**RTRC Data Dictionary for a Set of Data Elements**

**to be Collected by BHI EB TNP Grantees for a Data Pooling Study**

The ultimate objective of this study is to contribute to the evidence base for telehealth in rural and underserved settings by pooling data collected across BHI EB TNP grantees on both telehealth and in-person 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 12 data elements that will be collected at the patient level once at enrollment, the second set includes 8 data elements that will be collected at each primary care or behavioral health care encounter, and the third set includes 7 data elements representing clinical outcomes that will be collected at baseline and repeatedly during treatment on patients where applicable. 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** | |
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| **Instructions** | NOTE that this part of the document is specific to patient-level data elements that are collected once at enrollment for each patient participating in the BHI EB TNP, either through telehealth or in-person treatment. See protocol for clarification. |

| Data element number: | Patient – 1 |
|---|---|
| Variable name: | Patient Identification |
| Variable definition: | An ID assigned to each patient. To protect the patient's confidentiality this ID is automatically converted to a non-linkable ID when data are accessed by RTRC |
| Valid (allowable) values: | Any alphanumeric character |
| Notes for abstraction: | • 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.<br>• As your internal identifier, the patient ID could be the patient's full name or any other unique identifier.<br>• The patient ID must remain consistent over the duration of the project.<br>• To protect the patients' confidentiality, an anonymous (non-linkable) case ID will be automatically assigned to the record before it is accessed by RTRC. The patient ID will never be viewable, uploaded, or saved in the RTRC study database and is for your own reference only.<br>• See protocol for additional clarification. |

| Data element number: | Patient – 2 |
|---|---|
| Variable name: | Date of program enrollment |
| Variable definition: | The date when patient was enrolled in BHI EB TNP |
| Valid (allowable) values: | Date in the form of MM-DD-YYYY |
| Notes for abstraction: | • Enter the date when the patient was enrolled in the BHI EB TNP and is ready to begin receiving BHI EB TNP services. |

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| | • This BHI EB TNP enrollment date should precede any encounter dates that are considered part of the BHI EB TNP. See protocol for clarification.<br>• This date can be the same as data element number 4 or after but cannot be before.<br>• See protocol for additional clarification. |

| Data element number: | Patient – 3 |
|---|---|
| Variable name: | Primary care site ID at time of enrollment |
| Variable definition: | An ID assigned to the patient's primary care site |
| Valid (allowable) values: | Any alphanumeric character |
| Notes for abstraction: | • The site will be the clinic/organization where the patient received in-person primary care services at the time of enrollment into the BHI study.<br>• This is the clinic where the patient is affiliated for ID purposes. This serves as a tracking mechanism for data management activities.<br>• The name of the site should remain consistent for the duration of the study.<br>• See protocol for additional clarification. |

| Data element number: | Patient – 4 |
|---|---|
| Variable name: | Date of most recent primary care visit |
| Variable definition: | Either the date of the primary care visit when program enrollment occurred or the date of the most recent primary care visit prior to program enrollment |
| Valid (allowable) values: | Date in the form of MM-DD-YYYY |
| Notes for abstraction: | • If program enrollment occurred at a primary care visit, then enter the date of that primary care visit and that date should be the same as the enrollment date.<br>• If program enrollment did not occur at a primary care visi,t then enter the date of the most recent primary care visit, meaning the primary care visit that occurred most recently prior to enrollment. See protocol for clarification.<br>• This date can be the same as data element number 2 or before but cannot be after.<br>• See protocol for additional clarification. |

| Data element number: | Patient – 5 |
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| 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: | Check only one of the following. Options for response are:<br>□ *Telehealth Treatment Group:* Indicates that the patient was assigned to the telehealth treatment group<br>□ *In-person Treatment Group:* Indicates that the patient was assigned to the in-person comparison group |
| Notes for abstraction: | • 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 |

