Dyslipidemia MTM

The 2013 ACC/AHA guidelines define new cholesterol treatment considerations for patients with Atherosclerotic Cardiovascular Disease (ASCVD) and those without ASCVD. Those without ASCVD are stratified further depending on ASCVD risk. The new guidelines no longer focus on treating to a specific LDL goal but focus on maximizing statin therapy based on patient's risk.

Is the patient being treated with a high-intensity or moderate intensity statin therapy appropriately based on new cholesterol treatment guidelines?	▫ Yes ▫ No ▫ Unable to determine
Is the patient achieving the anticipated percent LCL-C reduction aligned with a high or moderate intensity statin? (Percent reduction LCL-C can be used as an indication of response and adherence to therapy, but is not in itself a treatment goal.)	▫ Yes ▫ No ▫ Unable to determine
Is the patient taking any nonstatin medication(s) to treat dyslipidemia?	▫ Yes ▫ No ▫ Unable to determine
Based on your review, patient's response to therapy and updated guidelines/standard of care, is current medication therapy for dyslipidemia appropriate?	▫ Yes ▫ No ▫ Unable to determine
Consider the following recommendation(s) for monitoring/laboratory follow-up and provider referrals when necessary and appropriate. Check all that apply: **Labs Recommended:** ▫ Fasting lipid panel ▫ Liver function test ▫ Creatine kinase ▫ Other: **Referrals Made:** ▫ Dietary consultation ▫ Other: ▫ Non recommendation or referral needed but educated patient ▫ None of the above needed at this time	

Diabetes MTM

Is patient meeting A1c goal? (Typically <7%)	▫ Yes ▫ No ▫ Unable to determine
Is the patient being treated with a high-intensity statin or moderate intensity statin if appropriate per the 2013 cholesterol treatment guidelines?	▫ Yes ▫ No ▫ Unable to determine
Is the patient achieving BP goal? (Typically <140/90 per JNC8 unless otherwise specified)	▫ Yes ▫ No ▫ Unable to determine
Based on your review, patient's response to therapy, and ADA standards of care, is current medication therapy for DM appropriate?	▫ Yes ▫ No ▫ Unable to determine
Does the patient know how to recognize and treat symptoms of hypoglycemia?	▫ Yes ▫ No ▫ Unable to determine
Does the patient preform self-monitoring of blood glucose?	▫ Yes ▫ No ▫ Unable to determine
Does the patient have a diabetes sick-day plan?	▫ Yes ▫ No ▫ Unable to determine
Does the patient practice regular foot care?	▫ Yes ▫ No ▫ Unable to determine

Consider the following recommendation(s) for monitoring/laboratory follow-up and provider referrals when necessary and appropriate. Check all that apply:

Labs Recommended:

▫ A1c (two times/year if meeting goal; quarterly if not meeting goal or had a therapy change)
▫ Fasting lipid profile (annually)
▫ Liver function test
▫ Annual test for urine-albumin excretion
▫ SCr and calculated GFR (at least annually)
▫ Other:

Referrals Made:

▫ Annual dilated eye exam
▫ Annual comprehensive foot exam
▫ Comprehensive dental exam
▫ Dietary consultation
▫ No recommendations or referral needed but educated patient
▫ None of the above needed at this time

Heart Failure MTM

Is the patient adherent to medication therapy regimen for heart failure?	▫ Yes ▫ No ▫ Unable to determine
Is the patient (or caregiver) aware of, and able to, recognize tell-tale symptoms of worsening heart failure (increased shortness of breath, weight gain, fluid retention, dry cough, elevating the head with pillow(s) to sleep or sleeping sitting up)?	▫ Yes ▫ No ▫ Unable to determine
Is the patient experiencing taking standard therapy at maximum tolerated or target dose (ACEi or ARB, beta blocker, loop diuretic, and aldosterone antagonist) and still symptomatic?	▫ Yes ▫ No ▫ Unable to determine
Is the patient taking any medications that may worsen heart failure (NSAIDs, non-DHP CCBs, TZDs, glucocorticoids, medications that contain sodium)?	▫ Yes ▫ No ▫ Unable to determine
Based on your review, patient's response to therapy, and standards of care, is the current medication therapy for heart failure appropriate?	▫ Yes ▫ No ▫ Unable to determine
Is patient monitoring weight daily?	▫ Yes ▫ No
Does patient know to call his/her provider when weight gain of 2 lbs or greater occurs overnight or 5 lbs or greater occurs in one week?	▫ Yes ▫ No
Does the patient limit sodium intake in his/her diet, exercise regularly if permitted by provider, and avoid alcohol and tobacco?	▫ Yes ▫ No ▫ Unable to determine
Is patient adherent to medication therapy regimen for heart failure?	▫ Yes ▫ No
Consider the following recommendation(s) for monitoring/laboratory follow-up and provider referrals when necessary and appropriate. Check all that apply: **Labs Recommended:** ▫ Serum K ▫ SCr ▫ BUN ▫ Other: **Referrals Made:** ▫ Prescriber/physician ▫ Dietary consultations ▫ Other: ▫ No recommendation or referral needed but educated patient ▫ None of the above needed at this time	

