

Site: HealthPartners

Provider: Amazing Best

Patient: Smith, Jane

Medicare patient: yes

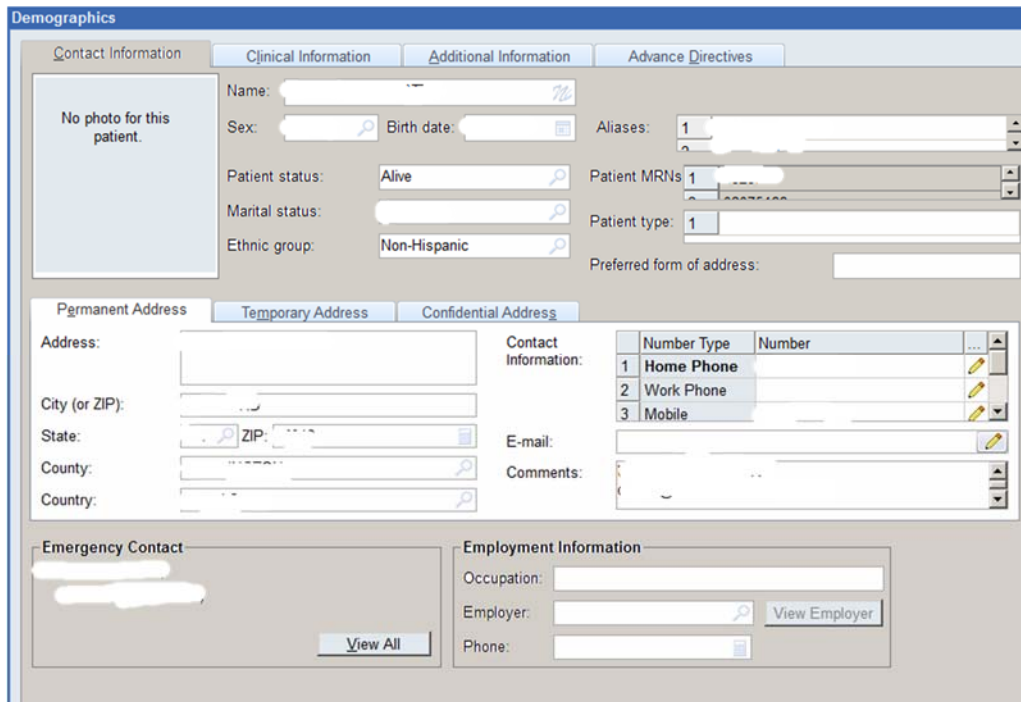
Service date: 04/10/2017

**Content Review Checklist**

The unchecked items below are missing in the documentation of the patient’s MTM visit. Please see the attached sheets for a visual of the missing items.

**Documentation elements that must be present for each visit in order to meet documentation requirements:**

✓ **Patient demographic information**



✓ **Date of encounter**



✓ **Chief complaint/Reason for the visit**

**Jane Smith** is a 54 y.o. old female who was referred by Insurance company for medication review/education. Jane presents today with all her current medications. Patient questions whether she is to continue diltiazem or not.

**✓Current medication list**
**Medications at End of Encounter**

acetaminophen (TYLENOL) 500 MG tablet	
ALBUTEROL 2.5 mg/3 mL, 0.083%, nebulizer solution	Inhale 1 Vial two times a day. And use one vial in nebulizer every 6 hours as needed for wheezing. Indications: copd
aspirin 81 MG tablet	
budesonide (PULMICORT) 0.5 MG/2ML inhalation suspension	Inhale 2 mL two times a day.
cetirizine (ZYRTEC) 10 MG tablet	Take 1 Tab by mouth two times a day.

**✓History of present illness for conditions treated by medications**
**COPD**

Patient is currently using Anoro 62.5-25mcg 1 puff daily. She uses her albuterol 2.5mg and budesonide 0.5mg nebulizer twice daily. She prefers the albuterol nebulizer over the MDI, but will use her MDI if out and about. Patient complains of significant dry mouth. She is using Biotene toothpaste and occasionally Biotene mouth wash with some success. Patient finds sucking on a hard candy is also helpful.