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| | 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.<br>• See protocol for additional clarification. |
| Source for definitions: | BHI EB TNP Notice of Funding Opportunity (NOFO) |

| Data element number: | Patient – 6 |
|---|---|
| Variable name: | Age at enrollment |
| Variable definition: | The patient's age at BHI EB TNP enrollment date |
| Valid (allowable) values: | Any number up to 90 |
| Notes for abstraction: | • Patient age (in years) should be determined at the BHI enrollment date.<br>• Do not round up. If the patient is X years and 11 months, then enter X years.<br>• If the patient is over 90 years old, then enter 90. This is done to protect confidentiality since the number of patients over age 90 is limited.<br>• Enter -1 if patient's age is unknown. |
| Source for definitions: | https://www.census.gov/topics/population/age-and-sex/about.html |

| Data element number: | Patient – 7 |
|---|---|
| Variable name: | Sex |
| Variable definition: | The patient's sex |
| Valid (allowable) values: | Check only one of the following. Options for response are:<br>□ *Male*<br>□ *Female* |
| Source for definitions: | https://womenshealth.gov/article/sex-based-definitions |

| Data element number: | Patient – 8 |
|---|---|
| Variable name: | Race |
| Variable definition: | The patient's racial group |
| Valid (allowable) values: | Check only one of the following. Options for response are:<br>□ *White*<br>□ *Black or African American*<br>□ *Asian*<br>□ *Native Hawaiian or other Pacific Islander*<br>□ *American Indian or Alaska Native*<br>□ *More than one race*: Patient's race is composed of or representing more than one racial group |
| Notes for abstraction: | • White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g., Caucasian, Iranian, White).<br>• Black or African American: A person having origins in any of the black racial groups of Africa.<br>• 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. |

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| | • Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<br>• 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).<br>• If documentation indicates the patient has more than one race (e.g., Black-White, Indian-White), select "*More than one race.*" |
| Source for definitions: | US Census Bureau: https://www.census.gov/topics/population/race/about.html |

| Data element number: | Patient – 9 |
|---|---|
| Variable name: | Ethnicity |
| Variable definition: | The patient's ethnic group |
| Valid (allowable) values: | Check only one of the following. Options for response are:<br>□ *Hispanic ethnicity or Latino/Latina or Spanish origin*<br>□ *Not Hispanic or Not Latino/Latina or Not Spanish origin* |
| Source for definitions: | US Census Bureau: https://www.census.gov/topics/population/hispanic-origin/about.html |

| Data element number: | Patient – 10 |
|---|---|
| Variable name: | Primary insurance |
| Variable definition: | The primary type of insurance that the patient has at time of BHI EB THP enrollment. |
| Valid (allowable) values: | Check only one of the following. Options for response are:<br>□ *Private Insurance (through employer or self-purchased)*<br>□ *Medicare*<br>□ *Medicaid or Children's Health Insurance Program (CHIP)*<br>□ *TRICARE*<br>□ *VA*<br>□ *Indian Health Insurance*<br>□ *Other, please specify:*_____ Select this option if the payment source does not coincide with any of the above options<br>□ *No primary insurance:* Select this option if the patient has no primary insurance coverage and has no secondary insurance coverage<br>□ *Unknown:* Unable to determine |
| Notes for abstraction: | • Medicare includes Fee-For-Service (DRG or PPS) and Medicare Advantage (HMO/Medicare+ Choice) or any Medicare administered by a private insurance company.<br>• Medicaid or CHIP includes patients enrolled in a managed care program administered by a private insurance company<br>• Patients who have both Medicare and Medicaid (dually eligible) should list Medicare as the primary insurance and Medicaid as the secondary insurance, because Medicare is billed before Medicaid.<br>• Patients who are still working and are insured by both an employer-based plan and Medicare should list private insurance as the primary insurance and |

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| | Medicare as the secondary insurance because the employer-based plan is billed first.<br>• 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.<br>• 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: | Secondary insurance |
| Variable definition: | The secondary type of insurance that the patient has at time of BHI EB TNP enrollment. |
| Valid (allowable) values: | Check only one of the following. Options for response are:<br>□ *Private Insurance (through employer or self-purchased)*<br>□ *Medicare*<br>□ *Medicaid or Children's Health Insurance Program (CHIP)*<br>□ *TRICARE*<br>□ *VA*<br>□ *Indian Health Insurance*<br>□ *Other, please specify:*_____ Select this option if the payment source does not coincide with any of the above options<br>□ *No secondary insurance:* Select this option if the patient only has primary insurance coverage and has no secondary insurance coverage<br>□ *Unknown:* Unable to determine |
| Notes for abstraction: | • Medicare includes Fee-For-Service (DRG or PPS) and Medicare Advantage (HMO/Medicare+ Choice) or any Medicare administered by a private insurance company.<br>• Medicaid or CHIP includes patients enrolled in a managed care program administered by a private insurance company<br>• Patients who have both Medicare and Medicaid (dually eligible) should list Medicare as the primary insurance and Medicaid as the secondary insurance, because Medicare is billed before Medicaid.<br>• Patients who are still working and are insured by both an employer-based plan and Medicare should list private insurance as the primary insurance and Medicare as the secondary insurance because the employer-based plan is billed first.<br>• 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.<br>• If you select "Other, please specify:" an additional field will automatically display for you to specify the patient's insurance status. |

