CMM in Primary Care
Research Team

Comprehensive Medication Management Practice Management Assessment Tool

January, 2018

Acknowledgements

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Background and Guidance for Use

Purpose

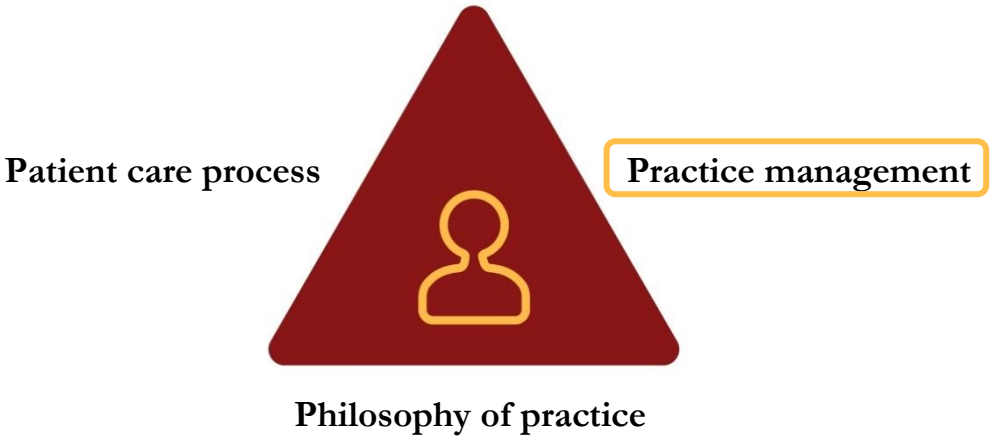
This is a tool used to assess and prioritize areas of improvement for comprehensive medication management (CMM) practice management (i.e., the necessary resources and support to provide CMM in a proficient and productive manner). While pharmacists may engage in many patient care services (e.g., disease state management, patient education, annual wellness visits), this tool was designed to specifically assess CMM.

What is Comprehensive Medication Management?

Comprehensive medication management (CMM) is defined as:

> The standard of care that ensures each patient's medications (whether they are prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended. CMM includes an individualized care plan developed in collaboration with the health care team and the patient that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes. This all occurs because the patient understands, agrees with, and actively participates in the treatment regimen, thus optimizing each patient's medication experience and clinical outcomes.[1]

The practice of CMM is comprised of three key elements



1. Philosophy of practice: The professional values and beliefs held by practitioners that guide their actions and decisions in practice
2. Patient care process: The step-by-step process of delivering CMM
3. Practice management: The necessary resources and support to provide CMM in a proficient and productive manner

1. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. 2012. https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf

Structure of the practice management tool

This tool consists of three parts:

- Part I: A global assessment of all domains of CMM practice management to prioritize areas for further assessment
- Part II: A comprehensive assessment tool of all domains and essential components of CMM practice management
- Part III: A worksheet to identify and guide areas of practice improvement after completing part II

Guidance for use

This tool is meant to be filled out for an individual practice site by the CMM pharmacist(s) who work there. However, some questions may require input from other members of the team (e.g., clinic or health system manager, CMM manager). Depending on the practice setting, some questions may not apply. It is recommended that this tool be completed, in whole or in part, at least once a year for an individual clinic to guide continual practice development.

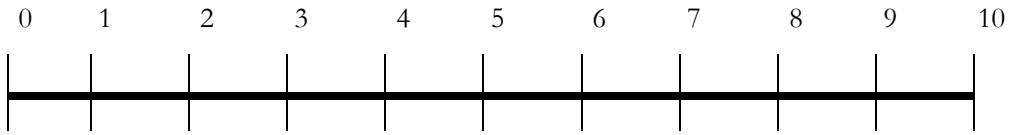
Part I – Global Assessment of the Domains of CMM Practice Management

Directions: There are five domains of CMM practice management: (1) Organizational support, (2) Care team engagement, (3) Care delivery processes, (4) CMM program evaluation, and (5) Ensuring consistent and quality care. To determine which domains to focus on, please rate how well your CMM practice performs and the feasibility for improvement within the following domains.

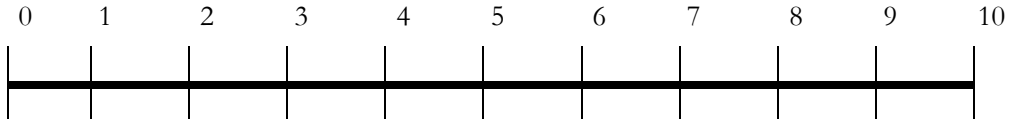
Organizational support

When thinking of *organizational support*, consider the following:
How well does your leadership (both clinic level and executive) understand CMM? Does your leadership support and champion CMM? Do they support you in obtaining necessary resources? Do you have adequate patient care and non-patient care workspace dedicated to you? Are your services aligned with value-based payment?

Performance: On a scale of 0-10, with 10 being most optimal, how would you rate *organizational support* for your CMM practice?



