


James L. Holly, M. D.

The Chronic Care Management Code (CCM) Tutorial

Current format of The Chronic Care Management (CCM) Code was instituted by CMS in January 2015. It was first proposed in 2013 with a projection of beginning in 2014, but the requirements were such that it would have been virtually impossible for a primary care provider to successfully use it.

When the final version was released, changes had been made such that it could be used. Because the compliance requirements were specific and significant, SETMA decided not to deploy it until we had built a tool so that we could efficiently fulfill the billing demands and so that we could internally audit those requirements to prove that we were meeting all of the demands. The tool would also allow us easily to respond to a CMS audit if one were initiated.

SETMA's deployment of Chronic Care Management can be found on the AAA Home template, as shown below outlined in green.



Patient Sex Age
 Home Phone
 Work Phone
 Cell Phone

Date of Birth
Patient has one or more alerts!

Patient's Code Status
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Last Updated

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Patient's Pharmacy
 Phone
 Fax

Diagnostic/Referral Orders

Ordered	Status	Priority	Order	Order
09/04/2015	obtained	Routine	EEG	James
07/21/2015	completed	Immediate	EGD	James
07/20/2015	completed	Immediate	Colonoscopy	James
07/20/2015	cancelled	Immediate	Uroflowmetry	James
07/20/2015	cancelled	Immediate	Thoracentesis	James

When the CCM button, outlined in green above, is deployed, the following Master CCM Template will appear. The master template is organized into five sections which will be explained individually.

Chronic Care Management

Patient:

DOB:

Primary Insurance:

Secondary Insurance:

[Return](#)

[Print](#)

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Patient Status

Currently active in CCM? ☒ Y ☐ N

CCM Consent completed? ☒ Y ☐ N

Date Completed [Print](#)

Enrolled in NextMD?

Primary Care Provider:

Patient's Other Providers:

Designated CCM Contact:

Last Billed:

Time Tracking - Today [All](#)

Date	Subject
12/15/2015	Phone Call

Medical Home Coord Review

Pre-Visit/Preventive Screen ☒

Patient's Current Chronic Problems

#	Diagnosis
0	BMI 50.0-59.9, adult
1	Atheroembolism of bilateral lower extremities
2	Arteriosclerosis of artery of extremity
3	Drug screening in athletes
4	Depression due to dementia
5	COPD (chronic obstructive pulmonary disease) with chronic bronchitis
7	Diabetes 1.5, managed as type 2
9	Tourette's disease
10	Compression fracture of spine
11	Both parents smoke
12	Testosterone 17-beta-dehydrogenase

Tracked Problems

Click for Detail Click In Field To Edit Diagnosis

Category	Problem	Currently tracking?
Cardio Disease	Chronic ischemic heart disease, uns	<input checked="" type="radio"/> Y <input type="radio"/> N
CHF	CHF (congestive heart failure)	<input checked="" type="radio"/> Y <input type="radio"/> N
Depression	Depression due to dementia	<input checked="" type="radio"/> Y <input type="radio"/> N
Diabetes	Diabetes 1.5, managed as type 2	<input checked="" type="radio"/> Y <input type="radio"/> N
COPD/Asthma	COPD (chronic obstructive pulmonai	<input checked="" type="radio"/> Y <input type="radio"/> N
Hyperlipidemia	Lipid metabolism disorder	<input checked="" type="radio"/> Y <input type="radio"/> N
Hypertension	Hypertension	<input checked="" type="radio"/> Y <input type="radio"/> N
Obesity	BMI 50.0-59.9, adult	<input checked="" type="radio"/> Y <input type="radio"/> N
Other	Dementia	<input checked="" type="radio"/> Y <input type="radio"/> N
Other	Hyperuricemia	<input checked="" type="radio"/> Y <input type="radio"/> N

Total Chronic Conditions

38

Total Tracked Problems

10

The first section shown below is organized into three columns with a bottom section containing two functions.

Chronic Care Management

Patient:

DOB:

Primary Insurance:

Secondary Insurance:

[Return](#)

[Print](#)

[Send to NextMD](#)

[Billing](#)

Patient Status

Currently active in CCM? ☒ Y ☐ N

CCM Consent completed? ☒ Y ☐ N

Date Completed [Print](#)

Enrolled in NextMD?

Primary Care Provider:

Patient's Other Providers:

Designated CCM Contact:

Last Billed:

Time Tracking - Today [All](#)

Date	Subject
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Medical Home Coord Review

Pre-Visit/Preventive Screen

The first column includes the patient's name and date of birth, which are automatically added to the template, followed by the **Patient Status** which includes the following information, which must be added by the provider:

- **Currently active in CCM** yes or no
- **CCM Consent completed** yes or no
- **Date Consent completed**
- **Enrolled in NextMD?** (this is SETMA's web portal)

The second section displays the following functions:

- **Primary Insurance** (for the CCM this will be Medicare Fee-for-Service)
- **Secondary Insurance** (this is important because the patient will have a co-pay for CCM, which cannot be waived, while most of our patients cannot afford to pay the co-pay.
- **Primary Care Provider**
- **Patient's Other Providers** – this button interacts with a similar function in the EMR
- **Designated CCM Contact** with telephone number

The Third Column includes the following:

- **Return** button which takes you back to the main EMR
- **Print** – this launches the printing of the current CCM document
- **Send to NextMD** – this sends the current summary document to the web portal from which the patient can access the document
- **Billing** – this launches the **CCM Billing Requirement Check** (Note: this automatically audits whether all required functions have been completed for the current contact to be billed)
- **Last Billed** – this alerts the provider to when the CCM was last billed.
- **Time Tracing – Today** – see explanation below

CCM Billing Requirement Check

Billing -- launched when the Billing button, seen above, is deployed. When all requirements are met, the notice seen below in green will appear which states: "You may bill a Chronic Care Management (CCM code for this patient. You may select the code below and when you click "OK" the charge will be sent for billing."

CCM Billing Requirement Check

Criteria

Does the patient have two or more chronic conditions?
 Total Chronic Conditions

Are at least two of the chronic conditions expected to last at least 12 months or until the death of the patient, and do they place the patient at significant risk of death, acute exacerbation/decomposition or functional decline?
 Total CCM-Eligible/Tracked Chronic Conditions

Has the patient met with the provider and completed the consent form to initiate the CCM program?

Has there been at least 20 minutes of documented clinical time (this month) spent in managing this patient for CCM services?
 Total Minutes This Month

Has a plan of care been developed, reviewed and updated (at least monthly)?

Has a copy of that care plan been provided to the patient?
 Last Updated

Exclusions

Has the patient had a Transitions of Care Management (TCM) code billed within the last 29 days?

Is the patient currently under Home Health supervision?

Is the patient currently under Hospice Care supervision?

Does the patient have ESRD or is the patient on dialysis?

**You may bill a Chronic Care Managemnt (CCM) code for this patient.
 You may select the code below and when you click "OK" the code wil be sent for billing.**

☒ 99490 - Chronic Care Management Services

The template shows the requirements for CCM. The elements of this “Chronic Care Management Billing Requirement Check” are automatically and electronically audited. If the patient quantifies on the basis of all of the following, as per the above template, the provider will be alerted that a CCM Code can be billed. The provider can then click the box next to the 99490 CPT Code. Once the “OK” button has been clicked, the billing for the CCM Code will automatically be sent to SETMA’s Central Billing Office.

The participation and billing requirements for the CCM are:

1. The patient must have two or more chronic conditions?
2. Are at least two of the chronic conditions expected to last for at least one year?
3. Do these chronic conditions place the patient and significant risk of exacerbation, decomposition or functional decline?
4. Has the patient met with the provider & completed a consent to initiate CCM program?
5. Has there been at least twenty minutes of documented clinical time spent this month spent in managing this patient for CCM services?

6. Has a plan of care been developed, reviewed and updated at least monthly?
7. Has a copy of that plan of care been provided to the patient?
8. Has the patient been hospitalized in the past twelve months?

The following excludes a patient from participating in or receiving CCM services:

1. Has the patient had a Transition of Care Management (TCM) code billed within the past 29 days?
2. Is the patient currently under Home Health supervision?
3. Is the patient currently under Hospice Care supervision?
4. Does the patient have ESRD or is the patient on dialysis?

Time Tracking

The Time Tracking – Today function is seen below outlined in Green. Because the payment for CCM is dependent upon the completion of a 20-minute telephone contact and/or a total of 20-minute time spent on the patient's care including a telephone contact each month, the ability to document and to audit the time spent is an important compliance issue.

Chronic Care Management

Patient: Larry QTest
DOB: 09/01/1959

Primary Insurance:
Secondary Insurance:
Patient Status: Currently active in CCM? ☐ Y ☐ N
CCM Consent completed? ☐ Y ☐ N
Date Completed: 09/14/2015
Enrolled in NextMD? Yes

Primary Care Provider: Holly, James L.
Patient's Other Providers:
Designated CCM Contact: Pat Crawford
(409)833-9797

Medical Home Coord Review:
Pre-Visit/Preventive Screen: ☒

Time Tracking - Today

Date	Subject
10/29/2015	Referrals

Patient's Current Chronic Problems

#	Diagnosis
0	Atheroembolism of bilateral lower extremities
0	Arteriosclerosis of artery of extremity
0	Major depressive disorder, single episode
0	Foot abscess
0	Drug screening in athletes
1	Pancreatic cancer
2	Lipid metabolism disorder
3	Depression due to dementia
4	COPD (chronic obstructive pulmonary disease) with chronic bronchitis
5	Diabetes 1.5, managed as type 2
6	Tourette's disease

Tracked Problems

Click for Detail	Click in Field To Edit Diagnosis	Currently tracking?
Cardio Disease	Old myocardial infarction	<input type="radio"/> Y <input type="radio"/> N
CHF	CHF (congestive heart failure)	<input type="radio"/> Y <input type="radio"/> N
Depression	Depression due to dementia	<input type="radio"/> Y <input type="radio"/> N
Diabetes	Diabetes 1.5, managed as type 2	<input type="radio"/> Y <input type="radio"/> N
COPD/Asthma	COPD (chronic obstructive pulmonary disease)	<input type="radio"/> Y <input type="radio"/> N
Hyperlipidemia	Lipid metabolism disorder	<input type="radio"/> Y <input type="radio"/> N
Hypertension	Hypertension	<input type="radio"/> Y <input type="radio"/> N
Other	Dementia	<input type="radio"/> Y <input type="radio"/> N
Other	Hyperuricemia	<input type="radio"/> Y <input type="radio"/> N

Total Chronic Conditions: 44
Total Tracked Problems: 9

This is how the time tracker functions

The provider includes their name, date, start time and stop time of the activity being documented. The provider then documents the type of activity as seen in the “**subject**” below and then adds a descriptive note as to what was done for and with the patient. The “total” time is then automatically calculated. When this function is accessed multiple times during one month, such as completing referrals, or other care coordination functions, and a telephone call, the cumulative time will be noted on the last episode, once again allowing demonstration of compliance with the requirements for billing with this code.

