

## CMM PATIENT CARE PROCESS SELF-ASSESSMENT

### Instructions:

This survey is designed to provide you with information on the degree to which comprehensive medication management (CMM) is implemented as intended. This survey will take less than 15 minutes of your time.

As you complete the following questions, please reflect on the last 10 CMM visits (emphasis is placed on the **comprehensive** nature of the visit) that you have conducted. For what percent of CMM visits did you complete the following steps? Response categories are “0% to 19%”, “20% to 39%”, “40% to 59%”, “60% to 79%”, “80% to 100%.” Please select the most appropriate category for each step based on your best estimate.

The focus of these questions is on CMM visits. While patients receiving CMM may have subsequent brief follow-up appointments or targeted quick check-ins to monitor response to therapy, these brief follow-ups are not the focus of this assessment. The focus of this assessment is on **COMPREHENSIVE VISITS** that you conduct with patients.

<b>Essential Function 1 Items</b> <i>Response options are in % of CMM visits</i>	<b>0% to 19% of CMM visits (1)</b>	<b>20% to 39% of CMM visits (2)</b>	<b>40% to 59% of CMM visits (3)</b>	<b>60% to 79% of CMM visits (4)</b>	<b>80% to 100% of CMM visits (5)</b>
<b>When collecting and analyzing relevant information, HOW OFTEN do you or a health team member:</b>					
<b>1.</b> Conduct a review of the medical record (e.g., patient demographics, active medical problem list, immunization history, admission and discharge notes, office visit notes, laboratory values, diagnostic tests, medication lists)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b> Inquire as to whether the patient has any questions or concerns for the visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b> Review the social history with the patient (e.g., alcohol, tobacco, other substance use; can the patient afford his/her medications; does the patient's education level, housing arrangements, or means of transportation affect his/her ability to use medications as intended)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b> Review patient's past medication history (e.g., allergies, adverse drug effects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b> Obtain and reconcile a complete medication list that includes all current prescription and nonprescription medications, and complementary and alternative medicine (e.g., name, strength, formulation, dose, frequency, duration) with the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b> Review patient's current medication use (e.g., indication, response to therapy, safety,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

adherence, including how the patient manages his/her medications at home)?					
7. Review the patient's medication experiences (e.g., beliefs, expectations, and cultural considerations related to medications)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Determine the patient's personal goals of therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Analyze and synthesize subjective and objective information gathered prior to and during the visit in preparation for formulating an assessment of medication therapy problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Essential Function 2 Items</b> <i>Response options are in % of CMM visits</i>	<b>0% to 19% (1)</b>	<b>20% to 39% (2)</b>	<b>40% to 59% (3)</b>	<b>60% to 79% (4)</b>	<b>80% to 100% (5)</b>
<b>When assessing the information and formulating the medication therapy problem list, HOW OFTEN do you:</b>					
1. Assess and prioritize the patient's active medical conditions taking into account clinical and patient goals of therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assess the indication of each medication (e.g., does each medication have an indication; is the medication appropriate for the medical condition being treated; is there an untreated medical condition that requires therapy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assess the effectiveness of each medication (e.g., is the patient meeting personal and clinical goals of therapy; is the appropriate drug product used for the medical condition; is dose, frequency, and duration appropriate; are additional labs needed to monitor effectiveness)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assess the safety of each medication (e.g., is the patient experiencing an allergy or adverse effects; is the dose, frequency, and duration appropriate; do safer alternatives exist; are there drug-disease, drug-drug, or drug-food interactions; are additional labs needed to monitor safety)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assess adherence of each medication (e.g., affordability, access, convenience, using as prescribed, missing doses, appropriate formulation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Formulate a medication therapy problem list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Prioritize the patient's medication therapy problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Essential Function 3 Items</b> <i>Response options are in % of CMM visits</i>	<b>0% to 19% (1)</b>	<b>20% to 39% (2)</b>	<b>40% to 59% (3)</b>	<b>60% to 79% (4)</b>	<b>80% to 100% (5)</b>
<b>When developing a care plan to address and resolve medication therapy problems, HOW OFTEN do you:</b>					

1. Develop a care plan in collaboration with the patient to address the identified medication therapy problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Consult with the patient's health care providers when developing the care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify the monitoring parameters important to routinely assess indication, effectiveness, safety, and adherence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Review all medication lists to arrive at an accurate and updated medication list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Determine and coordinate who will implement components of the care plan (i.e., patient, clinical pharmacist, other provider)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Determine appropriate follow-up (i.e., type, timeframe, mode)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Essential Function 4 Items</b> <i>Response options are in % of CMM visits</i>	<b>0% to 19%</b> <b>(1)</b>	<b>20% to 39%</b> <b>(2)</b>	<b>40% to 59%</b> <b>(3)</b>	<b>60% to 79%</b> <b>(4)</b>	<b>80% to 100%</b> <b>(5)</b>
<b>When implementing the care plan, HOW OFTEN do you:</b>					
1. Discuss and agree on the care plan with the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide education to the patient on his/her medications and lifestyle modifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide the patient with an updated, accurate medication list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Implement the care plan in coordination with other members of the health care team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Document the encounter in the electronic health record (e.g., assessment, medication therapy care plan, rationale, monitoring, and follow-up)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Arrange patient follow-up (e.g., schedule appointment, communicate follow-up instructions to patients)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensure that a plan is in place for continuity of care whether the patient continues to be a candidate for CMM or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Questions:

**Follow up and monitor**

**Targeted Follow Up and Monitoring or Quick Check Ins**

**Q1.** When following up and providing continuity of care, *on average* how often do you provide targeted follow-up and monitoring (e.g., in person, electronically, or via phone), where needed, to monitor response to therapy and/or refine the care plan to achieve patient and clinical goals of therapy. Targeted follow-up includes, but is not limited to, quick check-ins to assess general status of care, monitor blood sugar or blood pressure, adjust insulin, check INRs, provide education.

Options:

- I routinely do this
- I occasionally do this
- I rarely do this

- I never do this

**Comprehensive Follow Up through a Repeated Comprehensive Medication Management Visit**

**Q2.** When following up and providing continuity of care, *on average* how often do you repeat a comprehensive medication management visit, whereby all steps of the Patient Care Process are repeated to ensure continuity of care and ongoing medication optimization.

Options:

- Monthly
- Quarterly
- Twice a year
- Yearly
- Every 2 years
- Never
- Other \_\_\_\_

**Q3.** If the patient is no longer a candidate for CMM, do you ensure that a plan is in place for continuity of care with other care team members?

- Yes
- No