnic group
Valid (allowable) values:	Check only one of the following. Options for response are: <ul style="list-style-type: none"> <input type="checkbox"/> <i>Hispanic ethnicity or Latino/Latina</i> <input type="checkbox"/> <i>Not Hispanic or Not Latino/Latina</i> <input type="checkbox"/> <i>Unknown: Unable to determine the patient's ethnicity or not stated (e.g., not documented, conflicting documentation, or patient unwilling to provide)</i>
Notes for abstraction:	<ul style="list-style-type: none"> • Hispanic ethnicity and Latino/Latina signifies a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino." • Other terms for Hispanic/Latino include Chicano, Cuban, H (for Hispanic), Latin American, Latina, Mexican, Mexican-American, Puerto Rican, South or Central American, and Spanish.
Source for definitions:	US Census Bureau: https://www.census.gov/topics/population/hispanic-origin/about.html

Data element number:	Patient – 9
Variable name:	Language that the patient is best served in
Variable definition:	Whether or not the patient is best served in English
Valid (allowable) values:	Check only one of the following. Options for response are: <ul style="list-style-type: none"> <input type="checkbox"/> <i>English: Patient is best served in English</i> <input type="checkbox"/> <i>Not English: Patient is best served in a language other than English</i> <input type="checkbox"/> <i>Unknown: Unable to determine the patient's best language or not stated (e.g., not documented, conflicting documentation, or patient unwilling to provide)</i>

Data element number:	Patient – 10
Variable name:	Patient's insurance status
Variable definition:	The primary type of insurance that the patient has at time of study enrollment.
Valid (allowable) values:	Check only one of the following. Options for response are: <ul style="list-style-type: none"> <input type="checkbox"/> <i>Medicare: Select this option if Medicare is listed as the primary payment source</i> <input type="checkbox"/> <i>Medicaid: Select this option if Medicaid is listed as the primary payment source</i> <input type="checkbox"/> <i>Dually Eligible Medicare/Medicaid: Select this option if both Medicare and Medicaid are listed as payers</i> <input type="checkbox"/> <i>Private Insurance: Select this option if the primary payment source is worker's compensation or private insurance</i> <input type="checkbox"/> <i>Self-pay/uninsured: Select this option if the patient has no insurance coverage and/or is paying out of pocket</i>

	<input type="checkbox"/> <i>Other, please specify:</i> _____ Select this option if the payment source does not coincide with one of the above options (e.g. Veterans Administration, TRICARE/CHAMPUS) <input type="checkbox"/> <i>Unknown:</i> Unable to determine
Notes for abstraction:	<ul style="list-style-type: none"> • Medicare includes Fee-For-Service (DRG or PPS) and Medicare Advantage (HMO/Medicare+ Choice). • Although a patient’s insurance status may change over the course of their participation in the study, this should reflect their status at the time of study enrollment. • If you select “Other, please specify:” an additional field will automatically display for you to specify the patient’s insurance status.
Source for definitions:	National Center for Health Statistics, National Health Interview Survey: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2020/Adult-codebook.pdf

Data element number:	Patient – 11
Variable name:	EB TNP primary service provided to patient
Variable definition:	Indicates the principal service to be provided to the patient through the EB TNP
Skip logic:	NOTE that the checked box will be used in skip logic to open up relevant questions in the third section of this data element dictionary.
Valid (allowable) values:	Check only one of the following. Options for response are: <input type="checkbox"/> <i>Primary care</i> <input type="checkbox"/> <i>Acute care</i> <input type="checkbox"/> <i>Behavioral health care</i> <input type="checkbox"/> <i>Maternal care without remote patient monitoring</i> <input type="checkbox"/> <i>Maternal care with remote patient monitoring</i> <input type="checkbox"/> <i>Substance use disorder</i> <input type="checkbox"/> <i>Chronic care management without remote patient monitoring</i> <input type="checkbox"/> <i>Chronic care management with remote patient monitoring</i>
Notes for abstraction:	<ul style="list-style-type: none"> • Indicate the principal type of service specified in the EB TNP Notice of Funding Opportunity (NOFO) the patient will be receiving at the time of enrollment. • Patients may receive multiple services if more than one is available through the EB TNP, however only one service must be chosen as the principal service that the patient will receive. This choice will be made at the time of enrollment. See protocol for clarification.
Source for definitions:	EB TNP Notice of Funding Opportunity (NOFO)