Chronic Care Management Time Tracking

Staff	<input type="text" value="Jonathan W. Owens"/>	Date	<input type="text" value="10/29/2015"/>
		Start	<input type="text" value="10:25 AM"/>
		Stop	<input type="text" value="10:35 AM"/>
		Total	<input type="text" value="10"/> mins
			Calc
Subject	<input type="text" value="Referrals"/>		
Comments	<div style="border: 1px solid black; padding: 5px;">Added referral and called patient to let them know it has been taken care of. Verified appt should be covered by insurance.</div>		
<i>Be sure to click "Save" before "Close" or "Clear To Add."</i>			
<input type="button" value="Clear For Add"/> <input type="button" value="Delete"/> <input type="button" value="Save"/> <input type="button" value="Close"/>			

Chronic Care Management Time Tracking

Staff	<input type="text" value="Jonathan W. Owens"/>	Date	<input type="text" value="10/30/2015"/>
		Start	<input type="text" value="9:44 AM"/>
		Stop	<input type="text" value="9:55 AM"/>
		Total	<input type="text" value="11"/> mins
			Calc
Subject	<div style="border: 2px solid green; padding: 2px;"><input type="text" value="Referrals"/></div>		
Comments	<div style="border: 1px solid black; padding: 5px;">Added referral and called patient to let them know it has been taken care of. Verified appt should be covered by insurance.</div>		
<i>Be sure to click "Save" before "Close" or "Clear To Add."</i>			
<input type="button" value="Clear For Add"/> <input type="button" value="Delete"/> <input type="button" value="Save"/> <input style="border: 1px dashed black;" type="button" value="Close"/>			

Outlined in green below are the options in a drop down menu for documenting the tasks which were performed in the current CCM call. Others will be added as we have more experience with this function.

"SETMA83_CCM_time" - [New Record]

Chronic Care Management Time Tracking

Staff: Jonathan W. Owens Date: 12/03/2015 Start:

Subject:

Comments:

Be sure to click "Save" before closing.

Clear For Add Delete Save Close

Ccm Timesubjects

- Care Coordination
- Care Plan Preparation and Performance
- Medical Home Coordination Review
- Medications
- Phone Call
- Referrals
- Review of Screening and Preventive Care
- Review of standards of care, i.e., performance metrics
- Sending the plan of care to the patient - NextMD
- Sending the plan of care to the patient - Postal Services

Close

When the “All” button on the time tracker is deployed – see below outlined in green – a summary of the time spent in the CCM Code functions is calculated. This will allow SETMA’s provider to audit their own performance to make sure that we are remaining in compliance with CMS requirements.

Chronic Care Management

Patient: Larry QTest DOB: 09/01/1959 Primary Insurance: Secondary Insurance:

Patient Status: Currently active in CCM? Y N CCM Consent completed? Y N Date Completed: 09/14/2015 Enrolled in NextMD? Yes

Primary Care Provider: Holly, James L Patient's Other Providers: Designated CCM Contact: Pat Crawford (409)833-9797

Medical Home Coord Review Pre-Visit/Preventive Screen

Time Tracking - Today: All

Patient's Current Chronic Problems:

#	Diagnosis
0	Atherosclerosis of bilateral lower extremities
0	Atherosclerosis of artery of extremity
0	Major depressive disorder, single episode
0	Foot abscess
0	Drug screening in athletes
1	Pancreatic cancer
2	Lipid metabolism disorder
3	Depression due to dementia
4	COPD (chronic obstructive pulmonary disease) with chronic bronchitis
5	Diabetes 1.5, managed as type 2
6	Tourette's disease

Tracked Problems:

Cardio Disease	Old myocardial infarction	Currently tracking?
CHF	CHF (congestive heart failure)	Y N
Depression	Depression due to dementia	Y N
Diabetes	Diabetes 1.5, managed as type 2	Y N
COPD/Asthma	COPD (chronic obstructive pulmonary disease)	Y N
Hyperlipidemia	Lipid metabolism disorder	Y N
Hypertension	Hypertension	Y N
Other	Dementia	Y N
Other	Hyperuricemia	Y N

Total Chronic Conditions: 44 Total Tracked Problems: 9

When the “All” button, seen above outlined in green, is clicked, the following summary of “time spent” will be displayed.

Chronic Care Management Time Tracking Summary

Date	Subject	Start	Stop	Total Time
10/07/2015	Phone Call	09:55 AM	10:13 AM	18
10/13/2015	Referrals	9:44 AM	9:55 AM	11
10/20/2015	Medications	08:02 AM	08:05 AM	3

Total Time Spent In The Last Month minutes

At least 20 minutes must be documented each month in order to support the charge for the CCM Code.

The last functions of the first section, which is seen below are the **Medical Home Coordination Review** and the **Pre-Visit/Preventive Screen**. They are outlined in green below.

Chronic Care Management

Patient

DOB

Primary Insurance

Secondary Insurance

Patient Status

Currently active in CCM? ☒ Y ☐ N

CCM Consent completed? ☒ Y ☐ N

Date Completed [Print](#)

Enrolled in NextMD?

Primary Care Provider

Patient's Other Providers

Designated CCM Contact

Last Billed

Time Tracking - Today [All](#)

Date	Subject

Medical Home Coord Review

Pre-Visit/Preventive Screen

Medical Home Coordination Review

The details of this template are explained in pages 4 – 26 at the following link: <http://www.jameslhollymd.com/EPM-Tools/pdfs/tutorial-medical-home-coordination-review-tutorial.pdf>. In relationship to the CCM Code, this template is deployed by clicking on the button seen above. In relationship to the CCM, it is important to assess: **Barriers to Care and Screening and Preventive Care**. This can be done as is described in the following two screens.

The Barriers to care can be documented with the following details: social, financial, assistive devices should be completed. In addition the following should be completed: the Medical Power of Attorney, Primary Care Giver, and Emergency Contact.

Medical Home Coordination Review

Patient

Larry QTest

Date of Birth 09/01/1959

Sex M Age 56 Years

Home Phone (409)833-9797

Work Phone () -

Language Spoken Chinese

Ancillary Agencies

Home Health

Hospice

Assisted Living

Nursing Home

Physical Therapy

Medical Power of Attorney

() -

Primary Caregiver

() -

Emergency Contact

() -

Relation

Coordination Review Completed Today?

☐ Yes ☐ No

Patient needs discussed today at Care Coordination Team Conference?

☐ Yes ☐ No

Last Reviewed / /

Last Reviewed / /

Compliance

Last H&P 11/10/2011

Telephone Contact / /

Correspondence / /

Birthday Card / /

Chronic Conditions

#	Problem Description
0	Atheroembolism of bilateral i
0	Arteriosclerosis of artery of
0	Major depressive disorder, s
0	Drug screening in athletes
1	Depression due to dementia
2	COPD (chronic obstructive p
3	Diabetes 1.5, managed as ty
4	Tourette's disease
5	Compression fracture of spi
8	Both parents smoke
9	Testosterone 17-beta-dehyd
10	Acute confusion following ir
11	Yellow mutant oculocutaneo
12	Purple toe syndrome
13	Red cell aplasia
14	Alcohol dependence
15	Chronic ischemic heart dise
16	CHF (congestive heart failur
17	Green monkey disease
18	Two chambered right ventric
19	HIV (human immunodeficient
20	Dementia
21	AIDS
22	Establishing care with new

Care Coordination Team

	Phone
Primary MD	() -
CFNP	() -
Coordinator	() -
Nurse	() -
Unit Clerk	() -

Second/Specialty Physicians

Elderly Medication Summary
HEDIS Measures Compliance
NQF Measures Compliance
Lipids Treatment Audit
Diabetes Physician Consortium

Disease Management Tools Accessed

Diabetes ☐ Yes ☐ No Lipids ☐ Yes ☐ No

Hypertension ☐ Yes ☐ No CHF ☐ Yes ☐ No

[Diagnostic/Referral Orders](#)

Status	Priority	Order
obtained	Routine	EEG
completed	Immediate	EGD
completed	Immediate	Colonoscopy
completed	Routine	Colonoscopy

[Order Management](#)

Referral History

Status	Referral	Referring Provider
Completed	Abdominal U/S	Holly
Completed	SETMA Diabetes Education	Holly

[Click for Detail](#)

Evacuation Options

☐ Self ☐ Family ☐ Community

Evacuation Contact Information

Name () -

Phone () -

Advanced Care Planning

Code Status Full Code

Advanced Directives Discussed?

☒ Yes ☐ No 02/25/2015

Advanced Directives Completed?

☒ Yes ☐ No Date / /

[Detail](#)

Barriers to Care ☐ NONE

Social

☐ Deaf

☐ Hearing

☐ Blind

☐ Vision

☐ Literacy

☐ Social Isolation

☐ Language

☒ None

Financial

☐ Co-Pays

☐ Medications

☐ Nutrition

☐ Transportation

☐ Uninsured

☒ None

Assistive Devices

☐ Cane

☐ Crutches

☐ Hearing Aid

☐ Prosthetic Limb

Medicare Competitive Bid

☐ Splint/Brace

☐ Walker

☐ Wheelchair

☐ None

Patient Alerts

[Return](#)

[Transtheoretical Model](#)

[Print Note](#)

Patient's E-mail Address

Enter only valid email address here. Do not enter "none" if the patient has no email address.

☐ Check here if patient does not have email address or does not wish to share it.

Screening and Prevention

To fulfill the CCM Code function, it is also necessary to evaluate the patient's screening and prevention care. This can easily be done by clicking the button entitled **Pre-visit Screening and Preventive Care**. This screen alerts you to assess the healthcare needs which are as yet unmet in the patient's care. During the CCM call, this should be reviewed and if the patient has unmet needs, they should be given an appointment or a referral made for the function to be completed.