**Afib**

She is currently on metoprolol 100mg 1 tab twice daily, diltiazem 120mg twice daily, aspirin 81mg daily and warfarin every evening. Patient acknowledges increased bleeding and bruising. For the last 2 months she has noted very itchy skin, which bleeds when she scratches too hard. Of note diltiazem was removed from her medication list on 4/3/17 by Dr. Doolittle after her ablation. Patient was unaware of this change.

**Hyperlipidemia**

Patient is currently meeting cholesterol guidelines with rosuvastatin 40mg 1 tab nightly. Patient is tolerating high intensity statin without complaint.

**✓Relevant objective clinical findings (ie. lab results, results of physical exam)**

**\*\*If no objective lab data is available – documentation should state information in unavailable. Should also document attempts to acquire the relevant objective clinical information**

**BP Readings from Last 2 Encounters:**

03/30/17	120/70
03/30/17	114/65

No results found for: HGBA1C

**Lab Results**

Component	Value	Date/Time
TSH, WITH REFLEX	1.96	03/15/2017 04:09 PM

Estimated body mass index is 29 kg/(m<sup>2</sup>) as calculated from the following:

Height as of 4/30/17: 8' (1.524 m).

Weight as of 4/30/17: 500 lb (500 kg).

**CHOLESTEROL (mg/dl)**

Date	Value
10/30/2016	170

**HDL (mg/dl)**

Date	Value
10/30/2016	65

✓ Drug therapy problems identified (must clearly document how many problems and describe the problem(s))

1. Afib and diltiazem

Adherence: directions not understood

Status: Resolved

2. Afib and warfarin

Safety - Adverse Drug Reaction: clinically relevant drug interaction present with duloxetine, aspirin. Concurrent use may increase risk of bleeding/bruising.

Status: Resolved

✓ Drug therapy problems resolved (must clearly document how many resolutions and justify resolution(s))

1. Afib and diltiazem

Adherence: directions not understood

Status: Resolved

2. Afib and warfarin

Safety - Adverse Drug Reaction: clinically relevant drug interaction present with duloxetine, aspirin. Concurrent use may increase risk of bleeding/bruising.

Status: Resolved

✓ Plan to resolve drug therapy problems

**Plan**

1) Reassured patient Dr. Doolittle discontinued diltiazem. To avoid possible withdrawal effects recommend taking 1 tab daily x5 days then stopping vs stopping cold turkey. Patient agrees with plan.

2) Watch for any bleeding that is difficult to stop or bruising that grows instead of healing. If these are noted please let your doctor know. Patient has INR recheck scheduled for Friday.

✓ Plan for follow-up

5) Follow-up with me in 1-3 months or sooner if questions or concerns arise.

✓ Communication to primary provider and/or other care providers or documentation patient wishes to talk to primary/other providers about findings

**\*\*Sufficient for integrated care locations:**

Notes from this visit has been sent to your primary care provider

**\*\*Example for community locations:**

To: Dr. Doolittle  
Phone: 555-5555  
Fax: 555-1234

Date: 4/10/2017

Your patient Jane Smith 1/1/1939, received a one-on-one comprehensive medication review with their local "XYZ Pharmacy Location" Pharmacist.

Please review the attached Medication Management Summary. In the "Plan" section of the attached note you will find the recommendations for therapy changes.

Please contact the pharmacy by phone, fax or email to either accept or decline the recommendations, or please propose a modified plan.

Thank you for the opportunity to collaborate to improve your patient's health.

Sincerely,

Amazing Best, PharmD  
Clinical Pharmacist  
XYZ Pharmacy Location  
Medication Therapy Management Program

**\*\*Example of patient request to follow up with provider:**

Per patient request, the findings of this visit were not shared with their care team. The patient will follow up on recommendations.