Data element number:	Patient – 12
Data element name:	Patient residence ZIP code
Data element definition:	5-digit ZIP code for the location where the patient resides at time of study enrollment.
Valid (allowable) values:	Enter the ZIP code where the patient resides. A valid 5-digit ZIP code in the form of #####
Notes for abstraction:	<ul style="list-style-type: none"> • Although a patient’s residence may change over the course of their participation in the study, this should reflect their status at the time of study enrollment.

	<ul style="list-style-type: none"> If the patient does not have a residence, enter the ZIP code where they most frequently spend the night.
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Data element number:	Patient – 13
Variable name:	Patient travel miles to the planned place of health services
Variable definition:	Miles from the patient’s residence to where the patient plans to receive health services as part of the EB TNP
Valid (allowable) values:	<i>Any number</i>
Notes for abstraction:	<ul style="list-style-type: none"> See notes for item 12 (above) for instructions on definition of patient’s residence. <u>For patients in the telehealth treatment group</u>, enter the miles from the patient’s residence to where they would have to travel to receive in-person health services comparable to what they will be receiving through telehealth. <u>For patients in the in-person treatment group</u>, enter the miles from the patient’s residence to where they will travel to receive the primary planned in-person health services. Use Google maps to determine the shortest travel miles by car one way. If the place of health services is sensitive, then enter the distance to a nearby proxy location (e.g., nearby school or grocery).

Data elements that are collected at EACH SCHEDULED ENCOUNTER	
Instructions	NOTE that this part of the document pertains to data to be collected at each encounter for each patient who receives either telehealth or in-person services through the EB TNP. Once the patient is enrolled, all encounters that are scheduled to be delivered during the 12-month follow-up period should be entered, with the exception of remote patient monitoring data transmissions/monitoring/interpretation, which will only be entered once per month. See protocol for clarification.

Data element number:	Encounter – 1
Variable name:	Scheduled encounter date
Variable definition:	The date when an encounter was scheduled
Valid (allowable) values:	Date in the form of MM-DD-YYYY
Notes for abstraction:	<ul style="list-style-type: none"> This includes encounters that were completed and encounters that were scheduled but not completed. If there were multiple scheduled encounters on the same day, then enter information about each in a separate entry.

Data element number:	Encounter – 2
Variable name:	Encounter modality
Variable definition:	The modality intended for the encounter

Valid (allowable) values:	<p>Check only one of the following. Options for response are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Video telehealth service</i> <input type="checkbox"/> <i>Phone telehealth service</i> <input type="checkbox"/> <i>Remote patient monitoring service</i> <input type="checkbox"/> <i>Non-telehealth (in-person) service</i> <input type="checkbox"/> <i>Other, please specify:</i> _____
Notes for abstraction:	<ul style="list-style-type: none"> • Select the option that is most representative of the modality used during the encounter if it is a telehealth service. For example, if there is an encounter for a patient receiving remote patient monitoring services that occurs by phone, select the second response option (encounter by phone telehealth service) and input the associated CPT code in data field Encounter - 4. • If you select “Other, please specify:” an additional field will automatically display for you to specify the type of service provided. • Patients in the Telehealth Treatment Group may, at times, be seen in an in-person encounter. Likewise, patients in the In-person Treatment Group may, at times, be seen in a telehealth encounter. See protocol for clarification.