When this button is deployed, the following screen appears which automatically alerts the provider to any unfulfilled screening or preventive health needs in the patients care. All elements in red apply to the patient and have not been done; **all elements in black apply to the patient and have been done and all elements in grey, do not apply to the patient.**

[Return](#)

Pre-Visit/Preventive Screening

General Measures (Patients >18)

Has the patient had a tetanus vaccine within the last 10 years? Yes
Date of Last Order Tetanus

Has the patient had a flu vaccine within the last year? Yes
Date of Last Order Flu Shot

Allergic? ☐ Y ☒ N

Has the patient ever had a pneumonia shot? (Age>50) Yes
Date of Last Order Pneumovax

Does the patient have an elevated (>100 mg/dL) LDL? No
Last Order Lipid Profile

Has the patient been screened at least once for HIV? (Age 13-64) No
Date of Last Order HIV Screen

Testing not required if patient refused, tested elsewhere or diagnosis confirmed.
☐ Check If Patient Refuses Testing
☐ Check If Patient Tested Elsewhere

Elderly Patients (Patients >65)

Has the patient had an occult blood test within the last year? (Patients >50) No
Date of Last Order Occult Blood

Has the patient had a fall risk assessment completed within the last year? N/A
Date of Last

Has the patient had a functional assessment within the last year? N/A
Date of Last

Has the patient had a pain screening within the last year? N/A
Date of Last

Has the patient had a glaucoma screen (dilated exam) within the last year? N/A
Date of Last Add Referral At Right

Does the patient have advanced directives on file or have they been discussed with the patient? N/A
Discussed? ☐ Completed? ☐

Is the patient on one or more medications which are considered high risk in the elderly? N/A

Male Patients

Has the patient had a PSA within the last year? (Age >40) No
Date of Last Order PSA

Has the patient had a bone density within the last two years? (Age >65) N/A
Date of Last Add Referral Below

Diabetes Screening

Is Diabetes screening appropriate for this patient? N/A

Pre-Diabetes Patients

If pre-diabetic, has the patient had a HgbA1c test within the last year?
Date of Last

Diabetes Patients

Has the patient had a HgbA1c within the last year?
Date of Last Order HgbA1c

Has the patient had a dilated eye exam within the last year?
Date of Last Add Referral Below

Has the patient had a 10-gram monofilament exam within the last year?
Date of Last Click to Complete

Has the patient had screening for nephropathy within the last year?
Date of Last Order Micral Strip

Has the patient had a urinalysis within the last year?
Date of Last Order Urinalysis

Has the patient had a cholesterol screen within the last year?
Date of Last Order Lipid Profile

Has the patient had a flu vaccine within the last year?
Date of Last Order Flu Shot

Is the patient on aspirin?
Is the patient allergic to aspirin? ☒ Yes ☐ No

Has the patient ever been referred to DSME? Yes Has the patient been referred to DSME within the last year?
Add Referrals Below

Female Patients

Has the patient had a pap smear within the last two years? (Ages 21 to 64)
Date of Last Add Referral Below

Has the patient had a mammogram within the last two years? (Ages 40 to 69)
Date of Last Add Referral Below

Has the patient had a bone density within the last two years? (Age >50)
Date of Last Treatment Add Referral Below

Referrals Diagnostic/Referral Orders

Status	Ordered	Priority	Order
obtained	09/04/2015	Routine	EEG
completed	07/21/2015	Immediate	EGD

The second section of the Master CCM template is shown below. It has four columns and like the first section, two additional functions are displayed across the bottom of this section.

Patient's Current Chronic Problems		Tracked Problems		Currently tracking?
#	Diagnosis	Click for Detail	Click In Field To Edit Diagnosis	
0	Atheroembolism of bilateral lower extremities	Cardio Disease	Old myocardial infarction	<input checked="" type="radio"/> Y <input type="radio"/> N
0	Arteriosclerosis of artery of extremity	CHF	CHF (congestive heart failure)	<input checked="" type="radio"/> Y <input type="radio"/> N
0	Major depressive disorder, single episode	Depression	Depression due to dementia	<input checked="" type="radio"/> Y <input type="radio"/> N
0	Drug screening in athletes	Diabetes	Diabetes 1.5, managed as type 2	<input checked="" type="radio"/> Y <input type="radio"/> N
1	Depression due to dementia	COPD/Asthma	COPD (chronic obstructive pulmonal	<input checked="" type="radio"/> Y <input type="radio"/> N
2	COPD (chronic obstructive pulmonary disease) with chronic bronchitis	Hyperlipidemia	Lipid metabolism disorder	<input checked="" type="radio"/> Y <input type="radio"/> N
3	Diabetes 1.5, managed as type 2	Hypertension	Hypertension	<input checked="" type="radio"/> Y <input type="radio"/> N
4	Tourette's disease	Other	Dementia	<input checked="" type="radio"/> Y <input type="radio"/> N
5	Compression fracture of spine	Other	Hyperuricemia	<input checked="" type="radio"/> Y <input type="radio"/> N
8	Both parents smoke			
9	Testosterone 17-beta-dehydrogenase			

Total Chronic Conditions
38

Total Tracked Problems
9

- Because the CCM interacts with the full EMR, the Patient's **Current Chronic Problem list** is automatically display in the first column.
- The second column has a list of **Tracked Problems**. When you click on any of the problems, the details of the tracking will display. There are eight problems (obesity has been added) which are structured with two other options for problems unique to a particular patient.
- The third column is entitled **Click in Field To Edit Diagnosis**. This will allow the provider to select the specific diagnoses from the patient's Current Chronic Problem List.
- The fourth column entitled **Currently Tracking?** allows the provider to denote whether or not a particular diagnosis is currently being tracked. If it is not, this will be left blank.

At the bottom of this section of the Master CCM Template are two boxes which display two numbers which enable SETMA to audit for compliance with the requirements of the CCM.

- **Total Chronic Conditions** – this automatically displays the number of active diagnoses in the patient's care which meet the criteria for inclusion in the CCM.
- **Total Track Problems** – this displays the number of conditions being tracked for this patient.

This allows for efficient auditing of the use of the CCM to make sure we remain compliant.

The third section of the Master CCM Template displays the patient's current, active medication list. The medication list can be reconciled during the call. If the **Reconcile button** outlined in green below is activated, a template appears which allows a medication reconciliation to be completed and documented.

Current Medications (Double-click to Add/Edit)

Reconcile

Brand Name	Generic Name	Dose	Sig Desc
PROAIR HFA	ALBUTEROL SULFATE	90 mcg	inhale 2 puff by inhalation route every 4 - 6 hours as needed
ABILIFY	ARIPIRAZOLE	2 mg	take 2.5 by oral route once
ASPIRIN EC	ASPIRIN	81 mg	inject by Subcutaneous route once daily DM250.50
LIPITOR	ATORVASTATIN CALCIUM	10 mg	take 1 tablet (10MG) by oral route every day at bedtime as needed
QVAR	BECLOMETHASONE DIPROPIONATE	40 mcg/actuation	inhale 2 puff by inhalation route 2 times every day
CELEBREX	CELECOXIB	50 mg	take 2 capsule by oral route 2 times every day
CELEBREX	CELECOXIB	50 mg	take 2 capsule by oral route 2 times every day
HYDROCODONE/ACETAMINOPHEN	HYDROCODONE/ACETAMINOPHEN	10 mg 300 mg	take 1 tablet by oral route every 8 hours as needed

At the top right, there is a button entitled **Reconcile**. When activated, this button launches the following template through which a formal medication reconciliation can be done. Below is what is launched when the button is clicked.

How to conduct a medication review: ⓘ

Panel Control: Toggle ↶ ↷ ↺ ↻ 🔊

Reconciliation Type

Manual reconciliation: ☐ Manual medication reconciliation completed

Electronic reconciliation: Electronic Reconciliation

Medication Module

Medication Review

To move items from the Medication List to Medication Review, select the checkbox and click individual grid rows, or "Review All - Taken As Directed" button.

Medication List ☐ Review - adherence: ▼

Medication	Sig Desc	Last Refilled
Abilify 2 mg tablet	take 2.5 by oral route once	
aspirin 81 mg tablet, delayed release	inject by Subcutaneous route once daily DM250.50	
Celebrex 50 mg capsule	take 2 capsule by oral route 2 times every day	
Celebrex 50 mg capsule	take 2 capsule by oral route 2 times every day	20140915
hydrocodone 10 mg-acetaminophen 300 mg tablet	take 1 tablet by oral route every 8 hours as needed	20151201
hydrocodone 5 mg-acetaminophen 500 mg tablet	take 1 tablet by oral route every 6 hours as needed for pain	20150915
Lipitor 10 mg tablet	take 1 tablet (10MG) by oral route every day at bedtime as needed	20130611

Go to Medication Module above to add/edit medication list. Review All - Taken As Directed

Medication Review

Adherence	Medication Name	Sig Desc	Start Date	Stop Date	Rx Else	Last Refilled	Status

The use of this template is explain elsewhere and will not be repeated here.

The fourth section of the Master CCM Template displays:

- **Current Allergies** – left handed window
- **Referrals** – this shows the referrals that are currently outstanding with their status, priorities, content and ordering provider.

The screenshot displays two main sections: 'Current Allergies' and 'Referrals'.

Current Allergies (Double-click to Add/Edit)

Allergy	Date of Onset
NO KNOWN DRUG ALLERGIES	01/10/2013

☐ Allergies reviewed/updated today.

Referrals

[Care Coordination Referral](#) [Diagnostic/Referral Orders](#)

Ordered	Status	Priority	Order	Ordered By
09/04/2015	obtained	Routine	EEG	James Holly
07/21/2015	completed	Immediate	EGD	James Holly
07/20/2015	completed	Immediate	Colonoscopy	James Holly
07/20/2015	cancelled	Immediate	Uroflowmetry	James Holly
07/20/2015	cancelled	Immediate	Thoracentesis	James Holly

[Community Resources](#)

At the top right of this section of the template there are two functions which are hyperlinks in blue:

- **Care Coordination Referral**
- **Diagnostic/Referral Orders**

Across the bottom of this section there are two other functions:

- **Allergies reviewed/updated today** -- A check box for documenting that the allergies were reviewed on this day's telephone call.
- **Community Resources** – a list of agencies which can provide services needed by patients.

These four functions are described below.

Care Coordination Referral

It is with this template that patients are referred for additional care and/or for financial assistance from the SETMA foundation. All referrals are managed by SETMA Care Coordination Department. The options are directed by the template.

Care Coordination Referral

Patient	Larry	QTest	Home Phone	(409)833-9797	Return
DOB	09/01/1959	Sex	M	Work Phone	

Please provide care coordination for this patient in the areas selected below.

<input type="checkbox"/> Alcohol Rehabilitation	<input type="checkbox"/> SETMA Foundation
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Dental Care
<input type="checkbox"/> Disability Application Assistance	<input type="checkbox"/> DSME
<input type="checkbox"/> Drug Rehabilitation	<input type="checkbox"/> Living Expenses
<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Medication
<input type="checkbox"/> Gift of Life - Mammogram	<input type="checkbox"/> MNT
<input type="checkbox"/> Gift of Life - Prostate Screening	<input type="checkbox"/> Procedures
<input type="checkbox"/> Handicap Access, Bath	<input type="checkbox"/> Transportation
<input type="checkbox"/> Handicap Access, Home	Other <input type="text"/>
<input type="checkbox"/> In-Home Provider Services	<div>Provider Comments</div> <div></div>
<input type="checkbox"/> In-Home Safety Evaluation	
<input type="checkbox"/> Insurance, Assistance Obtaining	
<input type="checkbox"/> Lives Alone	
<input type="checkbox"/> Long Term Residence Placement	
<input type="checkbox"/> Nutritional Support	
<input type="checkbox"/> Protective Services, Adult	
<input type="checkbox"/> Protective Services, Child	
<input type="checkbox"/> Tobacco Cessation	
<input type="checkbox"/>	

[Click to Send to Care Coordination Team](#)
Click once and the request will be automatically sent.