**✓ Patient instructions**Patient Instructions

- 1) Dr. Doolittle stopped diltiazem. I would take 1 tab daily x5 days then stop to avoid any difficulty with stopping.
  - 2) In combination aspirin, duloxetine and warfarin may increase the risk of bleeding, bruising and increased INR. Take all of them consistently.
  - 3) Duloxetine is worth continuing if it is helping with back pain. Your kidney function is borderline for starting duloxetine, however you have been on it regularly.
  - 4) Your medication timing is good at this time. No changes recommended.
  - 5) Follow-up with me in 1-3 months or sooner if questions or concerns arise.
- Please call me or e-mail if you have questions.

**✓ Time spent with patient**

Total time spent with patient 60 minutes.

✓ **Social history (tobacco/alcohol use)**

<u>Tobacco Use</u>	<u>Smoking Status</u>	<u>Source</u>	<u>Types</u>	<u>Packs/day</u>	<u>Years Used</u>	<u>Comments</u>	<u>Smoking Start Date</u>	<u>Smoking Quit Date</u>	<u>Smokeless Tobacco Status</u>	<u>Smokeless Tobacco Quit Date</u>
as of 4/10/2017	Former Smoker	Provider		0.0	0.0			8/1/2000	Never Used	

<u>Alcohol Use</u>	<u>Alcohol Use</u>	<u>Source</u>	<u>Drinks/Week</u>	<u>Alcohol/Wk</u>	<u>Comments</u>
as of 4/10/2017	Yes	Provider	0 Standard drinks or equivalent	0.0 oz	3-4 drinks per week

✓ **Medication allergies/adverse events**

<u>Allergies as of 3/30/2017</u>			Reviewed on: 3/30/2017
<u>Allergen</u>	<u>Noted</u>	<u>Reaction Type</u>	<u>Reactions</u>
Penicillins Skin itchy (12/13/15)	01/19/2000	Allergy	Hives [17]
Amiodarone Nausea and vomiting	01/14/2006	Intolerance	Gastrointestinal [100]

✓ **CMS Required Materials matching CMS standard format (required for the 1<sup>st</sup> visit of the year for Medicare Patients only)**

✓ **Cover letter**

✓ **All areas (date, address, patients' name) should all be populated**

04/10/2017

Jane Smith  
Sesame Street  
Candy, MN 55000

Dear Ms. Smith,

Thank you for talking with me on 4/10/2017 about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you understand your medications and use them safely.

This letter includes an action plan (Medication Action Plan) and medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team.
- Ask your doctors, pharmacists, and other healthcare providers to update the action plan and medication list at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call *Amazing Best, PharmD*. We look forward to working with you, your doctors, and other healthcare providers to help you stay healthy through the HealthPartners MTM program.

Sincerely,

Amazing Best, PharmD



✓ Medication Action Plan (for each topic)

✓ What we talked about

✓ What I need to do

**MEDICATION ACTION PLAN FOR Jane Smith, DOB: 1/1/1939**

This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."
2. Take the steps listed in the "What I need to do" boxes.
3. Fill in "What I did and when I did it."
4. Fill in "My follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team. Share this with your family or caregivers too.

**DATE PREPARED: 4/10/2017**

**What we talked about:** Dr. Doolittle discontinued your diltiazem after your procedure 4/3/17.

**What I need to do:** To avoid side effects from stopping quickly, taking diltiazem 1 tab daily x5 days then stop.

**What I did and when I did it:**

**What we talked about:** In combination aspirin, duloxetine and warfarin may increase the risk of bleeding or bruising.

**What I need to do:** Make certain to take each of these medications consistently. Missing doses can impact INR. Watch for any bleeding that is difficult to stop or bruising that grows instead of healing. If these are noted please let your doctor know.

**What I did and when I did it:**

**My Follow up Plan:** Follow-up with me in 1-3 months or sooner if questions or concerns arise.

**Questions I want to ask:**

If you have any questions about your action plan call **Amazing Best, PharmD**  
(952) 555-5555  
Candy Cane Clinic

- ✓ Personal Medication list
  - ✓ Allergies or side effects
  - ✓ For each medication
    - ✓ Medication name
    - ✓ How I use it
    - ✓ Why I use it
    - ✓ Prescriber

**MEDICATION LIST FOR Jane Smith, 1/1/1939**

This medication list was made for you after we talked. We also used information from your doctor's chart and self-reported.