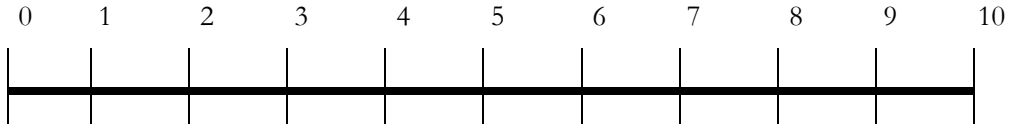
Feasibility: On a scale of 0-10, with being 10 being most feasible, how would you rate the feasibility of improving *organizational support* of your CMM practice?



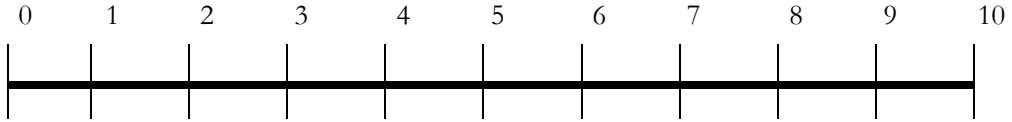
Care team engagement

When thinking of *care team engagement*, consider the following:
How would you rate your level of collaboration and communication with the rest of the care team? Do they have a good understanding of CMM? Do you receive referrals from most clinic providers? Do you have collaborative practice agreements in place that allow you to initiate, modify, and discontinue medications from numerous conditions and drug classes? Do you have designated support staff to room and take vitals of your CMM patients?

Performance: On a scale of 0-10, with 10 being most optimal, how would you rate your *care team's engagement* with CMM?



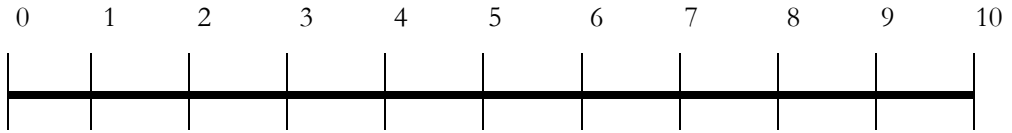
Feasibility: On a scale of 0-10, with being 10 being most feasible, how would you rate the feasibility of improving your *care team's engagement* with CMM?



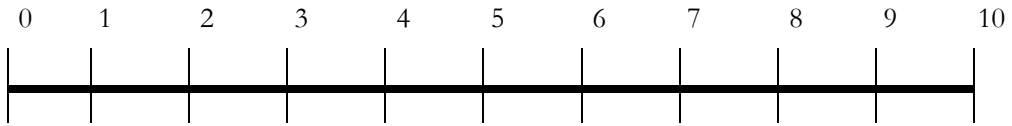
Care delivery processes

When thinking of *care delivery processes*, consider the following:
Are you responsible for identifying most of your CMM patients? Do you use tools such as algorithms to identify patients most in need of CMM? Are these algorithms built into the EHR to maximize efficiency? Are there automated pop-ups for patients in need of CMM? Does your EHR allow you to identify and manage a panel of CMM patients? Is there a process in place to ensure patients complete follow-up visits? Do you receive assistance with scheduling patient visits? Are you double documenting? Are efficiency tools for documentation built into the EHR such as clinical decision support (e.g., computerized alerts and reminders, condition-specific order sets)?

Performance: On a scale of 0-10, with 10 being most optimal, how would you rate your *care delivery processes* of CMM?



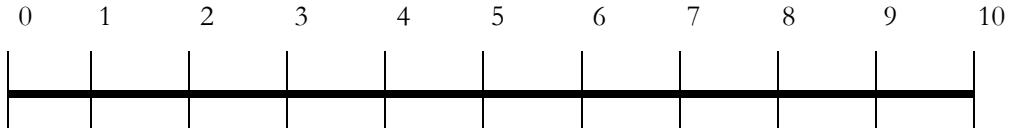
Feasibility: On a scale of 0-10, with being 10 being most feasible, how would you rate the feasibility of improving *care delivery processes* in your CMM practice?



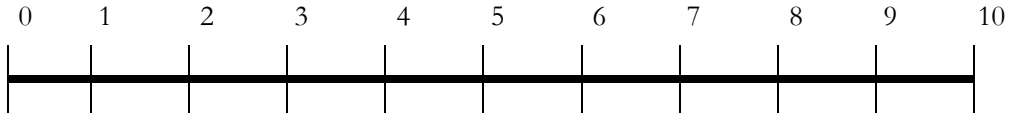
CMM program evaluation:

When thinking of *CMM program evaluation*, consider the following:
Is the identification and resolution of medication therapy problems being tracked? Are other CMM measures such as clinical markers, patient satisfaction, and pharmacist productivity being tracked? Are the data that are being collected from these measures being used to enhance and improve the CMM practice? Are results being reported to the clinic, leadership, and/or external audiences (e.g., presentations, publications)?