Additional Comments (For Care Coordination Team Only)	Click To Send Response
<div></div>	

Once the needed services are noted by clicking in the box next to the functions in the first and second column and once any comments are placed in either of the comment boxes seen above, the button in red entitled “**Click to Send to Care Coordination Team**” is deployed. The referral is then sent to Care Coordination and the button’s color is changed to green.

Diagnostic/Referral Orders

This is SETMA's Referral template. It works with SETMA's referral department and is deployed from this template and/or from our EMR.

Acute Dx Add Sort

#	Code	Diagnosis Description

☒ Routine
 ☐ Immediate
 ☐ Stat

Insurance:
 Telephone: () -
 Policy #:
 Rendering Provider: James Holly

Return

Diagnosis must be entered to place orders.

Chronic Dx

#	Problem Description
0	Atheroembolism of bilateral lower
0	Arteriosclerosis of artery of extre
0	Major depressive disorder, single
0	Drug screening in athletes
1	Depression due to dementia
2	COPD (chronic obstructive pulmor with chronic bronchitis
3	Diabetes 1.5, managed as type 2
4	Tourette's disease
5	Compression fracture of spine
8	Both parents smoke
9	Testosterone 17-beta-dehydroge
10	Acute confusion following injury
11	Yellow mutant oculocutaneous alb
12	Purple toe syndrome
13	Red cell anlasia

Diagnostics

Provider: Location:

Special Procedures

- ☐ Arterial Blood Gas
- ☐ Audiogram
- ☐ AV Fistula
- ☐ Bladder Scan
- ☐ Bone Density
- ☐ Bone Scan
- ☐ Breast Biopsy
- ☐ Bronchoscopy
- ☐ Colonoscopy
- ☐ EEG
- ☐ EGD
- ☐ EMG
- ☐ ENG
- ☐ Eye Exam
- ☐ Flex Sigmoidoscopy

Special Procedures

- ☐ HIDA Scan
- ☐ IVP
- ☐ Liver Biopsy
- ☐ Mammogram
- ☐ Modified Barium Swallow
- ☐ Nerve Conduction Velocity
- ☐ PET Scan
- ☐ PFT
- ☐ Postvoidal Residual Volume
- ☐ Renal Scan
- ☐ Segmental Pressures
- ☐ Thoracentesis
- ☐ Thyroid Biopsy
- ☐ Thyroid Scan
- ☐ Sleep Studies
- ☐ UGI

Ultrasound/Sonogram

- ☐ Abdominal Ultrasound
- ☐ Arterial Doppler Lower Extremity
- ☐ Breast Ultrasound
- ☐ Carotid Doppler
- ☐ Gallbladder Ultrasound
- ☐ Pelvic with Probe
- ☐ Renal Ultrasound
- ☐ Renal Artery Ultrasound
- ☐ Venous Doppler, Lower Extremity
- ☐ Ultrasound (Other)

Cardiac Procedures

- ☐ Adenoine Cardiolite
- ☐ Ambulatory BP Monitoring
- ☐ CPET
- ☐ Dobutamine Echo
- ☐ Echocardiogram
- ☐ Event Monitor
- ☐ Holter Monitor
- ☐ IMT Vascular Study
- ☐ Stress Echo
- ☐ Stress Test
- ☐ Stress Thallium
- ☐ Tilt Table

Referrals

Therapy

- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Smoking Cessation
- ☐ Medical Nutrition Therapy

Common Referrals

- ☐ Cardiology
- ☐ Dermatology
- ☐ ENT
- ☐ General Surgery
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Neurosurgery
- ☐ OB/GYN
- ☐ Oncology
- ☐ Orthopedics
- ☐ Pain Management
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Urology

SETMA Referrals

- ☐ Allergy
- ☐ Cardiology
- ☐ CHF
- ☐ Coumadin
- ☐ Diabetes Education
- ☐ Endocrinology
- ☐ Infectious Disease
- ☐ Neurology
- ☐ Ophthalmology
- ☐ Psychiatry
- ☐ Rheumatology
- ☐ Continuous Glucose Monitoring
- ☐ Infusion Therapy

Medical Home
Click [here](#) for Care Coordination Referral Template

Notes

Appointment History (3 Months)

Date	Kept	Provider	Type
09/28/2015	No	Holly, J	_Established Patient - ASAP

Upcoming Appointments (3 Months)

Date	Kept	Provider	Type

16

This is a list of **Community Resources** which are available to our patients.



SETMA I - 2929 Calder, Suite 100

SETMA II - 3570 College, Suite 200

Mark Wilson Clinic - 2010 Dowlen

Lumberton - 1378 LHS Drive

Nederland/Port Arthur - 2400 Highway 365, Suite 201

Orange - 610 Strickland Drive, Suite 140

(409) 833-9797

www.setma.com

Community Resources

Alcoholics Anonymous - 832-1107 Contact for locations and times of local meetings. There are many groups in the area and meetings daily.

Alzheimer's Association – local chapter 833-1613 24/7 Helpline 800/272-3900 Support groups, Morning Out Club, in-home care consultation, newsletters. Clarissa for referral to the association 291-2591.

APS – Adult Hotline 1-800-252-5400 For emergency situations, a case worker will be at the home within 24 hours. For non-emergency situations, a case worker will be at the home with in 2 weeks.

Area Agency on Aging – 409/924-3381ext 6277 Benefits Counseling, Care Coordination for assistance in securing temporary non-medical services such as personal care, home delivered meals, caregiver relief, homemaker/light housekeeping, health maintenance and emergency response devices. This agency has to be contacted by the person needing assistance or their family members. The agency is no longer permitted to accept information from any one else due to privacy issues.

Behavioral Health Center at Baptist Hospital (formerly the Fanning Pavilion) 409/212-7000. Direct line to admissions – 212-7019. Treatment programs for all ages including children, adolescents, young and mature adults and senior citizens. Their illnesses and emotional problems vary widely from mood disorders such as depression to alcohol or drug abuse/dependency. The scope of individual treatment ranges from acute inpatient care to day treatment and outpatient services.

Best Years Center – 838-1902 Activities daily for seniors including dominoes, bridge, low impact aerobics, quilting, art projects, line dancing, computer classes and many others. Hot lunches are also served for a \$2.00 donation.

Caring Hearts 833-7062 – Provides in-home sitter services at a rate of \$10.00 per hour. Helpful to caregivers needing time to do errands or have a day out.

Family Services 409/833-2668 Family Services of Southeast Texas serves families and individuals in crises. Family Services Counseling Center provides healing to individuals and families who are facing a variety of issues that affect families, such as grief, stress, parenting challenges, marital difficulties, substance abuse and more. Family Services Women and Children's Shelter provides hope to all victims of domestic violence.

The fifth section of the CCM Master Template displays:

- **Appointment History (3 Months)**
- **Upcoming Appointments (3 months)**

Appointment History (3 Months)				Upcoming Appointments (3 Months)			
Date	Kept	Provider	Type	Date	Kept	Provider	Type
09/28/2015	No	Holly, J	_Established Patient - ASAP				

Structured Data for Following the Chronic Care Conditions

Structured data fields are provided for 8 conditions which are outlined in the green box below. These represent the most common Chronic Conditions examined in CCM. Other diagnoses can be added in the “other” fields. To the left of that box, there is a list of the patient’s **Chronic Conditions**. This allows the provider making the telephone call to ask about other conditions.

Chronic Care Management

Patient: Larry QTest

DOB: 09/01/1959

Primary Insurance: Texan Plus Classic

Secondary Insurance:

Return

Print

Send to NextMD

Billing

Last Billed: / /

Patient Status

Currently active in CCM? ☒ Y ☐ N

CCM Consent completed? ☒ Y ☐ N

Date Completed: 12/15/2015

Enrolled in NextMD? Yes

Primary Care Provider: Holly, James L

Patient's Other Providers:

Designated CCM Contact: () -

Time Tracking - Today [All](#)

Date	Subject
12/15/2015	Phone Call

Medical Home Coord Review

Pre-Visit/Preventive Screen ☒

Patient's Current Chronic Problems

#	Diagnosis
0	BMI 50.0-59.9, adult
1	Atheroembolism of bilateral lower extremities
2	Arteriosclerosis of artery of extremity
3	Drug screening in athletes
4	Depression due to dementia
5	COPD (chronic obstructive pulmonary disease) with chronic bronchitis
6	Diabetes 1.5, managed as type 2
7	Tourette's disease
8	Compression fracture of spine
9	Both parents smoke
10	Testosterone 17-beta-dehydrogenase

Tracked Problems

Click for Detail Click In Field To Edit Diagnosis

Cardio Disease	Chronic ischemic heart disease, uns
CHF	CHF (congestive heart failure)
Depression	Depression due to dementia
Diabetes	Diabetes 1.5, managed as type 2
COPD/Asthma	COPD (chronic obstructive pulmona
Hyperlipidemia	Lipid metabolism disorder
Hypertension	Hypertension
Obesity	BMI 50.0-59.9, adult
Other	Dementia
Other	Hyperuricemia

Currently tracking?

<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Y <input type="radio"/> N

Total Chronic Conditions

Total Tracked Problems

38

10

The following are structured-data fields
for the monitoring of needs and
statuses of each of these conditions.