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| 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 – 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 BHI EB TNP enrollment. |
| Valid (allowable) values: | Enter the ZIP code where the patient resides.<br>A valid 5-digit ZIP code is in the form of ##### |
| Notes for abstraction: | • 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.<br>• If the patient does not have a residence, enter the ZIP code where they most frequently spend the night to sleep. |

| **Data elements that are collected at EACH ENCOUNTER** | |
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| **Instructions** | NOTE that this part of the document is specific to encounter-level data elements that are collected for each primary care and behavioral health care encounter whether in-person or via telehealth for patients who participate in BHI EB TNP. **All primary care and behavioral health care encounters where the patient is involved should be entered.** |

| Data element number: | Encounter – 1 |
|---|---|
| Variable name: | Encounter type |
| Variable definition: | The visit type for the encounter |
| Valid (allowable) values: | Check only one of the following. Options for response are:<br>□ *Primary care visit*<br>□ *Behavioral health care visit* |
| Notes for abstraction: | • Select the option that is most representative of the visit type during the encounter.<br>• If both a primary care provider and a behavioral health care clinician are involved in a single day, enter data as if two separate encounters occurred, as long as both meet the definition of an encounter. If both do not meet the definition of an encounter, then enter data for the health care service that is being billed on that day. See protocol for additional clarification.<br>• Only enter encounters that occur for primary care or for behavioral health care. Do not enter encounters that occur for other reasons such as ED visits or visits to medical specialists that are not primary care or behavioral health care.<br>• Only enter encounters where the patient is involved, either in-person or via telehealth. Do not enter data for other types of communication within the treatment team, such as care management services, that do not include the patient, either in-person or via telehealth. |

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| | • See protocol for additional clarification. |

| Data element number: | Encounter – 2 |
|---|---|
| Variable name: | Encounter date |
| Variable definition: | The date when an encounter occurred |
| Valid (allowable) values: | Date in the form of MM-DD-YYYY |
| Notes for abstraction: | • If there were multiple encounters on the same day, then enter information about each in a separate entry. |

| Data element number: | Encounter – 3 |
|---|---|
| Variable name: | Encounter site ID |
| Variable definition: | An ID assigned to site where encounter occurred if in-person or where clinician is affiliated if via telehealth |
| Valid (allowable) values: | Any alphanumeric character |
| Notes for abstraction: | • If this is an in-person encounter, then the site will be the clinic/organization where the visit occurred. This serves as a tracking mechanism for data management activities.<br>• If this is a telehealth encounter, then the site will be the clinic/organization where the clinician is affiliated. This serves as a tracking mechanism for data management activities.<br>• If this is a primary care visit, then enter the primary care site ID. If this is a behavioral health care visit, then enter the behavioral health care site. If this is a visit involving both primary care and behavioral health care clinicians and services, enter the site ID that aligns with data element Encounter-1.<br>• The name of the site should remain consistent for the duration of the study.<br>• See protocol for additional clarification. |

| Data element number: | Encounter – 4 |
|---|---|
| Variable name: | Encounter modality |
| Variable definition: | The modality for the encounter |
| Valid (allowable) values: | Check only one of the following. Options for response are:<br>□ *Video telehealth service*<br>□ *Phone telehealth service*<br>□ *Non-telehealth (in-person) service*<br>□ *Other, please specify:* _____ |
| Notes for abstraction: | • If this is a telehealth visit, select the option that is most representative of the modality used during the encounter, either video or phone.<br>• If this is not a telehealth visit, select “Non-telehealth (in-person) service<br>• If you select “Other, please specify:” an additional field will automatically display for you to specify the type of service provided.<br>• See protocol for additional clarification. |