Performance: On a scale of 0-10, with 10 being most optimal, how would you rate your *CMM program evaluation*?



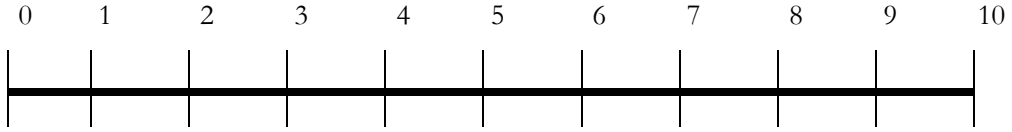
Feasibility: On a scale of 0-10, with being 10 being most feasible, how would you rate the feasibility of improving *CMM program evaluation* in your CMM practice?



Ensuring consistent and quality care:

When thinking of *ensuring consistent and quality care*, consider the following:
If a new pharmacist is hired, do you have a consistent training process in place to ensure that they are well trained on the philosophy of CMM practice and the patience care process? Does your employer provide you with money and time for continuing professional development? Do you receive consistent retraining on CMM? Do you have a process in place to ensure that your documentation is clinically sound and accurately completed (i.e. quality assurance)? If you have a process, is the information gleaned used to improve your CMM practice?

Performance: On a scale of 0-10, with 10 being most optimal, how would you rate *ensuring consistent and quality care* of your CMM practice?



Feasibility: On a scale of 0-10, with being 10 being most feasible, how would you rate the feasibility of improving *ensuring consistent and quality care* in your CMM practice?

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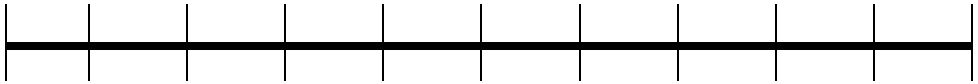

Preparing for part II: Comprehensive assessment tool

Below, write down the score that you gave each of the domains of CMM practice management. Taking into consideration performance and feasibility, select the two domains that you think would be most relevant to focus on improving. Answer all the questions that pertain to those two domains on the corresponding page numbers listed below.

Optional: For a more through practice management assessment, you may complete the entire assessment tool answering the questions for all five domains

Domain	**Performance score**	**Feasibility score**	**Domain questions available on**
Organizational support	_____	_____	(p. 7-9)
Care team engagement	_____	_____	(p. 10-13)
Care delivery processes	_____	_____	(p. 14-18)
CMM program evaluation	_____	_____	(p. 19-21)
Ensuring consistent and quality care	_____	_____	(p. 22-23)

Part II – Assessing the Domains and Essential Components of CMM Practice Management

Organizational Support

Directions: Listed below are the essential components of organizational support. For each item listed under the essential component, mark the box that best describes your current CMM practice.

Less optimal → Optimal

Availability and adequacy of clinic space				
Availability of patient care space	○ There is **NOT** a designated room for each pharmacist to see CMM patients **AND** it is sometimes difficult to find space to see patients in a timely fashion	○ There is **NOT** a designated room for each pharmacist to see CMM patients, **BUT** finding a room to see patients in a timely manner is never an issue	○ There is a designated room for each pharmacist that is available to see CMM patients	○ There are two or more designated rooms for each pharmacist that are available to see CMM patients
Availability of non-patient care space	○ There is **NOT** designated non-patient care workspace available to CMM pharmacists	○ There is non-patient care workspace available to CMM pharmacists, **BUT** it is **NOT** easily accessible (i.e., to facilitate frequent communication) to other care team members	○ There is non-patient care workspace available to CMM pharmacists **AND** it is easily accessible to other health care team members	
Privacy of space	○ There is **NOT** space that satisfies privacy requirements for **ALL** CMM visits, whether they are face-to-face, phone, or video	○ There is space that satisfies privacy requirements for **ALL** CMM visits, whether they are face-to-face, phone, or video		

Size of space	○ Rooms are **NOT** large enough to comfortably fit all people that may be present during CMM (e.g., pharmacist, patient, family members, interpreters)		○ Rooms are large enough to comfortably fit all people that may be present during CMM (e.g., pharmacist, patient, family members, interpreters)	
Care space equipment	○ Rooms do **NOT** have necessary equipment to meet CMM needs (e.g., desk space for patient's medications, computer, phone)		○ Rooms have necessary equipment to meet CMM needs (e.g., desk space for patient's medications, computer, phone)	
Leadership support				
Source of support • **Clinical pharmacy manager**	○ Not applicable, there is not a clinical pharmacy manager for CMM	○ The clinical pharmacy manager has a good understanding of CMM	○ The clinical pharmacy manager has a good understanding of **AND** supports (e.g., responds to barriers, ensures necessary resources are available) CMM	○ The clinical pharmacy manager has a good understanding of **AND** supports (e.g., responds to barriers, ensures necessary resources are available) **AND** champions CMM (e.g., proactively advocates for the practice)
Source of support • **Clinic leadership** (e.g., lead physician, clinic manager)	○ In general, clinic leadership does **NOT** have a good understanding or support CMM	○ In general, clinic leadership has a good understanding of CMM	○ In general, clinic leadership has a good understanding of **AND** supports (e.g., respond to barriers, ensure necessary resources are available) CMM	○ In general, clinic leadership has a good understanding of **AND** supports (e.g., respond to barriers, ensure necessary resources are available) **AND** champions CMM (e.g., proactively advocates for the practice)

