CMM PATIENT CARE PROCESS SELF-ASSESSMENT CHECKLIST

Instructions:

This checklist will help you determine how consistent you are with your CMM delivery. This checklist will take less than 10 minutes of your time.

Please complete one checklist for each of the four pilot test CMM patients (i.e., four checklists total). As you complete the following questions, please reflect on the CMM visit that you had with that patient. Please indicate whether or not you completed each step for that CMM visit.

Essential Function 1 Items	Yes	No
When collecting and analyzing relevant information, did you or a health team member:		
1. 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)?	☐	☐
2. Inquire as to whether the patient has any questions or concerns for the visit?	☐	☐
3. 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)?	☐	☐
4. Review patient's past medication history (e.g., allergies, adverse drug effects)?	☐	☐
5. 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?	☐	☐
6. Review patient's current medication use (e.g., indication, response to therapy, safety, 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)?	☐	☐
8. Determine the patient's personal goals of therapy?	☐	☐
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?	☐	☐

Essential Function 2 Items	Yes	No
When assessing the information and formulating the medication therapy problem list, did you:		
1. Assess and prioritize the patient's active medical conditions taking into account clinical and patient goals of therapy?	☐	☐
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)?	☐	☐
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)?	☐	☐
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)?	☐	☐
5. Assess adherence of each medication (e.g., affordability, access, convenience, using as prescribed, missing doses, appropriate formulation)?	☐	☐
6. Formulate a medication therapy problem list?	☐	☐
7. Prioritize the patient's medication therapy problems?	☐	☐

Essential Function 3 Items	Yes	No
When developing a care plan to address and resolve medication therapy problems, did you:		
1. Develop a care plan in collaboration with the patient to address the identified medication therapy problems?	☐	☐
2. Consult with the patient's health care providers when developing the care plan?	☐	☐
3. Identify the monitoring parameters important to routinely assess indication, effectiveness, safety, and adherence?	☐	☐
4. Review all medication lists to arrive at an accurate and updated medication list?	☐	☐
5. Determine and coordinate who will implement components of the care plan (i.e., patient, clinical pharmacist, other provider)?	☐	☐
6. Determine appropriate follow-up (i.e., type, timeframe, mode)?	☐	☐

Essential Function 4 Items	Yes	No
When implementing the care plan, did you:		
1. Discuss and agree on the care plan with the patient?	☐	☐
2. Provide education to the patient on his/her medications and lifestyle modifications?	☐	☐
3. Provide the patient with an updated, accurate medication list?	☐	☐

4. Implement the care plan in coordination with other members of the health care team?	☐	☐
5. Document the encounter in the electronic health record (e.g., assessment, medication therapy care plan, rationale, monitoring, and follow-up)?	☐	☐
6. Arrange patient follow-up (e.g., schedule appointment, communicate follow-up instructions to patients)?	☐	☐
7. Ensure that a plan is in place for continuity of care whether the patient continues to be a candidate for CMM or not?	☐	☐

Essential Function 5: Follow up and monitor

Targeted Follow Up and Monitoring or Quick Check Ins
Q1. Did you set up a plan to 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:

☐ Yes
☐ No
☐ Not needed

Comprehensive Follow Up through a Repeated Comprehensive Medication Management Visit
Q2. If the patient is still a candidate for CMM, did you set up a plan to repeat a comprehensive medication management visit within the next 12 months, whereby all steps of the Patient Care Process are repeated to ensure continuity of care and ongoing medication optimization.

Options:

☐ Yes
☐ No

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

☐ Yes
☐ No