# WPQC Comprehensive Medication Review and Assessment Documentation (Level II)

**Name:**

**Member ID Number:**

**Resides in nursing home (circle):** Yes/No

**PCP:**

**NPI:**

**RPh:**

**Appointment Type (circle):** Initial Follow-up

**Eligibility Criteria (circle):** 2+cond/4+meds Diabetes Discharge w/in 14 days

**Health Literacy Concerns**

**Multiple Prescribers**

**Referral by:**

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**START TIME:**

**END TIME:**

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### PRE-VISIT/DATA COLLECTION

- Appt scheduled
- HIPAA scheduled
- H&P given to patient
- ACT™ provided (asthma only)
- Request for patient labs/office notes
- Patient labs received
- Appt reminder completed
- H&P returned
- Pre-visit data entered into Aprexis™
- Received signed consent for CMR/A

### IMMUNIZATIONS

- Influenza
- Pneumococcal
- Hepatitis B
- Herpes Zoster
- TD/Tdap
- Other:

### CHRONIC CONDITIONS

- Asthma [49300]
- Heart Failure [4280]
- COPD [496]
- Chronic Kidney Disease [5859]
- CAD [41400]
- Osteoporosis [73300]
- Rheumatoid Arthritis [7140]
- Depression [311]
- Diabetes [25000]
- Dyslipidemia [2727]
- Hypertension [4019]
- Alzheimer’s Disease [3310]
- Osteoarthritis [7150]
- End Stage Renal Disease [5856]
- Geriatric Syndrome (≥ 65 y/o)

### MED DEVICE INSTRUCTION

- Reviewed proper use of:
  - Glucose Monitor
  - Injectables
  - Inhalers
  - Insulin
  - Nebulizer
  - Peak Flow Meter
  - Blood Pressure Monitor
  - Other:

### ALLERGIES/INTOLERANCES

- NKDA
- Verified our records with patient

List allergies/intolerances:

### MEDICATIONS

**Appt Date:**

**DAPO APPROVAL/BILLING**

- □ Completed
- □ Not needed

**PA#**

**Date of authorization**

**CPT Code:**

- NEW
- EXISTING

- 99605
- 99606

### HEALTH CARE UTILIZATION

**In the past 12 months OR since last visit, number of times visited the:**

- ED ____ Date: _____ Reason?
- HOSP ____ Admin Date: _____ Reason?
- HCP Visits ____ Date: _____ Reason?

### ADHERENCE CONCERNS

**How often do you have difficulty taking medications?**

- □ Never, hardly ever
- □ Some of the time
- □ Most of the time
- □ All of the time

**Notes:**

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**POST VISIT**

**Consult Start time ________**

**End Time ________________**

- □ Embedded Level I’s entered
- □ F/U Scheduled
- □ Patient Satisfaction Survey
- □ Sent MAP/PML in 14 days
- □ Fax sent/contact to HCP(s)
- □ Total time spent ________
- □ Pharmacy doc form complete
- □ Main DX Code _______
- □ Consult Session Duration _____
- □ Place of service ________
- □ Amt paid by other insurance N/A or $ ______
- □ Enter Fee & Verify Insurance
- □ Completed/Billed
- □ Reconciled
- □ Response from HCP received

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Wisconsin Pharmacy Quality Collaborative

an initiative of the Pharmacy Society of Wisconsin

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### CONSULT/DURING VISIT

<table>
<thead>
<tr>
<th>Notes</th>
<th>Labs/Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C = confirmed</td>
</tr>
<tr>
<td></td>
<td>UC = unconfirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Labs/Values</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BP _______ (C or UC)</td>
<td></td>
</tr>
<tr>
<td>Test Date:</td>
<td></td>
</tr>
<tr>
<td>HgA1c____ (C or UC)</td>
<td></td>
</tr>
<tr>
<td>Test Date:</td>
<td></td>
</tr>
<tr>
<td>LDL _______ (C or UC)</td>
<td></td>
</tr>
<tr>
<td>Test Date:</td>
<td></td>
</tr>
<tr>
<td>ACT™ Score__________</td>
<td></td>
</tr>
<tr>
<td>Test Date:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Reminders
- Patient goals
- Goals of therapy
- Adherence
- Device Instruction
- Vaccinations
- OTC/Herbal
- Lifestyle
- Follow-up visit