Data element number:	Encounter – 3
Variable name:	Encounter status
Variable definition:	Whether the scheduled session was completed, or reason if it was not completed
Skip logic:	NOTE that if any box is checked other than the first (indicating that the scheduled encounter was completed) then data collection for this encounter will be stopped (no need to proceed) at this point and skip logic will be employed so that the remaining data elements are not visible in the data collection tool.
Valid (allowable) values:	<p>Check only one of the following. Options for response are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Completed:</i> Scheduled encounter was completed <input type="checkbox"/> <i>Technology failed:</i> Scheduled encounter was NOT successfully completed because TECHNOLOGY or electronic communication failed <input type="checkbox"/> <i>Patient did not appear:</i> Scheduled encounter did not occur because the PATIENT failed to appear or refused service <input type="checkbox"/> <i>Patient cancelled and/or rescheduled:</i> Scheduled encounter did not occur because the PATIENT cancelled the appointment and notified the clinician or provider or rescheduled the appointment <input type="checkbox"/> <i>Clinician did not appear:</i> Scheduled encounter did not occur because the CLINICIAN failed to appear <input type="checkbox"/> <i>Clinician cancelled and/or rescheduled:</i> Scheduled encounter did not occur because the CLINICIAN cancelled the appointment and notified the patient or rescheduled the appointment <input type="checkbox"/> <i>Unknown:</i> It is impossible to determine from EMR, log, or patient visit record why a scheduled encounter did not occur <input type="checkbox"/> <i>Other, please specify:</i> _____
Notes for abstraction:	<ul style="list-style-type: none"> • Successful completion means that both the patient and provider attended the encounter as scheduled, and that the encounter was normally concluded. • If either the patient or the clinician failed to attend the encounter as scheduled, then check the appropriate box indicating the reason.

	<ul style="list-style-type: none"> • If unable to determine whether the encounter was completed as scheduled, select “<i>Unknown</i>.” • If you select “Other, please specify:” an additional field will automatically display for you to specify the status of the encounter. • <i>The encounter status MUST be “Completed” in order for the rest of the encounter information to be recorded.</i>
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Data element number:	Encounter – 4
Variable name:	Treatment service type
Variable definition:	HCPCS (Healthcare Common Procedure Coding System) or CPT (Current Procedural Terminology) code(s) for each encounter.
Valid (allowable) values:	Any valid HCPCS or CPT code assigned to this encounter (i.e., the billed code). CPT codes take the form of #####. HCPCS codes take the form of \$#### (where ‘\$’ is a letter). Enter up to 5 codes.
Notes for abstraction:	<ul style="list-style-type: none"> • The primary HCPCS or CPT code is required. • Additional HCPCS or CPT codes may be entered (up to 5 total). • If a HCPCS or CPT code was not generated because the encounter was not billed due to nonreimbursable provider, enter ‘99999’ in either the HCPCS or CPT field. • Only enter a HCPCS or a CPT code for a given treatment service, do not enter both. However, you may enter a HCPCS code for one treatment service and a CPT code for a different treatment service in the same encounter. • If no HCPCS or CPT code is generated because no service was provided (such as a call from a patient to make an appointment), then this does not count as an encounter and no encounter record should be generated.

Data element number:	Encounter – 5
Variable name:	Clinician type
Variable definition:	Type of clinician seen for services during this encounter
Skip logic:	For maternal care with remote patient monitoring or chronic care management with remote patient monitoring that are entered once per month, record a separate remote patient monitoring encounter for each billing clinician.
Valid (allowable) values:	<p>Check only one of the following. Options for response are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Advanced Practice RN or Nurse Practitioner (APRN or NP)</i> <input type="checkbox"/> <i>Clinical Psychologist (PhD or PsyD)</i> <input type="checkbox"/> <i>Clinical Social Worker (MSW or LCSW)</i> <input type="checkbox"/> <i>LPCA/LPCC</i> <input type="checkbox"/> <i>Nurse or Nurse Educator or Nurse Therapist (RN or BSN or DPN)</i> <input type="checkbox"/> <i>Pharmacist (PharmD)</i> <input type="checkbox"/> <i>Physician Assistant (PA)</i> <input type="checkbox"/> <i>Primary Care Physician, Family Practice Physician, Internal Medicine (MD or DO)</i> <input type="checkbox"/> <i>Psychiatrist</i> <input type="checkbox"/> <i>Registered Dietitian (RD)</i> <input type="checkbox"/> <i>Specialist Physician (e.g., cardiologist, pulmonologist, OB/GYN)</i> <input type="checkbox"/> <i>Other, please specify: _____</i> <input type="checkbox"/> <i>Unknown: Unable to determine from EMR, log, or patient visit record</i>

