Data Description-

Comprehensive Medication Review (CMR) or Targeted Medication Review (TMR)

Legend: Textbox = (TB)

Drop down list = (DDL)

Radio Button = (RB)

Check boxes = (CB)

Session Information

1. Date (TB)
2. RPh (TB)
3. Type of Session (DDL) CMR or TMR
4. Prep Time (TB)
5. Start time (TB)
6. End time (TB)
7. Session Time (DDL)
8. Documentation time (TB)

Demographics

1. Patient name (TB)
2. Patient Number (TB)
3. Age (TB)
4. Age category (DDL) \*\* See table
5. Date of Birth (TB)
6. Gender (DDL) \*\* See table
7. Race (DDL) \*\* See table
8. Ethnicity (DDL) \*\* See table
9. Insurance Plan (TB)
10. MTM Insurance Payor Information (TB)
11. Number of Pharmacies (DDL) \*\*See table
12. Mail order? (DDL) (Yes/No)
13. Primary Care Physician (TB)
14. Physician Phone (TB)
15. Medication allergies (TB)
16. Chronic Health Conditions (CB)
17. Reason for CMR/TMR (DDL) \*\* See table

Medication Review (Expandable section for every medication)

26a. Medication Category – Prescription drug, Over-the-Counter, Dietary-Supplement, Herbal

1. Medication Name (TB)
2. Part D Drug Class (DDL) \*\* See table
3. Part D Drug Class (DDL) \*\* See table
4. Strength (TB)
5. Unit (DDL) \*\* See table
6. Instructions (DDL) \*\* See table
7. Indication (DDL) \*\* See table
8. How long taking? (DDL) \*\* See table
9. Adherence (DDL) Yes/No
10. Side Effects (DDL) Yes/No
11. Administration Technique (DDL) Yes/No
12. Formulary Friendly (DDL) Yes/No
13. Medical History (TB)
14. Medication Related Problem (DDL) (Expandable section to accommodate multiple problems for each medication) \*\* See table
15. Recommendations (DDL) (connected to the above expandable section to accommodate a recommendation for each Medication Related Problem) \*\* See table
16. Medication Action Plan (TB) (connected to the above expandable section to accommodate a Medication Action Plan for each Medication Related Problem)
17. Follow-up Recommendation (DDL) \*\* See table

Immunizations Review

1. Vaccines received (CB)
2. Recommendations (DDL) (Expandable section) \*\* See table
3. Comments (TB) (Expandable section)

Survey after MTM Services (5 questions each with DDL for answers)

1. Question (DDL) \*\* See table
2. Answer (DDL) \*\* See table

Printable Forms

Health Care Provider Form:

1. Include demographics, Prescription Medication Review, and Immunizations Review

Data Description-

Diabetes Education and Support Session (DESS)

Legend: Textbox = (TB)

Drop down list = (DDL)

Radio Button = (RB)

Check boxes = (CB)

Demographics

1. Patient name
2. Patient Number (TB)
3. Age (TB)
4. Age category
5. Date of Birth (TB)
6. Gender (DL)
7. Race (DDL)
8. Ethnicity (DDL)
9. Insurance Plan (TB)
10. Number of Pharmacies
11. Mail order?
12. Primary Care Physician (TB)
13. Physician phone (TB)
14. Medication allergies (TB)
15. Chronic Health Conditions (CB)
16. Diabetes Counseling Payor: Billing information (TB)

Diabetes Counseling Session (expandable section for each section to represent various counseling sessions)

Session Information

1. Date (TB)
2. RPh (TB)
3. Prep Time (TB)
4. Start time (TB)
5. End time (TB)
6. Session Time (DDL)
7. Billing Codes (DDL)
8. Billing Codes (DDL)
9. Billing Codes (DDL)
10. Documentation time (TB)
11. Reason for Session (DDL)

Diabetes laboratories

1. A1C (TB)
2. Systolic (TB)
3. Diastolic (TB)
4. Blood glucose (pre-prandial) (TB)
5. Blood glucose (post-prandial) (TB)
6. Random glucose (TB)
7. HDL (TB)
8. LDL (TB)
9. Triglycerides (TB)
10. Cholesterol (TB)
11. Weight (TB)
12. Height (TB)
13. BMI (TB)
14. Perception of Health (DDL) \*\* See table
15. Patient’s Perception of Level of Confidence of DM Self-management (DDL) \*\* See table

Health Care Utilization

1. Dental Care (DDL) \*\* See table
2. Foot Care (DDL) \*\* See table
3. Eye Care (DDL) \*\* See table
4. Immunizations (CB)
5. Visits to primary care physician due to diabetes? (DDL) \*\* See table
6. Visits to ER due to diabetes? (DDL) \*\* See table
7. Hospitalizations due to diabetes? (DDL) \*\* See table

Behaviors

1. Nutrition (Expandable Section)
   1. Behaviors (DDL)
   2. Barriers (DDL)
   3. Recommendations/ Comments (TB)
   4. Intervention Type (DDL
2. Exercise (Expandable Section)
   1. Behaviors (DDL)
   2. Barriers (DDL)
   3. Recommendations/ Comments (TB)
   4. Intervention Type (DDL
3. BG Self-Monitoring (Expandable Section)
   1. Behaviors (DDL)
   2. Barriers (DDL)
   3. Recommendations/ Comments (TB)
   4. Intervention Type (DDL
4. Foot Exams (Expandable Section)
   1. Behaviors (DDL)
   2. Barriers (DDL)
   3. Recommendations/ Comments (TB)
   4. Intervention Type (DDL)

Post-educational Session

1. Patient’s Perception of Level of Confidence of DM Self-management (DDL)

Survey Diabetes Counseling Services (5 questions each with DDL for answers)

1. Question
2. Answer (DDL)