- Use blank rows to add new medications. Then fill in the dates you started using them.
  - Cross out medications when you no longer use them. Then write the date and why you stopped using them.
  - Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.
- Keep this list up-to-date with:

  - Prescription medications
  - Over the counter drugs
  - Herbals
  - Vitamins
  - Minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED: 4/10/2017**

**Allergies or side effects: Penicillins; Amiodarone**

<b>Medication:</b> LEVOTHYROXINE SODIUM 25 MCG OR TABS	
<b>How I use it:</b> Take 50 mcg (2 tabs) by mouth on M/W/F and 25 mcg (1 tab) by mouth the other 4 days of the week. Indications: Underactive Thyroid	
<b>Why I use it:</b> Underactive thyroid	<b>Prescriber:</b> Doctor Doolittle, MD
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b> METOPROLOL TARTRATE 100 MG OR TABS	
<b>How I use it:</b> Take 1 Tab by mouth two times a day. Discuss whether this dose needs to be lowered at next visit. Indications: atrial fibrillation	
<b>Why I use it:</b> afib	<b>Prescriber:</b> Doctor Doolittle, MD
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b> MONTELUKAST SODIUM 10 MG OR TABS	
<b>How I use it:</b> Take 1 Tab by mouth daily.	
<b>Why I use it:</b> allergies	<b>Prescriber:</b> Doctor Doolittle, MD
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

\*\*\*Note: Medication list above does not match note – is provided only to show an example of a medication list for documentation purposes

CCD Audit Checklist

✓ CMS Required Materials matching CMS standard format

✓ Date on CMS standard format letter matches CCD date

04/10/2017

Jane Smith  
Sesame Street  
Candy, MN 55000

Dear Ms. Smith,

Thank you for talking with me on 4/10/2017 about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you understand your medications and use them safely.

This letter includes an action plan (Medication Action Plan) and medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

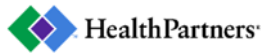
- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team.
- Ask your doctors, pharmacists, and other healthcare providers to update the action plan and medication list at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call *Amazing Best, PharmD*. We look forward to working with you, your doctors, and other healthcare providers to help you stay healthy through the HealthPartners MTM program.

Sincerely,

Amazing Best, PharmD





✓ Sent to patient within 14 days of visit

04/10/2017

Jane Smith  
Sesame Street  
Candy, MN 55000

Dear Ms. Smith,

Thank you for talking with me on 4/10/2017 about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you understand your medications and use them safely.

This letter includes an action plan (Medication Action Plan) and medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team.
- Ask your doctors, pharmacists, and other healthcare providers to update the action plan and medication list at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call *Amazing Best, PharmD*. We look forward to working with you, your doctors, and other healthcare providers to help you stay healthy through the HealthPartners MTM program.

Sincerely,

Amazing Best, PharmD

✓ # DTP identified

Recipient of visit: Patient  
Cognitively impaired?: no  
# of DTPs: 2  
# of DTPs resolved: 2

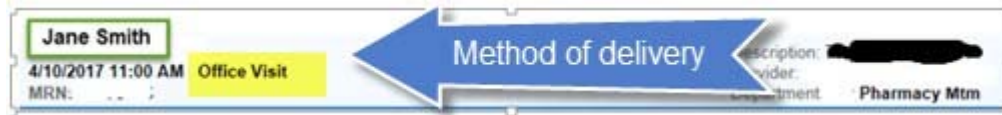
✓ # DTP resolved

Recipient of visit: Patient  
Cognitively impaired?: no  
# of DTPs: 2  
# of DTPs resolved: 2

✓ Recipient of visit

Recipient of visit: Patient  
Cognitively impaired?: no  
# of DTPs: 2  
# of DTPs resolved: 2

✓ Method of delivery of Assessment



✓ Cognitive Status

Recipient of visit: Patient  
Cognitively impaired?: no  
# of DTPs: 2  
# of DTPs resolved: 2