Source of support • **Executive leadership**	○ In general, executive leadership does **NOT** have good understanding or support CMM	○ In general, executive leadership has a good understanding of CMM	○ In general, executive leadership has a good understanding of **AND** supports (e.g., respond to barriers, ensure necessary resources are available) CMM	○ In general, executive leadership has a good understanding of **AND** supports (e.g., respond to barriers, ensure necessary resources are available) **AND** champions CMM (e.g., proactively advocates for the practice)
Form of support	In what ways does leadership (pharmacy, clinic, or executive leadership) support CMM pharmacists? *(Check all that apply)* □ CMM pharmacists' presence in the clinic □ Participation in provider meetings □ Clinic space □ Recruiting CMM patients □ Scheduling CMM patients □ Encouraging use among other care team members of CMM services □ CMM pharmacists working at the top of their licenses □ Supplying equipment (e.g., phone, blood pressure cuff) □ Addressing concerns related to CMM operations or service delivery □ Advocating for resources (e.g., informatics time)			
Finances				
CMM revenue ***(Check all that apply)***	□ Pharmacists bill fee-for-service off non-pharmacy mechanisms (e.g., Medicare annual wellness visits or incident-to)	□ Increased clinic revenue is generated because pharmacists engage in co-visits with providers allowing them to bill at a higher level	□ Pharmacists bill fee-for-service through pharmacy mechanisms (e.g., MTM CPT codes)	□ Pharmacists are engaged in value-based payment

Care Team Engagement

Directions: Listed below are the essential components of care team engagement. For each item listed under the essential component, mark the box that best describes your current CMM practice.

Less optimal → Optimal

Interprofessional collaboration				
Communication with providers	○ There is **NOT** a consistent communication strategy for contacting providers with CMM recommendations	○ There is a consistent communication strategy for contacting providers with CMM recommendations	○ There is a consistent communication strategy for contacting providers with CMM recommendations **AND** ensuring recommendations are followed through	
Collaborative visits • **Workflow**	○ Not applicable; collaborative visits do not occur	○ If a collaborative visit occurs, there is **NOT** a defined workflow that is consistently executed for seeing those patients	○ If a collaborative visit occurs, there is a defined workflow that is **SOMETIMES** executed for seeing those patients	○ If a collaborative visit occurs, there is a defined workflow that is **CONSISTENTLY** executed for seeing those patients
Collaborative visits • **Implementing collaborative care plans**	○ Not applicable; collaborative visits do not occur	○ After a collaborative patient visit is complete, there are **NO** defined roles that articulate which member of the care team is responsible for executing various parts of the CMM care plan (e.g., who will send prescriptions, educate the patient)	○ When conducting collaborative visits, **SOMETIMES** there are defined roles that articulate which member of the care team is responsible for executing various parts of the CMM care plan (e.g., who will send prescriptions, educate the patient)	○ When conducting collaborative visits, there are **CONSISTENTLY** defined roles that articulate which member of the care team is responsible for executing various parts of the CMM care plan (e.g., who will send prescriptions, educate the patient)

Organizational presence	○ CMM pharmacists are **NOT** consistently invited to attend clinic meetings	○ CMM pharmacists are consistently invited to attend clinic meetings	○ CMM pharmacists are consistently invited to attend clinic meetings **AND** CMM is represented in organization-wide clinical program meetings		
Champion	○ Within the care team, currently there is **NO** non-pharmacist champion of CMM services	○ Within the care team, there is at least one non-pharmacist champion of CMM services			
Direct provider referrals	○ Currently, **NO** providers within the clinic refer patients for CMM	○ Of the providers in clinic, ≤ 25% refer patients for CMM	○ Of the providers in clinic, 26-50% refer patients for CMM	○ Of the providers in clinic, 51-75% refer patients for CMM	○ Of the providers in clinic, 76-100% refer patients for CMM
Placing new referrals to other care team members	○ CMM pharmacists **CANNOT** place new referrals to other care team members in the EHR	○ CMM pharmacists can place new referrals to other care team members in the EHR			
Orienting new care team members	○ When a new (non-pharmacist) care team member is hired, there is **NOT** a process in place to orient them to CMM (e.g., shadowing opportunities, discussing patients to refer for CMM)	○ When a new (non-pharmacist) care team member is hired, there is a process in place to orient them to CMM (e.g., shadowing opportunities, discussing patients to refer for CMM)			
Presence and scope of collaborative practice agreements (CPAs)					
Medications • **Ability to adjust dosing of existing medications** ***(Check all that apply)***	□ Pharmacists do **NOT** have a protocol or CPA to adjust dosing of any medication(s)	□ Pharmacists can adjust dosing of medication(s) through an algorithm with a defined series of actions (e.g. protocol)	□ Pharmacists can adjust dosing of medication(s) through **condition-specific CPAs** (e.g., hypertension, diabetes) which allow for clinical decision making	□ Pharmacists can adjust dosing of medication(s) through **broad CPAs limited only by the exclusion of certain drug classes or conditions**	