Chronic Care Management for Cardiac Disease

Chronic Care Management

Patient: Larry QTest
DOB: 09/01/1959
Primary Insurance: Texan Plus Classic
Secondary Insurance:

Patient Status
Currently active in CCM? ☒ Y ☐ N
CCM Consent completed? ☒ Y ☐ N
Date Completed: 09/14/2015
Enrolled in NextMD? Yes

Primary Care Provider: Holly, James L.
Patient's Other Providers:
Designated CCM Contact: () -

Last Billed: / /

Time Tracking - Today: [All](#)

Date	Subject
12/15/2015	Phone Call

Medical Home Coord Review Pre-Visit/Preventive Screen ☒

Patient's Current Chronic Problems

#	Diagnosis
0	BMI 50.0-59.9, adult
1	Atheroembolism of bilateral lower extremities
2	Arteriosclerosis of artery of extremity
3	Drug screening in athletes
4	Depression due to dementia
5	COPD (chronic obstructive pulmonary disease) with chronic bronchitis
7	Diabetes 1.5, managed as type 2
9	Tourette's disease
10	Compression fracture of spine
11	Both parents smoke
12	Testosterone 17-beta-dehydrogenase

Tracked Problems
Click for Detail Click In Field To Edit Diagnosis

Click for Detail	Click In Field To Edit Diagnosis	Currently tracking?
Cardio Disease	Chronic ischemic heart disease, uns	<input checked="" type="radio"/> Y <input type="radio"/> N
CHF	CHF (congestive heart failure)	<input type="radio"/> Y <input type="radio"/> N
Depression	Depression due to dementia	<input type="radio"/> Y <input type="radio"/> N
Diabetes	Diabetes 1.5, managed as type 2	<input type="radio"/> Y <input type="radio"/> N
COPD/Asthma	COPD (chronic obstructive pulmona	<input type="radio"/> Y <input type="radio"/> N
Hyperlipidemia	Lipid metabolism disorder	<input type="radio"/> Y <input type="radio"/> N
Hypertension	Hypertension	<input type="radio"/> Y <input type="radio"/> N
Obesity	BMI 50.0-59.9, adult	<input checked="" type="radio"/> Y <input type="radio"/> N
Other	Dementia	<input type="radio"/> Y <input type="radio"/> N
Other	Hyperuricemia	<input type="radio"/> Y <input type="radio"/> N

Total Chronic Conditions: 38
Total Tracked Problems: 10

Below is the template which is deployed by clicking on **Cardio Disease**.

Chronic Care Management - Cardiovascular

Tracked Cardiovascular Diagnosis

Primary

Secondary

Patient Concerns Related to Cardiovascular
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Chest Pain ROS

Short-term Risk

Lifestyle Changes

Lifestyle Recs

Consortium Data

Habits

-	+	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drugs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caffeine
<input type="checkbox"/>	<input type="checkbox"/>	Exercises regularly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic Substances

Tobacco use

Tobacco Usage

Framingham Risk Scores

10-Year General Risk	<input type="text" value=">30"/>	%
10-Year Stroke Risk	<input type="text" value="5"/>	%
Global Cardio Score	<input type="text" value="2.4"/>	pts

Hubbard Probability Severe Coronary Disease %

TIMI Risk Score %

The Top section includes:

- **Tracked Cardiovascular Diagnoses** – selected from the patient’s Chronic Problem list
- **Diagnostic/Referral Orders** – master referral template assessable from here

Chronic Care Management - Cardiovascular

Tracked Cardiovascular Diagnosis

Primary

Secondary

Middle section

- **Patient's Concerns Related to Cardiovascular**
- **Addressed Today** – check boxes to note whether a condition was addressed or not.
- **Discussion/Plan**
- **Comment box for free text additions**

Patient Concerns Related to Cardiovascular <small>*Patient concerns copy forward to future visits until changed.</small>	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Third section

The first column in the third section includes (the details for each are presented below):

- **Chest Pain ROS -- Angina Review of Systems**
- **Short Term Risk**
- **Life Style Changes**
- **Life Style Recommendations**
- **Consortium Data**

Chest Pain ROS	Habits		
Short-Term Risk	-	+	
Lifestyle Changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol
Lifestyle Recs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drugs
Consortium Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caffeine
	<input type="checkbox"/>	<input type="checkbox"/>	Exercises regularly
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic Substances

Tobacco use [Tobacco Usage](#)

[Habit Details](#)

[Cardiac History](#)

[Framingham Risk Scores](#)

10-Year General Risk %

10-Year Stroke Risk %

Global Cardio Score pts

[Hubbard Probability Severe Coronary Disease](#) %

[TIMI Risk Score](#) %

Chest Pain Review of Systems – Angina Review of Systems

Angina Review of Systems

Five components of angina should be considered to help evaluate the nature of the symptoms...

[Return](#)

- Quality of Pain**
 - ☐ Squeezing
 - ☐ Grip-Like
 - ☒ Pressure-Like
 - ☐ Suffocating
 - ☐ Heavy

Often described as discomfort, not pain...

 - ☐ Neither sharp nor stabbing
 - ☒ Does not change with position or respiration
- Location of Angina**
 - ☐ Chest
 - ☐ Jaw
 - ☐ Shoulder
 - ☒ Back
 - ☐ Arm

Described as...

 - ☒ Substernal
 - ☐ Radiation to neck
 - ☐ Radiation to jaw
 - ☒ Radiation to epigastrium
 - ☐ Radiation to arms

Rarely is angina pain if...

 - ☐ Above the mandible
 - ☐ Below the epigastrium
 - ☒ Localized to a small area over the left lateral chest wall
- Duration**
 - ☒ Minutes in duration
 - minutes

Rarely is angina pain if...

 - ☒ Fleeting discomfort or dull ache lasting for hours
- Aggravated By**
 - ☐ Exertion
 - ☒ Emotional stress
- Relieved By**
 - ☒ Nitroglycerin within 30 seconds to minutes
 - ☐ Rest

Angina Equivalents

- ☒ Shortness of breath
- ☐ Indigestion
- ☒ Diaphoresis
- ☐ Lightheadedness
- ☐ Nausea

Most Likely Type of Chest Pain

- ☒ Typical Angina
- ☐ Atypical Angina
- ☐ Non Cardiac Chest Pain

Short-Term Risk of Death or Non Fatal MI in Patients with Unstable Angina

Short-Term Risk of Death or Non Fatal MI in Patients with Unstable Angina

Return

Select all of the following which apply to this patient. Some may be automatically checked based on the chest pain review of systems and/or classification of angina template.

- ☐ Increased angina frequency, severity, or duration
- ☐ Angina provoked at a lower threshold
- ☒ New onset angina with onset 2 weeks to 2 months prior to presentation
- ☐ Normal or unchanged ECG
- ☐ Prolonged (> 20 mins) rest angina, now resolved, with moderate to high likelihood of CAD
- ☐ Rest angina (> 20 mins relieved with sublingual nitroglycerin)
- ☒ Nocturnal angina
- ☐ Angina with dynamic T-wave changes
- ☒ New onset CCSC III or IV within the past 2 weeks with moderate to high likelihood of CAD
- ☐ Pathologic Q-waves or resting ST depression ≤ 1 mm in multiple lead groups (anterior, inferior, lateral)
- ☐ Age > 65 years
- ☐ Prolonged, ongoing (> 20 mins) rest pain
- ☐ Pulmonary edema, most likely related to ischemia
- ☒ Angina at rest with dynamic ST changes ≥ 1 mm
- ☐ Angina with new or worsening MR murmur
- ☐ Angina with new or worsening S3 rales
- ☐ Angina with hypotension

Calculate >> High Risk

Life Style Changes

Lifestyle Changes

Return

Anti-Metabolic Syndrome Diet Principles

- ☒ Caloric distribution
 - Fat: 25 to 30 percent
 - Saturated fat: <10 percent
 - Carbohydrates: 50 to 60 percent
 - Protein: 15 to 20 percent
- ☒ Eat fiber rich foods (15g for every 1000 calories consumed)
Fiber-rich foods such as whole grains, fruits, beans, and vegetables can help lower insulin levels.
- ☒ Emphasize the following foods
salad, vegetables, fruits, whole grains, fish high in omega-3 fatty acids, legumes, lean meat;
minimal intake of refined sugars
- ☒ Avoid refined carbohydrates including white flour, white rice, white sugar, and other sweeteners
- ☒ Emphasize non-starchy vegetables as a primary source of carbohydrates
- ☒ Avoid soft drinks, fruit juices, alcohol, and other highly processed drinks
- ☒ Steer clear of trans-fatty acids, which are found in deep fried foods, margarine, and foods that contain partially hydrogenated oils
- ☒ Eat some protein at every meal or snack

[Exercise](#) [Weight Loss](#) [Smoking Cessation](#) [Dash Diet](#)

Email

Information
[Incremental Changes](#)
[Lipoic Acid and Vitamin E](#)
[Dietary Principles](#)
[Metabolizing Fat](#)
[Resistance Training](#)

Lifestyle Recommendations for cardiovascular risk factors.

Lifestyle Recommendations

Click "Calculate" to view the recommended actions for the selected abnormalities.

☐ Abdominal Obesity

☐ Hypertriglyceridemia

☒ Low HDL Cholesterol

☐ High Blood Pressure

☒ High Fasting Glucose Level

Calculate

Return

☒ Reduce weight
Reduce portion sizes to lower calorie intake.

☒ Increase physical activity
30 minutes of moderate-intensity exercise daily.

☐ Increase intake of low-glycemic-index foods
Replace refined carbohydrates (white bread, potatoes, pasta) with legumes, whole grains, and monounsaturated fats (nuts, avocado, canola oil, olive oil).

☒ Reduce carbohydrate intake
Replace soda and juices with water, seltzer, and diet beverages.

☐ Increase omega-3 fatty acids
Eat fish at least once per week.

☒ Increase intake of monounsaturated fats
Eat fish, nuts, and avocados. Use olive or canola oils in salad dressing and for cooking.

☐ Reduce sodium intake
Reduce sodium intake to no more than 2.4 g per day or 6 g per day of salt by using more herbs in cooking; read labels for sodium content; skip the salt shaker.

☐ Increase intake of fruits and vegetables
Consume more than five servings of fruits and vegetables every day.

☐ Increase low-fat dairy products
Consume three servings of low-fat dairy products daily.

☐ Limit alcohol consumption
Limit alcohol to no more than two drinks per day for men, or one drink per day for women.

☒ Increase dietary fiber (more than 30 grams per day)
Add legumes and fruit for soluble fiber.

☐ Reduce saturated fat intake
Choose low-fat dairy products and reduce consumption of red meat, butter, and full-fat dairy products.

☒ Stop smoking, if you smoke

Physician Consortium for Performance Improvement (PCPI) Data Set

Disease Management - Chronic Stable Angina

☐ No ☒ Yes Is the patient currently on antiplatelet therapy?

☒ No ☐ Yes Is the patient receiving a statin?
☒ No ☐ Yes Provider considered drug therapy?

☐ No ☒ Yes Is the patient receiving a beta-blocker?

☐ No ☒ Yes Does the patient smoke?
☒ No ☐ Yes Smoking cessation discussed?

☒ No ☐ Yes Documentation of standardized scale or assessment tool?

HELP

Angina

CHF Class

Canadian Class

☒ **MI (Heart Attack)**

Date Type

☒ **Stents**

Date Loc

☒ **CABG**

Date

☒ **PTCA**

Date

☒ **Permanant Pacemaker**

Date

Stroke Risk Factor

10 Year Percent

Avg. 10 Yr. Probability by Age

Coronary Heart Disease Risk Factor

5 Year

10 Year 10

Avg. 10 Yr. Robability by Age

OK Cancel

The second column in the third section includes Habits:

Habits

- +

☒ ☐ Alcohol

☒ ☐ Drugs

☐ ☒ Caffeine

☐ ☐ Exercises regularly

☒ ☐ Toxic Substances

Tobacco use unknown

Tobacco Usage

Habit Details

Cardiac History

Framingham Risk Scores

10-Year General Risk %

10-Year Stroke Risk %

Global Cardio Score 2.4 pts

Hubbard Probability Severe Coronary Disease %

TIMI Risk Score %

- Alcohol
- Drugs
- Caffeine
- Exercise Regularly
- Toxic Substances

These are all populated automatically from documents in the man EMR data base.