Hypertension MTM

Is the patient achieving blood pressure goal? (Typically <150/90 mmHg for patients ≥60 years without DM or CKD and <140/90 mmHg all other patients, including those with DM)	☐ Yes ☐ No ☐ Unable to determine
Based on your review, patient's response to therapy and standards of care, is current medication therapy for hypertension appropriate?	☐ Yes ☐ No ☐ Unable to determine
Does the patient perform home BP monitoring?	☐ Yes ☐ No
Does the patient know to seek immediate medical help if systolic BP is >180 mmHg or diastolic BP is >110 mmHg	☐ Yes ☐ No

Chronic Obstructive Pulmonary Disease (COPD)

Is the patient adherent to medication therapy regimen for COPD?	☐ Yes ☐ No
Is the patient's current bronchodilator therapy (SABA, SAAC, LABA, LAAC) adequately controlling symptoms?	☐ Yes ☐ No ☐ Contraindicated ☐ Unable to determine
Is the patient overusing SABA to control symptoms? (> 4 times per day)	☐ Yes ☐ No ☐ Contraindicated
Is the patient currently using an inhaled corticosteroid/LABA combination to reduce frequency of exacerbations?	☐ Yes ☐ No ☐ Contraindicated ☐ Not relevant
Based on your review, patient's response to therapy, and standards of care, is current medication therapy for COPD appropriate?	☐ Yes ☐ No ☐ Unable to determine
Does the patient understand the purpose of each medication (short vs long acting, scheduled vs PRN dosing)?	☐ Yes ☐ No
Did you educate the patient?	☐ Yes ☐ No
Is the patient able to demonstrate or describe proper inhaler technique? (Consider recommendation to add a spacer if needed)	☐ Yes ☐ No ☐ Unable to determine
Has the patient received instruction from a provider on how/when to manage mild exacerbations at home?	☐ Yes ☐ No ☐ Unable to determine

Depression MTM

Have the patient's symptoms of depression improved, worsened, or remained the same?	☐ Improved ☐ Stayed the same ☐ Worsened
Did you advise the patient on important aspects of antidepressant medications?	☐ Yes ☐ No
Does the patient have a history of falls and prescriptions for tricyclic antidepressants or sleep agents?	☐ Yes ☐ No
Based on your review, is current medication therapy for depression appropriate?	☐ Yes ☐ No ☐ Unable to determine

Ischemic Heart Disease MTM

Is the patient adherent to medication therapy regimen for cardiovascular condition?	□ Yes □ No
Is the patient meeting or being treated appropriately to achieve BP goal?	□ Yes □ No □ Unable to determine □ Not relevant
Is the patient being treated appropriately with a statin as indicated?	□ Yes □ No □ Contraindicated □ Not relevant
Is the patient taking aspirin or other antiplatelet if indicated?	□ Yes □ No □ Contraindicated □ Not relevant
Is patient taking optimal anti-anginal therapies (beta blockers, nitrates, and/or CCBs) if indicated?	□ Yes □ No □ Contraindicated □ Not relevant
Is the patient taking an ACEi/ARB if indicated?	□ Yes □ No □ Contraindicated □ Not relevant
Is the patient taking a beta-blocker post MI?	□ Yes □ No □ Contraindicated □ Not relevant
Based on your review, patient's response to therapy, and standards of care, is current medication therapy for cardiovascular condition appropriate?	□ Yes □ No □ Unable to determine
Does the patient understand what to do if symptoms occur or worsen?	□ Yes □ No

Asthma MTM

Is the patient adherent to medication therapy regimen for asthma?	☐ Yes ☐ No
Is patient using short-acting beta2-agonist (SABA)/"rescue inhaler" more than 2 days a week (aside from pre-exercise dose)?	☐ Yes ☐ No ☐ Contraindicated ☐ Not relevant
Is the patient using an inhaled corticosteroid (ICS) appropriately as defined by standards of care?	☐ Yes ☐ No ☐ Contraindicated ☐ Not relevant
Based on your review, patient's response to therapy and standards of care, is current medication therapy for asthma appropriate?	☐ Yes ☐ No ☐ Unable to determine
Does the patient understand the purpose of each medication used to treat asthma (rescue vs. controller, scheduled vs. prn dosing)?	☐ Yes ☐ No
Is the patient able to demonstrate proper inhaler technique (or describe it if phone service)? (Consider recommendation to add a spacer device if needed.)	☐ Yes ☐ No ☐ Unable to determine
Is the patient performing peak flow monitoring?	☐ Yes ☐ No
Does the patient have an asthma action plan?	☐ Yes ☐ No
Does the patient avoid personal irritants and environmental triggers?	☐ Yes ☐ No