| Data element number: | Encounter – 5 |
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| Variable name: | Treatment service type |
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| Variable definition: | CPT (Current Procedural Terminology) or HCPCS (Healthcare Common Procedure Coding System) code(s) for each encounter. |
| Valid (allowable) values: | Any valid CPT or HCPCS 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: | • The primary CPT or HCPCS code is required.<br>• Additional CPT or HCPCS codes should be entered (up to 5 total) if available.<br>• Only enter a CPT or a HCPCS 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.<br>• If no CPT or HCPCS 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.<br>• If no CPT or HCPCS code is generated because the service was provided at a Free Clinic or similar situation, then enter the code that would be used for billing if billing would occur.<br>• In the specific case that a CPT or a HCPCS code was not generated because the encounter was not billed due to non-reimbursable provider (e.g., student trainee), enter '99999' in either the HCPCS or CPT field. |

| Data element number: | Encounter – 6 |
|---|---|
| Variable name: | Clinician type |
| Variable definition: | Type of clinician seen for services during this encounter |
| Valid (allowable) values: | Check all that apply. Options for response are:<br>□ *Advanced Practice RN or Nurse Practitioner (APRN or NP or DNP)*<br>□ *Behavioral Health Care Manager*<br>□ *Behavioral Health Consultant*<br>□ *Clinical Psychologist (PhD or PsyD)*<br>□ *Clinical Social Worker (MSW or LCSW)*<br>□ *Community Health Worker*<br>□ *Licensed Professional Counselor (LPCA or LPC or LPCC)*<br>□ *Marriage and Family Therapist (MFT)*<br>□ *Nurse or Nurse Educator or Nurse Therapist (RN or BSN other than APRN, NP, DNP)*<br>□ *Pharmacist (PharmD)*<br>□ *Physician Assistant (PA)*<br>□ *Primary Care Physician, Family Practice Physician, Internal Medicine (MD or DO)*<br>□ *Psychiatrist*<br>□ *Registered Dietitian (RD)*<br>□ *Specialist Physician (e.g., cardiologist, pulmonologist) other than psychiatrist*<br>□ *Other, please specify:*_____<br>□ *Unknown:* Unable to determine from EMR, log, or patient visit record |
| Notes for abstraction: | • The word "clinician" is meant to include health care professionals acting as a provider or clinician for the encounter. |

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| | • Do not include clinical support staff who have limited interactions with the patient such as med techs who collect vital signs or phlebotomists who collect a blood sample. Do not include any clerical staff.<br>• 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.<br>• If an OB/GYN is serving as a primary care provider in an underserved area, then check the "Primary Care Physician" option above even though in other circumstances they would be considered a specialist physician.<br>• If you select "Other, please specify:" an additional field will automatically display for you to specify the type of clinician. |

| Data element number: | Encounter – 7 |
|---|---|
| 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: | _____ Any valid ICD-10 code listed as the <u>primary</u> diagnosis in the form of XXXX.XX<br>_____ 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<br>_____ 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 |
| Notes for abstraction: | • The primary ICD-10 code is required.<br>• Additional ICD-10 codes should be entered (up to 3 total) if available. |

| Data element number: | Encounter – 8 |
|---|---|
| Variable name: | Prescribed medications |
| Variable definition: | Medication drug code (NDDF or RxNorm or NDCs) for each behavioral health prescription medication that was prescribed, renewed, modified, or discontinued during this encounter |
| Valid (allowable) values: | Enter the medication drug code and action type affected during this encounter. Check only one of the following for action type. Options for response are:<br>□ newly prescribed: *Medication was newly prescribed at this encounter*<br>□ renewed: *Medication was previously prescribed and renewed at this encounter*<br>□ increased admin. frequency or dose: *Medication was previously prescribed at a different dosage or frequency and increased at this encounter (either the dosage or frequency or both were increased)*<br>□ decreased admin. frequency or dose: *Medication was previously prescribed at a different dosage or frequency and decreased at this encounter (either the dosage or frequency or both were decreased)*<br>□ *discontinued:* Medication was discontinued and no longer prescribed<br>□ *other (please specify)* |