Notes for abstraction:	<ul style="list-style-type: none"> • The word “clinician” is meant to include any type of health care professional acting as a provider or clinician for the encounter. • If more than one clinician was involved in an encounter then check the box indicating the most essential clinician (i.e., the clinician for whom the encounter CPT or HCPCS code was assigned). • Check the appropriate box most closely aligning with the clinicians’ professional credentials. If none of the options seem appropriate, check the “Other” box and provide the clinician type. • If you select “Other, please specify:” an additional field will automatically display for you to specify the type of clinician.
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Data element number:	Encounter – 6
Variable name:	Patient’s diagnoses (ICD-10)
Variable definition:	The International Classification of Diseases, Tenth Revision (ICD-10) code(s) associated with the diagnosis established to be chiefly responsible for the services during this encounter
Valid (allowable) values:	<p>_____ Any valid ICD-10 code listed as the <u>primary</u> diagnosis in the form of XXXX.XX</p> <p>_____ Any valid ICD-10 code listed as the <u>secondary</u> diagnosis in the form of XXXX.XX. Check the “N/A” box if no secondary diagnosis listed ICD-10 is available</p> <p>_____ Any valid ICD-10 code listed as the <u>tertiary</u> diagnosis in the form of XXXX.XX. Check the “N/A” box if no tertiary diagnosis listed ICD-10 is available</p>
Notes for abstraction:	<ul style="list-style-type: none"> • The primary ICD-10 code is required.

Data element number:	Encounter – 7
Variable name:	Prescribed medications
Variable definition:	Medication drug code (NDDF or RxNorm or NDCs) for each prescription medication that was prescribed, modified, renewed, or discontinued during this encounter
Valid (allowable) values:	<p>Enter the prescription medication drug code and action type affected during this encounter.</p> <p>Check only one of the following for action type. Options for response are:</p> <p><input type="checkbox"/> <i>renewed</i>: Medication was previously prescribed and renewed at this encounter</p> <p><input type="checkbox"/> <i>newly prescribed</i>: Medication was newly prescribed at this encounter</p> <p><input type="checkbox"/> <i>increased admin. frequency or dose</i>: Medication was previously prescribed at a different dosage or frequency and increased at this encounter (either the dosage or frequency or both were increased)</p> <p><input type="checkbox"/> <i>decreased admin. frequency or dose</i>: Medication was previously prescribed at a different dosage or frequency and decreased at this encounter (either the dosage or frequency or both were decreased)</p> <p><input type="checkbox"/> <i>discontinued</i>: Medication was discontinued and no longer prescribed</p> <p><input type="checkbox"/> <i>other</i> (please specify)</p>
Notes for abstraction:	<ul style="list-style-type: none"> • Only enter drug codes for medications that are newly prescribed, modified, renewed, or discontinued during this encounter.

	<ul style="list-style-type: none"> • Do NOT enter any over-the-counter (OTC) medications, drugs, or supplements. • Only enter one form of drug code (either NDDF or RxNorm or NDC) for each prescribed medication. • National Drug Codes (NDCs) are a 10- or 11-digit number in the form of 4-4-2 or 5-3-2 or 5-4-1. • RxNorm Drug Codes are 11-digit numbers with no hyphens. • NDDF (National Drug Data File) are typically a 6-digit number. • Check the appropriate box for whether the medication was renewed, newly prescribed, previously prescribed and increased, previously prescribed and decreased, discontinued, or other (specify). • If there was a previously prescribed medication that was modified at this encounter, for example a prescription written in which there was a dosage change made (e.g., going from 20 mg to 40 mg of fluoxetine) but the same drug was prescribed, then indicate that this is a modified prescription. • Use as many data fields in the data collection tool as necessary to enter all medications when action was taken during this encounter. • If you select “Other, please specify:” an additional field will automatically display for you to specify the type of action.
Source for definitions:	https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory

Data elements that are collected on PATIENTS RECEIVING RELATED SERVICES	
Instructions	<p>NOTE that this part of the document pertains to data elements to be collected repeatedly during the 12-month follow-up period as appropriate to the services the patient is receiving. Generally, repeatedly means as often as clinically relevant, but <u>quarterly at a minimum</u>. See protocol for clarification. Note that skip logic will be implemented in the data collection tool such that only those data elements matching the patient’s service type will be visible.</p>

Data element number:	Encounter – 8
Variable name:	PHQ-9 depression symptoms score
Variable definition:	Use the Patient Health Questionnaire – 9 (PHQ-9) to assess depression symptoms
Skip logic:	NOTE that this item will appear only for patients receiving behavioral health or substance use disorder services.
Valid (allowable) values:	Numeric value between 0 and 27 or “N/A” if not applicable to this patient or encounter
Notes for abstraction:	<ul style="list-style-type: none"> • Patients who receive behavioral health services during the measurement period and whose primary complaint is depression or who have an ICD-10 code indicative of depression should be administered the PHQ-9 periodically. • Periodically means at enrollment (baseline at the beginning of treatment) and at least quarterly for 12 months.

	<ul style="list-style-type: none"> Check the “N/A” box if the patient did not have a primary complaint of depression or did not have an ICD-10 code indicative of depression or if the PHQ-9 was not administered during this encounter.
Source for definitions:	Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. <i>Journal of General Internal Medicine</i> , 16(9), 606-13.

Data element number:	Encounter – 9
Variable name:	GAD-7 generalized anxiety symptoms score
Variable definition:	Use the Generalized Anxiety Disorder Scale – 7 (GAD-7) to assess anxiety symptoms
Skip logic:	NOTE that this item will appear only for patients receiving behavioral health care or substance use disorder services.
Valid (allowable) values:	Numeric value between 0 and 21 or “N/A” if not applicable to this patient or encounter
Notes for abstraction:	<ul style="list-style-type: none"> Patients who received behavioral health services during the measurement period and whose primary complaint is anxiety or who have an ICD-10 code indicative of anxiety should be administered the GAD-7 periodically. Periodically means at enrollment (baseline at the beginning of treatment) and at least quarterly for 12 months. Check the “N/A” box if the patient did not have a primary complaint of anxiety or did not have an ICD-10 code indicative of anxiety or if the GAD-7 was not administered during this encounter.
Source for definitions:	Spitzer, R. L., Kroenke, K., Williams, J. B., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. <i>Archives of Internal Medicine</i> , 166(10), 1092-1097. doi:10.1001/archinte.166.10.1092

Data element number:	Encounter – 10
Variable name:	Smoking status
Variable definition:	The patient’s smoking status
Skip logic:	NOTE that this item will appear for patients receiving primary care, acute care, behavioral health care, substance use disorder, maternal care services, or chronic care management.
Valid (allowable) values:	<p>Check only one of the following. Options for response are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient is a current every day smoker <input type="checkbox"/> Patient is a current some day smoker <input type="checkbox"/> Patient is a smoker, current status unknown <input type="checkbox"/> Patient is a former smoker <input type="checkbox"/> Patient is a never smoker <input type="checkbox"/> N/A – not applicable for this patient <input type="checkbox"/> Unknown if ever smoked
Notes for abstraction:	<ul style="list-style-type: none"> Smoking includes cigarettes, pipes, etc. but does not include chewing or vaping.
Source for definitions:	Centers for Disease Control and Prevention - https://www.cdc.gov/nchs/nhis/tobacco/tobacco_recodes.htm