Medications • **Ability to initiate or discontinue medications** ***(Check all that apply)***	□ Pharmacists do **NOT** have a protocol or CPA to initiate or discontinue any medication(s)	□ Pharmacists can initiate or discontinue medication(s) through an algorithm with a defined series of actions (e.g. protocol)	□ Pharmacists can initiate or discontinue medication(s) through **condition-specific CPAs** (e.g., hypertension, diabetes) which allow for clinical decision making	□ Pharmacists can initiate or discontinue medication(s) through **broad CPAs limited only by the exclusion of certain drug classes or conditions**
Labs	○ Pharmacists **CANNOT** order any lab monitoring	○ Pharmacists can order labs, **BUT ALL** labs ordered by a pharmacist need provider approval	○ Pharmacists can order lab monitoring **WITHOUT** provider approval under their CPA	
Durable medical equipment (DME) (e.g., blood pressure cuff)	○ Pharmacists **CANNOT** order any DME	○ Pharmacists can order DME, **BUT ALL** DME ordered by a pharmacist needs provider approval	○ Pharmacists can order DME **WITHOUT** provider approval under their CPA	
Imaging (e.g., DXA scan)	○ Pharmacists **CANNOT** order any imaging	○ Pharmacists can order imaging, **BUT ALL** imaging ordered by a pharmacist needs provider approval	○ Pharmacists can order imaging **WITHOUT** a provider co-signature under their CPA	
Support staff (These roles could be fulfilled by multiple team members, such as MAs, nurses, pharmacy techs, pharmacy interns)				
Scheduling encounters ***(Check all that apply)***	□ There is support staff to schedule CMM referrals ○ Yes, but only for some patients ○ Yes, support staff schedule **ALL** CMM referrals	□ There is support staff to prospectively schedule CMM patient visits from lists of patients ○ Yes, but not enough support staff is available to prospectively schedule all identified patients ○ Yes, and sufficient support staff is available to prospectively schedule **ALL** identified patients	□ There is support staff to schedule CMM patient follow-up appointments ○ Yes, but only for some patients ○ Yes, support staff schedule **ALL** CMM follow-up appointments	

Rooming	○ Pharmacists are responsible for rooming **ALL** CMM patients	○ Pharmacists have dedicated support staff to assist with rooming **SOME** CMM patients	○ Pharmacists have dedicated support staff to assist with rooming **ALL** CMM patients	
Vitals	○ Pharmacists are responsible for taking necessary vitals of **ALL** CMM patients	○ Pharmacists have dedicated support staff to assist with taking necessary vitals of **SOME** CMM patients	○ Pharmacists have dedicated support staff to assist with taking necessary vitals for **ALL** CMM patients	
Billing and coding	○ Not applicable, pharmacists do not bill for CMM	○ Pharmacists are responsible for processing billing and coding for reimbursable CMM patients	○ Pharmacists have support staff to process billing for reimbursable CMM patients	
Point of care testing	○ Pharmacists perform all their own point-of-care testing		○ Pharmacists can utilize staff support to perform point-of-care testing	
Dedicated support person (e.g., MA, LPN)	○ Pharmacists have no staff resources available	○ Pharmacists can use clinic staff, if available ○ I would benefit from additional staff support resources ○ I have sufficient support staff to efficiently provide CMM	○ Pharmacists share staff with the rest of the care team ○ I would benefit from additional staff support resources ○ I have sufficient support staff to efficiently provide CMM	○ Pharmacists have dedicated CMM staff ○ I would benefit from additional staff support resources ○ I have sufficient support staff to efficiently provide CMM
Additional staff support	Pharmacists have adequate technical support in the following areas: *(Check all that apply)* □ Contracts with third party payers □ Pulling reports (e.g. transitional care patients, patients that need follow up) □ Managing refill requests □ Insurance issues (e.g. completing prior authorizations) □ Patient triage (e.g., managing patient messages and phone calls) □ Patient communication (e.g., following up with normal lab results) □ Administering vaccinations □ Putting reminders in the chart for when a patient should be seen again			

Care Delivery Processes

Directions: Listed below are the essential components of care delivery processes. For each item listed under the essential component, mark the box that best describes your current CMM practice.