The third column in the third section includes:

- Tobacco Use
- Habit Details
- Cardiac History

Habit Detail

Smoking status:

Tobacco use: [Tobacco Usage](#)

☐ Tobacco cessation discussed

Date	Tobacco Cessation Information
08/23/2014	Smoking cessation education
08/23/2014	Smoking effects education

☐ Alcohol

<input type="checkbox"/> Beer	oz/wk	Date Stopped
<input type="checkbox"/> Wine	.00	//
<input type="checkbox"/> Mixed	.00	//

☒ Caffeine Cups / Cans per day

Comments

Enc Date	Tobacco Type	Usage/Day	Date Quit	Pack
10/01/2015				
09/15/2014	Cigarette			
09/15/2014	Pipe			

☐ Drugs

# Years	Date Stopped
	//
	//
	//
	//
	//
	//

☐ Toxic Substances

☐ Exercise

Cardiac History

☒ MI (Heart Attack)

Date	Type
//	
//	
//	

☒ CABG

Date
//
//
//

☒ Stents

Date	Loc
//	
//	
//	

☒ Permanent Pacemaker

Date
//
Date
//

☐ LVH

Heart Cath

//	<input type="radio"/> No Intervention	<input type="radio"/> Medical Intervention	<input type="radio"/> PTCA
//	<input type="radio"/> No Intervention	<input type="radio"/> Medical Intervention	<input type="radio"/> PTCA
//	<input type="radio"/> No Intervention	<input type="radio"/> Medical Intervention	<input type="radio"/> PTCA

The fourth section includes hyperlinks to three functions related to cardiovascular disease (the details for each are presented below):

- Framingham Risk Score
- Hubbard Probability Severe Coronary Disease
- TIMI Risk Score

Framingham Heart Study Risk Calculators

Framingham Heart Study Risk Calculators

Last Updated/Reviewed12/03/2015

Return

[General Cardiovascular Disease, 10-Year Risk](#)

Total Points18

Total Risk>30 %

Relative Heart Age>80 years

Real Heart Age56 years

WHAT IF?

All Elements To Goal	12	13.2	60
Overall 20% Improvement	13	15.6	64
Blood Pressure To Goal	18	>30	>80
Lipids To Goal	16	25.3	76
Smoking Cessation (if applicable)	0	N/A	N/A

[Global Cardiovascular Risk Score](#)

Total Points2.4

A score above 4 indicates increased risk of a cardiovascular event.

WHAT IF?

Overall 20% Improvement	0.5
Blood Pressure To Goal	1.4
Lipids To Goal	1.7
HgbA1c To Goal	2.2
Smoking Cessation (if applicable)	0.0

Hubbard Probability of Severe Coronary Disease

Hubbard Probability of Severe Coronary Disease

(Three-Vessel or Left Main)

The Hubbard probability is based on the patient's age and five risk factors listed below. Select the applicable risk factors and click the "Calculate" button below to review the result.

Age

☒ Male Gender
☐ Typical Angina
☒ History and ECG evidence of MI
☒ Diabetes
☐ Use of Insulin

TIMI Risk Score for Unstable Angina and Non-ST Elevated MI

TIMI Risk Score for UA/NSTEMI

UA = Unstable Angina, NSTEMI = Non-ST-Segment Elevation MI

Risk Factors

<input type="checkbox"/> Age > 65 years	<input type="checkbox"/> Presence of 3 or more CAD risk factors
<input type="checkbox"/> Previous stenosis > 50%	<input checked="" type="checkbox"/> Diabetes
<input checked="" type="checkbox"/> Presence of ST-segment deviation	<input checked="" type="checkbox"/> Hypertension
<input type="checkbox"/> Occurrence of 2 anginal events within past 24 hours	<input checked="" type="checkbox"/> Dyslipidemia
<input checked="" type="checkbox"/> Use of aspirin with past 7 days	<input type="checkbox"/> Obesity
<input type="checkbox"/> Elevated cardiac biomarker levels	<input type="checkbox"/> Sedentary lifestyle

Smoking status:

Tobacco use: [Tobacco Usage](#)

One point is given for each of the seven major factors listed above.

points - TIMI Risk Score

% - Risk of death, nonfatal MI, urgent revascularization

Information

The TIMI risk score integrates historical factors, frequency of symptoms, electrocardiographic findings and cardiac biomarker levels.

Higher scores are associated with an increased risk of adverse outcomes such as death, (re)infarction or recurrent ischemia requiring revascularization. The risk of these outcomes ranges from approximately 5 percent with a TIMI score of zero or one point to approximately 41 percent with a score of six or seven points.

This score may be used to help guide therapeutic decisions. Patients with higher risk scores have been shown to derive greater benefit from specific pharmacologic therapies (enoxaparin [Lovenox], glycoprotein IIb/IIIa inhibitor) and an early cardiac catheterization (invasive) strategy.

☒ Smoking

Chronic Care Management – Congestive Heart Failure

Chronic Care Management - CHF

Tracked CHF Diagnosis
Primary
Secondary

Patient Concerns Related to CHF
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Vital Signs

Time	Ht In	Wt Lb	BMI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time	Pulse	Pattern	Resp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time	BP
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Lab Results

BNP	77.50	04/04/2012
Na	139	04/04/2012
K	3.3	04/04/2012
Cl	101	04/04/2012
CO2	30	04/04/2012
Glucose	85	04/04/2012
Fasting	136	09/18/2013
BUN	19	04/04/2012
Creatine	1.5	04/04/2012
Ca	8.6	04/04/2012

Framingham Risk Scores

10-Year General Risk	>30	%
10-Year Stroke Risk	5	%
Global Cardio Score	2.4	pts

Ejection Fraction
Ventricular Dys
CHF Class
[Mortality Risk](#)

Chronic Care Management - CHF

Return

Tracked CHF Diagnosis

Primary

Secondary

Diagnostic/Referral Orders

Patient Concerns Related to CHF
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Vital Signs

Time	Ht In	Wt Lb	BMI

Time	Pulse	Pattern	Resp

Time	BP

Vital Signs

Lab Results

BNP	77.50	04/04/2012
Na	139	04/04/2012
K	3.3	04/04/2012
Cl	101	04/04/2012
CO2	30	04/04/2012
Glucose	85	04/04/2012
Fasting	136	09/18/2013
BUN	19	04/04/2012
Creatine	1.5	04/04/2012
Ca	8.6	04/04/2012

Framingham Risk Scores

10-Year General Risk	<input type="text" value=">30"/>	%
10-Year Stroke Risk	<input type="text" value="5"/>	%
Global Cardio Score	<input type="text" value="2.4"/>	pts

Ejection Fraction	<input type="text" value=".76"/>	Help
Ventricular Dys	<input type="text" value="Systolic"/>	Help
CHF Class	<input type="text" value="Class II"/>	Help

[Mortality Risk](#)

CHF Questionnaire

The vital signs outlined in green contain information pulled from the most recent visit.

Chronic Care Management - CHF

Return

Tracked CHF Diagnosis
 Primary
 Secondary

Diagnostic/Referral Orders

Patient Concerns Related to CHF
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>

Comments

Vital Signs

Time	Ht In	Wt Lb	BMI

Time	Pulse	Pattern	Resp

Time	BP

Lab Results

BNP	77.50	04/04/2012
Na	139	04/04/2012
K	3.3	04/04/2012
Cl	101	04/04/2012
CO2	30	04/04/2012
Glucose	85	04/04/2012
Fasting	136	09/18/2013
BUN	19	04/04/2012
Creatine	1.5	04/04/2012
Ca	8.6	04/04/2012

Birmingham Risk Scores

10-Year General Risk	>30	%
10-Year Stroke Risk	5	%
Global Cardio Score	2.4	pts

Ejection Fraction	<input style="width: 50px;" type="text" value=".76"/>	Help
Ventricular Dys	Systolic	Help
CHF Class	Class II	Help
Mortality Risk	<input style="width: 80px;" type="text"/>	

CHF Questionnaire

The laboratory values outlined in green above are automatically pulled from the most recent data.

The data outlined in green below is from the Framingham Risk Scores and is pulled from the main EMR data base.

Chronic Care Management - CHF

Return

Tracked CHF Diagnosis
 Primary
 Secondary

Diagnostic/Referral Orders

Patient Concerns Related to CHF
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Vital Signs

Time	Ht In	Wt Lb	BMI

Time	Pulse	Pattern	Resp

Time	BP

Lab Results

BNP	77.50	04/04/2012
Na	139	04/04/2012
K	3.3	04/04/2012
Cl	101	04/04/2012
CO2	30	04/04/2012
Glucose	85	04/04/2012
Fasting	136	09/18/2013
BUN	19	04/04/2012
Creatine	1.5	04/04/2012
Ca	8.6	04/04/2012

Framingham Risk Scores
 10-Year General Risk %
 10-Year Stroke Risk %
 Global Cardio Score pts

Ejection Fraction Help
 Ventricular Dys Help
 CHF Class Help
[Mortality Risk](#)

CHF Questionnaire

Vital Signs

Chronic Care Management - CHF

Return

Tracked CHF Diagnosis
 Primary
 Secondary

Diagnostic/Referral Orders

Patient Concerns Related to CHF
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Vital Signs

Time	Ht In	Wt Lb	BMI

Time	Pulse	Pattern	Resp

Time	BP

Lab Results

BNP	77.50	04/04/2012
Na	139	04/04/2012
K	3.3	04/04/2012
Cl	101	04/04/2012
CO2	30	04/04/2012
Glucose	85	04/04/2012
Fasting	136	09/18/2013
BUN	19	04/04/2012
Creatine	1.5	04/04/2012
Ca	8.6	04/04/2012

[Framingham Risk Scores](#)

10-Year General Risk	>30	%
10-Year Stroke Risk	5	%
Global Cardio Score	2.4	pts

Ejection Fraction	<input type="text" value=".76"/>	Help
Ventricular Dys	<input type="text" value="Systolic"/>	Help
CHF Class	<input type="text" value="Class II"/>	Help
Mortality Risk	<input type="text"/>	

CHF Questionnaire

The information outlined in green above is pulled automatically from the main EMR; if it is not present, the echocardiogram should be ordered or documented in the EMR.