Data element number:	Encounter – 11
Variable name:	Vaping status
Variable definition:	The patient’s vaping status
Skip logic:	NOTE that this item will appear for patients receiving primary care, acute care, behavioral health care, substance use disorder, maternal care services, or chronic care management.
Valid (allowable) values:	Check only one of the following. Options for response are: <input type="checkbox"/> <i>Patient is a current every day vaper</i> <input type="checkbox"/> <i>Patient is a current some day vaper</i> <input type="checkbox"/> <i>Patient is a vaper, current status unknown</i> <input type="checkbox"/> <i>Patient is a former vaper</i> <input type="checkbox"/> <i>Patient is a never vaper</i> <input type="checkbox"/> <i>N/A – not applicable for this patient</i> <input type="checkbox"/> <i>Unknown if ever vaped</i>
Notes for abstraction:	<ul style="list-style-type: none"> Electronic cigarettes (e-cigarettes) and other electronic vaping products include JUULs, vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Vaping does not include smoking cigarettes, pipes, etc. or chewing.
Source for definitions:	Centers for Disease Control and Prevention - https://www.cdc.gov/nchs/nhis/tobacco/tobacco_recodes.htm

Data element number:	Encounter – 12
Variable name:	Blood pressure
Variable definition:	The patient’s systolic and diastolic blood pressure
Skip logic:	NOTE that this item will appear only for patients receiving primary care, acute care, maternal care services, or chronic care management.
Valid (allowable) values:	___ / ___ Blood pressure should be in the form of ###/### representing systolic blood pressure followed by diastolic blood pressure in mmHg
Notes for abstraction:	<ul style="list-style-type: none"> Blood pressure may be taken manually or by an electronic device. If blood pressure was taken multiple times during an encounter (that does not involve remote patient monitoring), then enter the last reading. If blood pressure readings are assessed as part of remote patient monitoring, only enter the value closest in time preceding the monthly review date. Check the “N/A” box when measurement is not available during this encounter.

Data element number:	Encounter – 13
Variable name:	HbA1c
Variable definition:	The patient’s hemoglobin A1c value
Skip logic:	NOTE that this item will appear only for patients receiving primary care, acute care, maternal care services, or chronic care management.
Valid (allowable) values:	HbA1c should be in the form of #.#%
Notes for abstraction:	<ul style="list-style-type: none"> Check the “N/A” box when measurement is not available during this encounter.

Data element number:	Encounter – 14
Variable name:	Height/weight/BMI
Variable definition:	The patient’s height, weight, and/or BMI value
Skip logic:	NOTE that this item will appear only for patients receiving primary care, acute care, maternal care services, or chronic care management.
Valid (allowable) values:	<p>___ <i>feet</i> ___ <i>inches</i> height in feet and inches</p> <p>___ <i>centimeters</i> height in centimeters</p> <p>___ <i>pounds</i> weight in pounds</p> <p>___ <i>kilograms</i> weight in kilograms</p> <p>___ <i>BMI</i> body mass index</p>
Notes for abstraction:	<ul style="list-style-type: none"> • There are multiple options for recording patient height / weight / BMI. Height can be recorded in a combination of two fields – feet and inches – or in a single field – inches or centimeters. Similarly, weight can be recorded either in the pounds field or the kilograms field. If both complete height and weight information is provided (regardless of the options used), it is not necessary to report BMI. Otherwise, BMI can be reported either as the index measure or as an age-adjusted percentile (for those 20 years of age or younger). • It is not necessary to enter data in all fields. Just enter the data available in the documentation. For example, if height and weight are recorded in the documentation, it is not necessary to calculate BMI separately to fill in that field. • Check the “N/A” box when measurement is not available during this encounter.

Public Burden Statement: The purpose of the Evidence-Based Telehealth Network Program is to fund evidence-based projects that utilize telehealth technologies through telehealth networks to improve access to, and the quality of, health care services. This program will work to help HRSA assess the effectiveness of evidence-based practices with the use of telehealth for patients, providers, and payers. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0043 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit [section 330I of the Public Health Service Act (42 U.S.C. 254c-14), as amended]. Public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.