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| Notes for abstraction: | • Only enter drug codes for medications that are prescribed, renewed, modified, or discontinued during this encounter.<br>• Limit medications to those that are used for behavioral health treatment.<br>• Do NOT enter any over the counter (OTC) medications, drugs, or supplements.<br>• Only enter one form of drug code (either NDDF or RxNorm or NDC) for each prescribed medication.<br>• 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.<br>• RxNorm Drug Codes are 11-digit numbers with no hyphens.<br>• NDDF (National Drug Data File) are typically a 6-digit number.<br>• Check the appropriate box for whether the medication was newly prescribed, renewed, previously prescribed and increased, previously prescribed and decreased, discontinued, or other (specify).<br>• 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.<br>• Use as many data fields in the data collection tool as necessary to enter all medications when action was taken during this encounter.<br>• 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 REPEATEDLY on PATIENTS AS APPLICABLE** | |
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| **Instructions** | NOTE that this part of the document pertains to data elements to be collected at baseline and repeatedly during treatment on BHI EB TNP patients where applicable. Generally, repeatedly means as often as clinically relevant, but quarterly at a minimum. See protocol for clarification. |

| Data element number: | Outcome – 1 |
|---|---|
| Variable name: | PHQ-9 depression symptoms score |
| Variable definition: | Use the Patient Health Questionnaire – 9 (PHQ-9) to assess depression symptoms. Use the PHQ-A for ages 17 and under |
| Valid (allowable) values: | Instrument administration date in the form of MM-DD-YYYY and instrument summary score in the form of a numeric value between 0 and 27 or "N/A" if not applicable to this patient or encounter |
| Notes for abstraction: | • 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 or PHQ-A periodically.<br>• Periodically means at enrollment (baseline at the beginning of treatment) and at repeated times during treatment (as often as clinically relevant, but quarterly at a minimum). |

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| | • 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 or PHQ-A was not administered during this encounter. |
| Source for definitions: | Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine, 2001. *16*(9), 606-13. |

| Data element number: | Outcome – 2 |
|---|---|
| Variable name: | GAD-7 generalized anxiety symptoms score |
| Variable definition: | Use the Generalized Anxiety Disorder Scale – 7 (GAD-7) to assess anxiety symptoms. |
| Valid (allowable) values: | Instrument administration date in the form of MM-DD-YYYY and instrument summary score in the form of a numeric value between 0 and 21 or "N/A" if not applicable to this patient or encounter |
| Notes for abstraction: | • 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.<br>• The GAD-7 has been validated for use in adolescents (ages 13-17)<br>• Periodically means at enrollment (baseline at the beginning of treatment) and at repeated times during treatment (as often as clinically relevant, but quarterly at a minimum).<br>• 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 RL, Kroenke K, Williams JB, Lowe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of Internal Medicine, 2006. 166(10), 1092-1097. doi:10.1001/archinte.166.10.1092 |

| Data element number: | Outcome – 3 |
|---|---|
| Variable name: | C-SSRS symptoms score |
| Variable definition: | Use the Columbia Suicide Severity Rating Scale (C-SSRS) to assess suicide risk. |
| Valid (allowable) values: | Instrument administration date in the form of MM-DD-YYYY and instrument risk scores in the form of a numeric value between 0 and 3 for each subsection or "N/A" if not applicable to this patient or encounter |
| Notes for abstraction: | • 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 C-SSRS periodically.<br>• The C-SSRS may be used with adolescents.<br>• Periodically means at enrollment (baseline at the beginning of treatment) and at repeated times during treatment (as often as clinically relevant, but quarterly at a minimum).<br>• 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 C-SSRS was not administered during this encounter. |
| Source for definitions: | The Columbia Suicide Severity Rating Scale (C-SSRS): Psychometric Evidence https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/evidence/ |

| Data element number: | Outcome – 4 |
|---|---|
| Variable name: | PCL-5 PTSD symptoms score |
| Variable definition: | Use the PTSD Checklist for DSM-5 (PCL-5) to assess post-traumatic stress disorder (PTSD) symptoms |
| Valid (allowable) values: | Instrument administration date in the form of MM-DD-YYYY and instrument summary score in the form of a numeric value between 0 and 80 or "N/A" if not applicable to this patient or encounter |
| Notes for abstraction: | • Patients who receive behavioral health services during the measurement period and whose primary complaint is PTSD or who have an ICD-10 code indicative of PTSD should be administered the PTSD Checklist for DSM-5 (PCL-5) periodically.<br>• Periodically means at enrollment (baseline at the beginning of treatment) and at repeated times during treatment (as often as clinically relevant, but quarterly at a minimum).<br>• Check the "N/A" box if the patient did not have a primary complaint of PTSD or did not have an ICD-10 code indicative of PTSD or if the PCL-5 was not administered during this encounter. |
| Source for definitions: | Weathers FW, Litz BT, Keane TM, Palmieri PA, Marx BP, Schnurr PP. (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. Available from https://www.ptsd.va.gov/ |