Less optimal → Optimal

Identifying patients for CMM				
Pharmacist identification	○ Pharmacists are responsible for identifying **MOST** CMM patients		○ Other methods exist (e.g., algorithm, referrals) so that pharmacists are **NOT** responsible for identifying **MOST** CMM patients	
Applying an algorithm *(Check all that apply)*	□ There are **NO** criteria to prospectively identify patients in highest need of CMM	□ There are criteria to identify patients in highest need of CMM that **must be manually applied**	□ There is an automated algorithm that is used periodically to prospectively identify patients in highest need of CMM. Manual outreach is needed to schedule these patients for a CMM visit	□ There is an automated algorithm that identifies patients in highest need of CMM and produces an alert in the course of care (e.g., a pop-up alert in the EHR) to encourage provider referral of the patient for a CMM visit.
Non-provider referrals (e.g. desk staff, community pharmacy, case managers, protocol-based nurse service)	○ Non-providers do **NOT** identify patients who would be good candidates for CMM		○ Non-providers identify patients who would be good candidates for CMM	
Payer referrals	○ **NO** CMM patients are identified by payer referrals		○ CMM patients are identified by payer referrals	
Generated quality care lists	○ **NO** CMM patients are identified by clinic generated lists or registries based on quality measures		○ CMM patients are identified by clinic generated lists or registries based on quality measures	

Patient panels	○ The EHR does **NOT** allow pharmacists to identify the patients who have been seen for CMM by creating their own CMM panel **OR** the EHR allows CMM empanelment, but pharmacists do not use it	○ Pharmacists use the EHR to identify patients who have received CMM and assign them to a panel	○ Pharmacists use the EHR to identify **AND** manage a panel of patients who are receiving CMM
Scheduling CMM visits			
Scheduling in EHR	○ The EHR does **NOT** enable CMM scheduling	○ The EHR enables CMM scheduling	
Referrals	○ There is **NOT** a referral system for CMM in place	○ There is a referral system for CMM in place, but it is **NOT** within the EHR	○ There is a referral system for CMM in place within the EHR
Automatic appointment reminder	○ There are **NOT** automatic appointment reminders generated for patients for CMM visits	○ There are automatic appointment reminders generated for patients for CMM visits	
Follow up	○ There is **NOT** a process in place to ensure patients complete recommended follow-up visit(s)	○ There is a manual process in place to ensure patients complete recommended follow-up visit(s)	○ There is an automated process in place to ensure patients complete recommended follow-up visit(s)
Appointment management	○ There is **NOT** a systematic approach to track appointments	○ There is a systematic approach to track appointment management including: □ How many initial appointments turn into completed visits □ How many completed visits result in scheduled follow up appointments □ How many targeted patients (e.g., cold calling patients or sending out letters) turn into completed visits □ How many no shows turn into completed visits □ In-person visits vs. remote □ Initial encounter vs. follow up visit	

Referral management	○ There is **NOT** a systematic approach to track referrals		○ There is a systematic approach to track referrals including: □ How many referrals become scheduled appointments □ Number of visits that were referrals □ Referral source □ Reason for referral	
Scheduling assistance ***(Check all that apply)***	□ There is **NOT** support staff or processes in place to assist with CMM scheduling	□ There is a consistent scheduling processes in place solely managed by the pharmacist including: □ Local/clinic-level scheduling □ Preparing patients for visits/setting expectations □ Reminder calls □ Ensuring referrals get scheduled □ Ensuring follow-up appointments get scheduled	□ There is CMM scheduling assistance (i.e., the pharmacist is not solely responsible) with: □ Centralized scheduling □ Local/clinic-level scheduling □ Preparing patients for visits/setting expectations □ Reminder calls □ Ensuring referrals get scheduled □ Ensuring follow-up appointments get scheduled	□ Patients can schedule their own CMM appointments online
Outreach	○ Currently **NO** outreach strategies are utilized to schedule eligible patients for CMM		○ Outreach strategies are in place to schedule eligible patients for CMM including: □ Outbound calling □ Letters □ Other mailings (e.g. brochure) □ Electronic messaging (e.g., portal messaging) □ Other _____	

Documentation			
Documentation system access	○ Pharmacists document CMM visits in a system visible **ONLY** to the CMM pharmacist	○ Pharmacists document CMM visits in a system visible **ONLY** to the CMM pharmacist **AND** have read-only access to the care team EHR	○ Pharmacists document CMM visits in an EHR that the rest of the care team uses
Double documenting	○ Pharmacists document components of CMM visits in **more than one** system	○ Pharmacists document **ALL** components of CMM visits in one system	
Documentation completion	○ Pharmacists are **NOT** consistently held accountable for completion of their CMM visit notes within a defined timeframe (e.g., within 24 hours of visit)	○ Pharmacists are consistently held accountable for completion of their CMM visit notes within a defined timeframe (e.g., within 24 hours of visit)	
Documentation efficiency • **EHR tools** ***(Check all that apply)***	□ Pharmacists document the majority of their CMM notes using free text	□ Information from the patient's EHR can be auto-populated into CMM notes (e.g. dot phrases)	□ There is clinical decision support (e.g., computerized alerts and reminders, condition-specific order sets) built into CMM documentation
Documentation efficiency • **Inputting notes** ***(Check all that apply)***	□ Pharmacists are responsible for individually typing the majority of CMM notes	□ Pharmacists have access to transcription tools (e.g. Dragon)	□ Pharmacists dictate the majority of CMM notes which a transcriptionist transcribes **OR** have a scribe present during the majority of CMM visits
Medication therapy problems (MTPs)	○ Pharmacists do **NOT** consistently document medication therapy problems	○ Pharmacists consistently document medication therapy problems	○ Pharmacists consistently document medication therapy problems **AND** their resolution