### Embedded Level I Recommendations
- Conversion to OTC
- Decrease Dose
- Dose Formulation Change
- Dose Consolidation
- Formulary Interchange
- Increase Dose
- Lengthen Duration
- Med Addition
- Med Deletion
- 90 day supply
- Shorten Duration
- Tablet Splitting
- Therapeutic Interchange

#### Clinical Reminders
- Remember to fill out Level I intervention sheet for each Embedded Level I

### Assessment/Plan

### Items to Follow-up on
## WPQC Comprehensive Medication Review and Assessment Documentation (Level II)

### Diabetes Focused Condition Review

<table>
<thead>
<tr>
<th>Medications</th>
<th>Labs/Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ACE-I*</td>
<td>C = confirmed</td>
</tr>
<tr>
<td>☐ Statin*</td>
<td>UC = unconfirmed</td>
</tr>
<tr>
<td>☐ ASA</td>
<td>BP ______ (C or UC)</td>
</tr>
<tr>
<td>☐ ARB*</td>
<td>HgA1c _____ (C or UC)</td>
</tr>
<tr>
<td>☐ Metformin</td>
<td>LDL ______ (C or UC)</td>
</tr>
<tr>
<td>☐ Other</td>
<td>Other:</td>
</tr>
</tbody>
</table>

#### Clinical Reminders
- ☐ Hypoglycemia
- ☐ SMBG
- ☐ Med Addition: ACE-I/ARB, statin
- ☐ Adherence
- ☐ Device Instruction
- ☐ Vaccinations: Influenza, Pneumo, Hep B
- ☐ Eye Exam
- ☐ Foot Exam
- ☐ Lifestyle

#### Embedded Level I Recommendations
- ☐ Conversion to OTC
- ☐ Decrease Dose
- ☐ Dose Formulation Change
- ☐ Dose Consolidation
- ☐ Formulary Interchange
- ☐ Increase Dose
- ☐ Lengthen Duration
- ☐ Med Addition
- ☐ Med Deletion
- ☐ 90 day supply
- ☐ Shorten Duration
- ☐ Tablet Splitting
- ☐ Therapeutic Interchange

#### Assessment/Plan

#### Items to Follow-up on

⇒ Remember to fill out Level I intervention sheet for each Embedded Level I
### ASTHMA FOCUSED CONDITION REVIEW

#### Medications
Indicate the presence of the *medications in the Focused Condition section in Aprexis.

<table>
<thead>
<tr>
<th>Medications</th>
<th>Labs/Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhaled Corticosteroid (ICS)*</td>
<td>C = confirmed</td>
</tr>
<tr>
<td>Rescue Inhaler (SABA)</td>
<td>UC = unconfirmed</td>
</tr>
<tr>
<td>Other___________________________</td>
<td>ACT™ Score __________</td>
</tr>
</tbody>
</table>

#### Notes

#### Clinical Reminders
- Asthma Action Plan
- Adherence
- Device Instruction
- Educate Controller/Rescue
- Step up/down therapy
- Check for thrush
- Triggers
- Vaccinations
- Influenza
- Pneumococcal
- Lifestyle

#### Embedded Level I Recommendations
- Conversion to OTC
- Decrease Dose
- Dose Formulation Change
- Dose Consolidation
- Formulary Interchange
- Increase Dose
- Lengthen Duration
- Med Addition
- Med Deletion
- 90 day supply
- Shorten Duration
- Tablet Splitting
- Therapeutic Interchange

#### Assessment/Plan

#### Items to Follow-up on
- Remember to fill out Level I intervention sheet for each Embedded Level I
**HEART FAILURE FOCUSED CONDITION REVIEW**

### Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose Optimized? (circle)</th>
<th>FDA Approved? (candesartan, losartan, valsartan)</th>
<th>Dose Optimized? (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE-I*</td>
<td>Yes/No/Not Appropriate/Titrating</td>
<td></td>
<td>Yes/No/Not Appropriate/Titrating</td>
</tr>
<tr>
<td>ARB*</td>
<td>Yes/No/Not Appropriate/Titrating</td>
<td></td>
<td>Yes/No/Not Appropriate/Titrating</td>
</tr>
<tr>
<td>Bisoprolol</td>
<td>Yes/No/Not Appropriate/Titrating</td>
<td></td>
<td>Yes/No/Not Appropriate/Titrating</td>
</tr>
<tr>
<td>Carvedilol</td>
<td>Yes/No/Not Appropriate/Titrating</td>
<td></td>
<td>Yes/No/Not Appropriate/Titrating</td>
</tr>
<tr>
<td>Metoprolol succinate</td>
<td>Yes/No/Not Appropriate/Titrating</td>
<td></td>
<td>Yes/No/Not Appropriate/Titrating</td>
</tr>
<tr>
<td>Other beta blocker</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Beta Blocker Use*

- Bisoprolol: Yes/No/Not Appropriate/Titrating
- Carvedilol: Yes/No/Not Appropriate/Titrating
- Metoprolol succinate: Yes/No/Not Appropriate/Titrating
- Other beta blocker: Yes/No/Not Appropriate/Titrating
- None: Yes/No

### Notes

- Patient knows how to take his/her blood pressure? Yes/No
- How often does patient monitor his/her blood pressure?
  - Never
  - < 1/wk
  - About once per wk
  - > 1/wk
  - Daily
  - More than daily
- In the past 2 weeks, has the patient gained ≥ 3 lbs in one day or ≥ 5 lbs in one week? Yes/No

### Labs/Values

- BP _______ (C or UC)
- HR _______ (C or UC)

### Clinical Reminders

- Daily weights
- Adherence
- SOB and/or DOE
- Edema
- Orthopnea and/or PND
- OTC products to avoid
- Titrate to target dose
- Lifestyle/Salt intake
- Vaccinations
- Influenza
- Pneumococcal

### Embedded Level I Recommendations

- Conversion to OTC
- Decrease Dose
- Dose Formulation Change
- Dose Consolidation
- Formulary Interchange
- Increase Dose
- Lengthen Duration
- Med Addition
- Med Deletion
- 90 day supply
- Shorten Duration
- Tablet Splitting
- Therapeutic Interchange

**Items to Follow-up on**

- Remember to fill out Level I intervention sheet for each Embedded Level I
## GERIATRIC SYNDROME FOCUSED CONDITION REVIEW

### Medication Issues
- Document in the Focused Condition section in Aprexis if ≥ 65 y/o
- Current number of PIMS (according to Beers Criteria 2012) ______

### Risk Factors for Falls
- History of Falls
  - # of falls in past 12 months OR since last visit ______

### Clinical Reminders
- Renal/Hepatic Function
- Prescribing cascades
- Anticholinergic Burden
- Address PIMS
- Drug-drug interactions
- Adherence
- Fracture Prevention
- Vaccinations: Influenza, Pneumococcal, Zostavax, Td/Tdap

### Labs/Values
- **BP** ______ (C or UC)
- **LDL** ______
- **HgA1c** ______
- **SCr** ______

### Assessment/Plan

### Embedded Level I Recommendations
- Conversion to OTC
- Decrease Dose
- Dose Formulation Change
- Dose Consolidation
- Formulary Interchange
- Increase Dose
- Lengthen Duration
- Med Addition
- Med Deletion
- 90 day supply
- Shorten Duration
- Tablet Splitting
- Therapeutic Interchange

- Remember to fill out Level I intervention sheet for each Embedded Level I

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