The CHF Questionnaire outlined below in green can be deployed by clicking on the button. In the course of CCM for CHF, this questionnaire should be completed annually.

Chronic Care Management - CHF

Return

Tracked CHF Diagnosis
 Primary
 Secondary
Diagnostic/Referral Orders

Patient Concerns Related to CHF
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input style="width: 100%;" type="text"/>

Comments

Vital Signs

Time	Ht In	Wt Lb	BMI

Time	Pulse	Pattern	Resp

Time	BP

Lab Results

BNP	77.50	04/04/2012
Na	139	04/04/2012
K	3.3	04/04/2012
Cl	101	04/04/2012
CO2	30	04/04/2012
Glucose	85	04/04/2012
Fasting	136	09/18/2013
BUN	19	04/04/2012
Creatine	1.5	04/04/2012
Ca	8.6	04/04/2012

[Framingham Risk Scores](#)
 10-Year General Risk >30 %
 10-Year Stroke Risk 5 %
 Global Cardio Score 2.4 pts

 Ejection Fraction .76 Help
 Ventricular Dys Systolic Help
 CHF Class Class II Help
[Mortality Risk](#)

Vital Signs
CHF Questionnaire

Chronic Care Management -- Depression

This is the master template for **Chronic Care Management – Depression**. Like all of the Chronic Care Management, structured data templates there are the following in the Master Template below:

1. Tracked Depression Diagnosis, selected from the patient's Chronic Problem list.
2. Diagnostic/Referral Orders – this allows the healthcare provider to complete referrals while making the monthly telephone call.
3. Document the Patient Concern Related to Depression
4. Document the Discussion/Plan

Chronic Care Management - Depression		
Tracked Depression Diagnosis		Return
Primary	<input type="text" value="Depression due to dementia"/>	Diagnostic/Referral Orders
Secondary	<input type="text"/>	
Patient Concerns Related to Depression		
<small>*Patient concerns copy forward to future visits until changed.</small>		
<input type="text"/>	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
Comments		
<input type="text"/>		
Signs and Symptoms of Depression		Last Updated
<input type="checkbox"/> Anhedonia - absence of pleasure from the performance of acts that would ordinarily be pleasurable.		Stress Assessment <input type="text" value="//"/>
<input type="checkbox"/> Depressed mood throughout the day		Wellness Assessment <input type="text" value="//"/>
<input type="checkbox"/> Fatigue		Depression Screen <input type="text" value="//"/>
<input type="checkbox"/> Significant change in weight, + / - 5%		
<input type="checkbox"/> Insomnia or excessive sleep		
<input type="checkbox"/> Loss of sense of self-value		
<input type="checkbox"/> Loss of concentration		
<input type="checkbox"/> Suicidal thoughts		
Other Factors That Can Cause Depressive Symptoms		Depression Risk Questionnaire
<input type="checkbox"/> Medication (beta blockers or corticosteroids)		Antipsychotics
<input type="checkbox"/> Endocrinopathies (hypothyroidism, Cushing's syndrome, B12 Deficiency)		
<input type="checkbox"/> Neurological Disorders (Parkinson's disease, post-stroke, dementia, seizure disorder)		
<input type="checkbox"/> Connective Tissue Disease (lupus, polymyalgia rheumatica)		
Common Painful Symptoms Reported by Depressed Patients		
<input type="checkbox"/> Headaches, recurrent diffuse musculoskeletal pain, backache, and recurrent abdominal pain.		

Signs and Symptoms of Depression – seen below outlined in green. The caller can easily document the symptoms of depression being experienced by the patient. The following link is to

SETMA's Depression Tutorial: <http://www.jameslhollymd.com/epm-tools/Tutorial-Depression>. This explains the below tools in more detail.

Chronic Care Management - Depression

Tracked Depressio Diagnosis
 Primary
 Secondary

Patient Concerns Related to Diabetes
*Patient concerns copy forward to future visits until changed.

Patient Concerns	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Signs and Symptoms of Depression

- ☐ Anhedonia - absence of pleasure from the performance of acts that would ordinarily be pleasurable.
- ☐ Depressed mood throughout the day
- ☐ Fatigue
- ☐ Significant change in weight, + / - 5%
- ☐ Insomnia or excessice sleep
- ☐ Loss of sense of self-value
- ☐ Loss of concentration
- ☐ Suicidal thoughts

Other Factors That Can Cause Depressive Symptoms

- ☐ Medication (beta blockers or corticosteroids)
- ☐ Endocrinopathies (hypothyroidism, Cushing's syndrome, B12 Deficiency)
- ☐ Neurological Disorders (Parkinson's disease, post-stroke, dementia, seizure disorder)
- ☐ Connective Tissue Disease (lupus, polymyalgia rheumatica)

Common Painful Symptoms Reported by Depressed Patients

- ☐ Headaches, recurrent diffuse musculoskeletal pain, backache, and recurrent abdominal pain.

Last Updated	
Stress Assessment	10/30/2015
Wellness Assessment	09/02/2015
Depression Screen	10/21/2015

In the right-hand column the following tools are accessible and each is explained below; they include the following. To the right of the first three are the dates of last completion of these screening tools.

- Stress Assessment
- Wellness Assessment
- Depression Screen
- Depression Risk Questionnaire
- Antipsychotic Medication Tool

The above five tools are displayed in the following screen shots:

Stress Assessment

Stress Assessment

Last Updated/Reviewed 10/30/2015

☐ Check here if the patient is unable to complete the assessment today.

[Return](#)

[Calculate Results >>>](#) Total Points 52 Assessment You are seriously vulnerable to stress.

I eat at least one hot, balanced meal a day.	<input checked="" type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I get seven to eight hours of sleep at least four nights a week.	<input checked="" type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I give and receive affection regularly.	<input checked="" type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I have at least one relative within 50 miles on whom I can rely.	<input type="radio"/> None Nearby	<input checked="" type="radio"/> A Few Nearby	<input type="radio"/> Several Nearby
I exercise to the point of perspiration at least twice a week.	<input checked="" type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I smoke fewer than 10 cigarettes a day.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input checked="" type="radio"/> Always
I have fewer than 5 alcoholic drinks a week.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input checked="" type="radio"/> Always
My weight is appropriate for my height.	<input checked="" type="radio"/> Obese	<input type="radio"/> Overweight	<input type="radio"/> Healthy Weight
I have an income adequate to meet basic expenses.	<input type="radio"/> Never	<input checked="" type="radio"/> Sometimes	<input type="radio"/> Always
I get strength from my religious beliefs.	<input type="radio"/> Never	<input checked="" type="radio"/> Sometimes	<input type="radio"/> Always

Wellness Assessment

Wellness Assessment

Last Updated/Reviewed 09/02/2015

☐ Check here if the patient is unable to complete the assessment today.

[Return](#)

[Calculate Results >>>](#)

Total Points 13

Assessment Good

How many days a week do you participate in at least 30 minutes of physical activity?

☒ None ☐ 1 to 3 days per week ☐ 3 to 4 days per week ☐ 5+ days per week

How many days a week do you participate in activities that increase your strength?

☒ None ☐ 1 day per week ☐ 2 days per week ☐ 3+ days per week

How many days a week do you participate in activities that increase your flexibility?

☒ None ☐ 1 day per week ☐ 2 days per week ☐ 3+ days per week

Indicate the type of grain products you usually eat.

☒ Only or mostly refined (white) grain products ☐ A mix of refined and whole grain products ☐ Only or mostly whole grain products

How many servings of vegetables and fruit do you eat each day?
One serving is equal to one medium or 1/2 cup vegetable or fruit, 1 cup salad, 1/2 cup juice or 1/4 cup dried fruit.

☐ None ☒ 1 to 2 servings ☐ 3 to 4 servings ☐ 5+ servings

How many servings of milk products do you eat daily?
One serving is equal to 1 cup milk, 3/4 cup yogurt or 2 ounces cheese.

☐ None ☒ 1 serving ☐ 2 servings ☐ 3+ servings

Quick Inventory of Depressive Symptomatology (QIDS)

Quick Inventory of Depressive Symptomatology (QIDS)

Last Updated/Reviewed 10/21/2015

[Return](#)

Score 26 Severity of Depression Very Severe

1. Falling Asleep

☐ 0 - I never take longer than 30 minutes to fall asleep.

☐ 1 - I take at least 30 minutes to fall asleep, less than half the time.

☐ 2 - I take at least 30 minutes to fall asleep, more than half the time.

☒ 3 - I take more than 60 minutes to fall asleep, more than half the time.

2. Sleep During the Night

☐ 0 - I do not wake up at night.

☐ 1 - I have a restless, light sleep with a few brief awakenings each night.

☒ 2 - I wake up at least once a night, but I go back to sleep easily.

☐ 3 - I awaken more than once a night and stay awake for 20 minutes or more, more than half the time.

3. Waking Up Too Early

☐ 0 - Most of the time, I awaken no more than 30 minutes before I need to get up.

☐ 1 - More than half the time, I awaken more than 30 minutes before I need to get up.

☐ 2 - I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually.

☒ 3 - I awaken at least one hour before I need to, and can't go back to sleep.

4. Sleeping Too Much

☐ 0 - I sleep no longer than 7-8 hours/night, without napping during the day.

☒ 1 - I sleep no longer than 10 hours in a 24-hour period including naps.

☐ 2 - I sleep no longer than 12 hours in a 24-hour period including naps.

☐ 3 - I sleep longer than 12 hours in a 24-hour period including naps.

5. Feeling Sad

☐ 0 - I do not feel sad.

☒ 1 - I feel sad less than half the time.

☐ 2 - I feel sad more than half the time.

☐ 3 - I feel sad nearly all of the time.

Geriatric Depression Scale

Geriatric Depression Scale

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Are you basically satisfied with your life?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Have you dropped many of your activities or interests?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Do you feel that your life is empty?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Do you often get bored?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Are you hopeful about the future?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Are you bothered by thoughts you cannot get out of your head?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Are you in good spirits most of the time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Are you afraid that something bad is going to happen to you?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Do you feel happy most of the time?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Do you often feel helpless?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Do you often get restless and fidgety?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Do you prefer to stay at home, rather than going out and doing new things?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Do you frequently worry about the future?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Do you feel that you have more problems with memory than most?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Do you think that it is wonderful to be alive now?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Do you often feel downhearted and blue?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Do you feel pretty worthless the way you are now?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Do you worry about the past?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Do you find life very exciting?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Is it hard for you to get started on new projects?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Do you feel full of energy?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Do you feel that your situation is hopeless?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Do you think that most people are better off than you are?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. Do you frequently get upset over little things?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Do you frequently feel like crying?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Do you have trouble concentrating?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Do you enjoy getting up in the morning?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Do you prefer to avoid social gatherings?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Is it easy for you to make decisions?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Is your mind as clear as it used to be?