Documentation improvement initiatives (e.g., documentation committees to create documentation shortcuts or enlisting the services of EHR experts to learn efficiency tools; NOT peer chart reviews)	○ Pharmacists do **NOT** review documentation processes to identify areas for improvement on a regular basis		○ Pharmacists review documentation processes to identify areas for improvement on a regular basis
IT support to modify documentation processes	○ Pharmacists do **NOT** have IT support to modify documentation processes	○ Pharmacists have IT support to modify documentation processes, **BUT** requests are not completed in a timely manner and/or not all requests are accepted	○ Pharmacists have IT support to modify documentation processes and requests are completed in a timely manner and most requests are accepted
Require a physician's co-signature	○ Pharmacist documentation **REQUIRES** another provider co-signature		○ Pharmacist documentation is final **WITHOUT** another provider co-signature

CMM Program Evaluation

Directions: Listed below are the essential components of CMM program evaluation. For each item listed under the essential component, mark the box that best describes your current CMM practice.

Less optimal → Optimal

Measuring CMM program data			
Medication therapy problems (MTPs) • **Identification**	○ The identification of MTPs are **NOT** tracked for the entire CMM population	○ The number of MTPs identified are tracked for the entire CMM population	○ The number **AND** types of MTPs identified are tracked for the entire CMM population
Medication therapy problems • **Resolution**	○ The resolution of MTPs are **NOT** tracked for the entire CMM population	○ The number of MTPs resolved are tracked for the entire CMM population	○ The number **AND** types of MTPs resolved are tracked for the entire CMM population
Clinical markers (e.g., ACT score, blood pressure, A1C)	○ Clinical markers are **NOT** tracked for the entire CMM population	○ Clinical markers are tracked for the entire CMM population **periodically when deemed necessary**	○ Clinical markers are tracked for the entire CMM population **consistently and frequently**
Fiscal measures • **Revenue generated**	○ CMM revenue generated is **NOT** tracked	○ CMM revenue generated is tracked **periodically when deemed necessary**	○ CMM revenue generated is tracked **consistently and frequently**
Fiscal measures • **Estimated cost savings**	○ Estimated cost savings through CMM is **NOT** tracked	○ Estimated cost savings through CMM is tracked **periodically when deemed necessary**	○ Estimated cost savings through CMM is tracked **consistently and frequently**
Descriptive measures (e.g., payer mix, number of medications patients are taking, types of conditions seen in CMM population)	○ Descriptive measures of the entire CMM patient population are **NOT** tracked	○ Descriptive measures of the entire CMM patient population are tracked	

Pharmacist productivity	○ CMM pharmacist productivity is **NOT** tracked			○ CMM pharmacist productivity is tracked including: □ Time spent in patient care □ Charting time □ Number of interventions to prevent and resolve MTPs □ Types of interventions to prevent and resolve MTPs □ Patient volume (e.g., number of CMM visits)	
Patient satisfaction	○ Patient satisfaction of CMM is **NOT** assessed		○ Patient satisfaction of CMM is assessed, **BUT NOT** regularly		○ Patient satisfaction of CMM is regularly assessed
Provider/team satisfaction	○ Provider or team satisfaction with CMM is **NOT** assessed		○ Provider or team satisfaction with CMM is assessed, **BUT NOT** regularly		○ Provider or team satisfaction with CMM is regularly assessed
Pharmacist satisfaction	○ Pharmacist job satisfaction is **NOT** assessed	○ Pharmacist job satisfaction is assessed, **BUT NOT** regularly		○ Pharmacist job satisfaction is regularly assessed	○ Pharmacist job satisfaction that **includes questions specific to CMM** is regularly assessed
Use of CMM collected data (e.g., clinical, descriptive, or financial data) ***(Check all that apply)***	□ There is **NOT** a consistent strategy to use CMM data	□ CMM data is used to meet third party compliance requirements (e.g., in case of audit)	□ CMM data is used to describe CMM services (e.g., to justify pharmacist FTEs)	□ CMM data is used to improve CMM services (e.g., through targeted quality improvement initiatives)	□ CMM data is used to demonstrate value of CMM services (e.g., to senior leadership and external partners)
Reporting CMM data and outcomes					
Reporting data (e.g., clinical outcomes, patient satisfaction) ***(Check all that apply)***	□ CMM data is **NOT** reported	□ CMM data is reported within the CMM team	□ CMM data is reported within the clinic	□ Pertinent CMM data is reported to leadership	□ Pertinent CMM data is reported across the organization	□ CMM data is reported externally (e.g., meetings and publications)