| Data element number: | Outcome – 5 |
|---|---|
| Variable name: | NICHQ Vanderbilt Assessment Scales scores |
| Variable definition: | Use the NICHQ Vanderbilt Assessment Scales – Parent Informant to assess attention deficit hyperactivity disorder (ADHD) symptoms |
| Valid (allowable) values: | Instrument administration date in the form of MM-DD-YYYY and instrument total score in the form of a numeric value between 0 and 54 and performance average in the form of a numeric value between 1 and 5 or "N/A" if not applicable to this patient or encounter |
| Notes for abstraction: | • Patients who receive behavioral health services during the measurement period and whose primary complaint is ADHD or who have an ICD-10 code indicative of ADHD should be administered the NICHQ Vanderbilt Assessment Scales – Parent Informant.<br>• Periodically means at enrollment (baseline at the beginning of treatment) and at repeated times during treatment (as often as clinically relevant, but quarterly at a minimum).<br>• Only report the parent version of the instrument. Do not report the teacher version or administer it for the purposes of this study.<br>• Check the "N/A" box if the patient did not have a primary complaint of ADHD or did not have an ICD-10 code indicative of ADHD or if the NICHQ Vanderbilt Assessment Scales were not administered during this encounter. |
| Source for definitions: | Wolraich ML, Hannah JN, Baumgaertel A, Feurer ID. (1998). Examination of DSM-IV criteria for attention deficit/hyperactivity disorder in a county-wide sample. Journal of Developmental and Behavioral Pediatrics, 19, 162– 168. |

| Data element number: | Outcome – 6 |
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| Variable name: | AUDIT-C alcohol use |
| Variable definition: | Use the AUDIT-C to assess alcohol use |
| Valid (allowable) values: | Instrument administration date in the form of MM-DD-YYYY and instrument summary score in the form of a numeric value between 0 and 12 or "N/A" if not applicable to this patient or encounter |
| Notes for abstraction: | • Patients who receive behavioral health services during the measurement period and whose primary complaint is alcohol use or who have an ICD-10 code indicative of alcohol use should be administered the AUDIT-C periodically.<br>• Periodically means at enrollment (baseline at the beginning of treatment) and at repeated times during treatment (as often as clinically relevant, but quarterly at a minimum).<br>• Check the "N/A" box if the patient did not have a primary complaint of alcohol use or did not have an ICD-10 code indicative of alcohol use or if the AUDIT-C was not administered during this encounter. |
| Source for definitions: | Bush K, Kivlahan DR, McDonell MB, et al. The AUDIT Alcohol Consumption Questions (AUDIT-CJ: An effective brief screening test for problem drinking. Arch Internal Med. 1998 (3): 1789-1 795. |

| Data element number: | Outcome – 7 |
|---|---|
| Variable name: | DUDIT-C substance use |
| Variable definition: | Use the DUDIT-C to assess substance use |
| Valid (allowable) values: | Instrument administration date in the form of MM-DD-YYYY and instrument summary score in the form of a numeric value between 0 and 16 or "N/A" if not applicable to this patient or encounter |
| Notes for abstraction: | • Patients who receive behavioral health services during the measurement period and whose primary complaint is substance use or who have an ICD-10 code indicative of substance use should be administered the DUDIT-C periodically.<br>• Periodically means at enrollment (baseline at the beginning of treatment) and at repeated times during treatment (as often as clinically relevant, but quarterly at a minimum).<br>• Check the "N/A" box if the patient did not have a primary complaint of substance use or did not have an ICD-10 code indicative of substance use or if the DUDIT-C was not administered during this encounter. |
| Source for definitions: | Berman AH, Bergman H, Palmstierna T, Schlyter F. DUDIT Manual (the Drug Use Disorders Identification Test). Stockholm, Sweden: Karolinska Institutet, Department of Clinical Neuroscience; March, 2003. Version 1.0. |