Data extraction ***(Check all that apply)***	□ CMM data is **NOT** extracted	□ CMM data is extracted, but **ONLY** through manual chart review	□ Some CMM data is extracted through automated reports	□ Most CMM data is extracted through automated reports
Extracting aggregate-level data	○ It is **NOT** possible to extract aggregate-level CMM data from the documentation system through an automated process		○ It is possible to extract aggregate-level data from the documentation system through an automated process	
Extracting patient-level data	○ It is **NOT** possible to extract patient-level CMM data from the documentation system through an automated process		○ It is possible to extract patient-level CMM data from the documentation system through an automated process	
IT support for extracting data	○ There is **NOT** IT support available to complete CMM IT requests	○ There is IT support available to complete CMM IT requests, **BUT** requests often take longer than desired to complete	○ There is IT support available to complete CMM IT requests in a timely manner	

Ensuring Consistent and Quality Care

Directions: Listed below are the essential components of ensuring consistent and quality care. For each item listed under the essential component, mark the box that best describes your current CMM practice.

Less optimal → Optimal

Practitioner training				
Training process • **CMM philosophy of practice**	○ There is **NOT** a standard process in place for training newly hired CMM pharmacists (excluding residents) on CMM philosophy of practice		○ There is a standard process in place for training newly hired CMM pharmacists (excluding residents) on CMM philosophy of practice	
Training process • **CMM patient care process** (e.g., reviewing mock cases, shadowing opportunities)	○ There is **NOT** a standard process in place for training newly hired CMM pharmacists (excluding residents) on the CMM patient care process		○ There is a standard process in place for training newly hired CMM pharmacists (excluding residents) on the CMM patient care process	
Training process • **CMM practice management**	○ There is **NOT** a standard process in place for training newly hired CMM pharmacists (excluding residents) on CMM practice management		○ There is a standard process in place for training newly hired CMM pharmacists (excluding residents) on CMM practice management	
Trainer	○ There is **NOT** a consistent trainer for training all newly hired CMM pharmacists		○ There is a consistent trainer for training all newly hired CMM team members	
Ongoing clinical development ***(Check all that apply)***	□ There is **NOT** a standard process for ongoing pharmacist CMM development	□ The organization facilitates topics (e.g., journal clubs, speakers) for ongoing CMM development	□ Pharmacists are required to have individualized professional development plans for ongoing CMM development (beyond CE)	□ Pharmacists are provided resources (e.g., time or monies) to support learning plans

Continual policy, procedure, and standards of practice training (e.g., documentation standards, regulatory requirements)	○ Policy, procedure, and standards of practice retraining is limited to regulatory requirements (e.g., HIPAA, fraud waste and abuse) or credentialing as needed	○ Policy, procedure, and standards of practice retraining (beyond regulatory requirements/credentialing) (e.g., documentation standards) occurs as needed	○ Policy, procedure, and standards of practice retraining (beyond regulatory/credentialing) occurs on a consistent basis
Quality assurance (QA) processes			
Ensuring pharmacists are providing consistent and quality care (e.g., peer review)	○ A process is **NOT** in place to assess whether pharmacists are providing consistent and quality care at least biannually	○ A process is in place to assess whether pharmacists are providing consistent and quality care at least biannually	○ A process is in place to assess whether pharmacists are providing consistent and quality care at least biannually **WITH** a consistent form
Ensuring notes have met documentation requirements (e.g., chart audits)	○ A process is **NOT** in place for ensuring that pharmacists are meeting standards established for documentation	○ A process is in place for ensuring that pharmacists are meeting standards established for documentation	
Using QA processes for improvement	○ Data from QA processes are **NOT** used to inform CMM improvement activities	○ Data from QA processes are used to inform CMM improvement activities	

Part III – Prioritizing and Guiding Areas for Improvement

Directions: To identify potential areas of practice improvement, review the sections of the tool you have completed and identify 2-3 items that you consider to be your greatest area of need or opportunity. As a first step to guide your practice management improvement, complete the worksheet below.

What practice management items you would like to improve?	What is your goal?	How will this impact your practice?	What are the action steps to achieve this goal?	What people and resources do you need to achieve this goal?	Who will be responsible for the actions needed to achieve this goal?

Glossary

CMM: Comprehensive medication management

Collaborative visits: The primary care provider and the pharmacist seeing the patient at the same time or back-to-back provider/pharmacist visits

CPA: Collaborative practice agreement

CPT: Current procedural terminology

EHR: Electronic health record

Generated quality care lists: Lists or registries of patients that are generated based on quality measures

IT: Information technology

LPN: Licensed practical nurse

MA: Medical assistant

MTM: Medication therapy management

MTPs: Medication therapy problems

Patient panel: A list of all patients receiving CMM

QA: Quality assurance

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