Calculate

12

Tool for Reducing the Use of Antipsychotic Drugs

Reduction of Psychotropic Medications

Yes 1. Is the patient on one or more antipsychotic drugs?

Antipsychotic ARIPIPRAZOLE	Anxiolytic <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Hypnotic <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Antidepressant <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Anticonvulsant/Manic <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Return

Print

AIMS Assessment

Yes 2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☒ Mood disorders
e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
--	--

Chronic Care Management – Diabetes

Chronic Care Management - Diabetes

Tracked Diabetes Diagnoses

Primary

Diabetes 1.5, managed as type 2

Secondary

Chronic kidney disease, stage II (mild)

Morbid obesity

Return

Target HbA1c

6.5

Set Date

09/14/2015

HbA1c History

6.7	09/21/2015
5.7	06/15/2015
5.7	06/15/2015

Diabetes Consortium Data Set

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
Education - I need to go to diabetes education.	<input type="radio"/> Y <input type="radio"/> N	
Medications - Can I change my medication?	<input type="radio"/> Y <input type="radio"/> N	
Follow-up Visit - When is my next appointment?	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	

Comments

The last three HbA1c values are displayed with the Target A1c and the date the goal was set.

Chronic Care Management - Diabetes

Tracked Diabetes Diagnoses

Primary

Diabetes 1.5, managed as type 2

Secondary

Chronic kidney disease, stage II (mild)

Morbid obesity

Return

Target HbA1c

6.5

Set Date

09/14/2015

HbA1c History

6.7	09/21/2015
5.7	06/15/2015
5.7	06/15/2015

Diabetes Consortium Data Set

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
Education - I need to go to diabetes education.	<input type="radio"/> Y <input type="radio"/> N	
Medications - Can I change my medication?	<input type="radio"/> Y <input type="radio"/> N	
Follow-up Visit - When is my next appointment?	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	

Comments

Chronic Care Management - Diabetes

Return

Tracked Diabetes Diagnoses

Primary	Diabetes 1.5, managed as type 2
Secondary	Chronic kidney disease, stage II (mild)
	Morbid obesity

Target HbA1c	6.5
Set Date	09/14/2015

HbA1c History

6.7	09/21/2015
5.7	06/15/2015
5.7	06/15/2015

Diabetes Consortium Data Set
Diagnostic/Referral Orders

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Education - I need to go to diabetes education.	<input type="radio"/> Y <input type="radio"/> N	
Medications - Can I change my medication?	<input type="radio"/> Y <input type="radio"/> N	
Follow-up Visit - When is my next appointment?	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	

Comments

43

Quality Metric sets and standards of care for diabetes is deployed by clicking on the button outlined in green above. When that button is deployed, the following PCPI Diabetes Management measurement set is displayed. The legend is the same as in all SETMA disease management quality measurement tools: elements in black apply to the patient and have been done; elements in red apply to the patient and have not been done. If an element has not been completed, the provider can click the button in the right hand column and the function will be done. (**Note:** Because this interview will be done on the telephone, if an element is ordered the interviewer will have to be sure that the patient schedules an appointment or knows to come to the lab to have the testing done.)

PCPI Diabetes Management

Has the patient had a Hemoglobin A1c within the last year? **Yes** Order HgbA1c
 Date of Last

Has the patient had a Lipid Profile within the last year? **Yes** Order Lipid Profile
 Date of Last

Has the patient had a urinalysis within the last year? **No** Order Urinalysis
 Date of Last

Has the patient had a dilated eye exam within the last year? **No** Add Referral Below
 Date of Last

Has the patient had a flu shot within the last year? **Yes** Order Flu Shot
 Date of Last
 Is the patient allergic to flu vaccine? ☐ Yes ☒ No

Has the patient had a 10-gram monofilament exam within the last year? **No** Click to Complete
 Date of Last

Is the patient on Aspirin? **Yes** Add Medication Below
 Is the patient allergic to aspirin? ☒ Yes ☐ No

Is the patient's blood pressure controlled (<130/80 mmHg)? **Yes**
 Today's Blood Pressure /
 /

Does the patient have at least one visit schedule for the next six months? Follow-Up Visit

Has the Diabetes Treatment Plan been completed with the last year? **Yes** Click to Complete
 Date Last Completed

Referrals				Active Medications <small>Double-Click to Add/Edit</small>	
Status	Ordered	Priority	Order	Brand Name	Dose
obtained	09/04/2015	Routine	EEG	ABILIFY	2 mg
completed	07/21/2015	Immediate	EGD	ASPIRIN EC	81 mg
completed	07/20/2015	Immediate	Colonoscopy	CELEBREX	50 mg
completed	02/10/2015	Routine	Colonoscopy	CELEBREX	50 mg

If this review indicates that testing should be done, it can be done by clicking on the Diagnostic/Referral orders button outline in green below.

Chronic Care Management - Diabetes

Return

Tracked Diabetes Diagnoses

Primary:

Secondary:

Target HbA1c

Set Date

HbA1c History

6.7	09/21/2015
5.7	06/15/2015
5.7	06/15/2015

Diabetes Consortium Data Set

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input type="text" value="Education - I need to go to diabetes education."/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text" value="Medications - Can I change my medication?"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text" value="Follow-up Visit - When is my next appointment?"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

The following is the referral template.

Return

Insurance:
 Telephone:
 Policy #:
 Rendering Provider:

Diagnosis must be entered to place orders.

Acute Dx Add Sort

#	Code	Diagnosis Description

Chronic Dx

#	Problem Description
0	Atheroembolism of bilateral lower
0	Arteriosclerosis of artery of extre
0	Major depressive disorder, single
0	Drug screening in athletes
1	Depression due to dementia
2	COPD (chronic obstructive pulmor with chronic bronchitis
3	Diabetes 1.5, managed as type 2
4	Tourette's disease
5	Compression fracture of spine
8	Both parents smoke
9	Testosterone 17-beta-dehydroger
10	Acute confusion following injury
11	Yellow mutant oculocutaneous ait
12	Purple toe syndrome
13	Red cell anlasia

Diagnostics

Provider	Location
Special Procedures <input type="checkbox"/> Arterial Blood Gas <input type="checkbox"/> Audiogram <input type="checkbox"/> AV Fistula <input type="checkbox"/> Bladder Scan <input type="checkbox"/> Bone Density <input type="checkbox"/> Bone Scan <input type="checkbox"/> Breast Biopsy <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Colonoscopy <input type="checkbox"/> EEG <input type="checkbox"/> EGD <input type="checkbox"/> EMG <input type="checkbox"/> ENG <input type="checkbox"/> Eye Exam <input type="checkbox"/> Flex Sigmoidoscopy	<input type="checkbox"/> HIDA Scan <input type="checkbox"/> IVP <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Mammogram <input type="checkbox"/> Modified Barium Swallow <input type="checkbox"/> Nerve Conduction Velocity <input type="checkbox"/> PET Scan <input type="checkbox"/> PFT <input type="checkbox"/> Postvoidal Residual Volume <input type="checkbox"/> Renal Scan <input type="checkbox"/> Segmental Pressures <input type="checkbox"/> Thoracentesis <input type="checkbox"/> Thyroid Biopsy <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Sleep Studies <input type="checkbox"/> UGI

Referrals

Therapy	Common Referrals	SETMA Referrals
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medical Nutrition Therapy	<input type="checkbox"/> Cardiology <input type="checkbox"/> Dermatology <input type="checkbox"/> ENT <input type="checkbox"/> General Surgery <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> OB/GYN <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pain Management <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Podiatry <input type="checkbox"/> Urology	<input type="checkbox"/> Allergy <input type="checkbox"/> Cardiology <input type="checkbox"/> CHF <input type="checkbox"/> Coumadin <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Endocrinology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Neurology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Rheumatology <input type="checkbox"/> Continuous Glucose Monitoring <input type="checkbox"/> Infusion Therapy

Medical Home
 Click [here](#) for Care Coordination Referral Template

Notes

Below, outlined in green allows documentation of the Patient Concerns Related to Diabetes.

Chronic Care Management - Diabetes

Tracked Diabetes Diagnoses

Primary: Diabetes 1.5, managed as type 2

Secondary: Chronic kidney disease, stage II (mild)
Morbid obesity

Target HbA1c: 6.5
Set Date: 09/14/2015

HbA1c History

6.7	09/21/2015
5.7	06/15/2015
5.7	06/15/2015

Diabetes Consortium Data Set
Diagnostic/Referral Orders

Patient Concerns Related to Diabetes
*Patient concerns copy forward to future visits until changed.

Education - I need to go to diabetes education.
Medications - Can I change my medication?
Follow-up Visit - When is my next appointment?

Addressed Today?

<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N

Discussion/Plan

Comments

Patient Concerns Related to Diabetes –

As can be seen, the patient's diagnoses related to diabetes are automatically displayed. Also the patient's current and last three Hemoglobin A1Cs are automatically displayed. The patient's target HbA1c is "set" and the date of that target being set is displayed. As can be seen just above the material outlined in green, there is a button entitled the Diabetes Consortium Data Set. This is the eight element data set published by the Physician Consortium for Performance Improvement. SETMA tracks this data, along with data audits for six other comprehensive data sets for diabetes. By provider name the results of these audits is published at www.jameslhollymd.com under Public Reporting. Data from 2009 to date is published.

In the first column on this template is a tool for document **Patient Concerns Related to Diabetes**. A note indicates that these concerns "copy forward" to subsequent Chronic Care management calls. The larger box in the second column which is also outlined in green gives a set of options which can be easily added to the Patient Concerns list.

Chronic Care Management - Diabetes

Tracked Diabetes Diagnoses

Primary
Secondary

[Return](#)

Target HbA1c
Set Date

HbA1c History

5.7	06/15/2015
5.7	06/15/2015
6.2	

[Diabetes Consortium Data Set](#)

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Comments

Ccm Diabetes

Appetite - My appetite has been poor, what should I do?
Blood Sugar Log - Can I send my Diabetes Self Management log to my provider?
Education - I need to go to diabetes education.
Exercise - Can I begin exercise; what should I do?
Follow-up Visit - Should I come in sooner than my next visit?
Follow-up Visit - When is my next appointment?
Hemoglobin A1c - What was my last result; what is my goal?
Hypoglycemia - I am having more episodes of low blood sugar.
Medications - Can I change my medication?
Medications - I can't afford my medications.
Nausea - I have been feeling badly with some nausea.
Preventive Care - Am I up-to-date with my screening and preventive care?
Vision - I need a appointment for an eye examination.

[Close](#)

Chronic Care Management – Asthma/COPD

The following is the Master Template for the **Chronic Care Management – Asthma COPD**. The **Tracked Asthma/COPD Diagnoses**, **Diagnostic/Referral Orders**, **Patient Concerns Related to Asthma/COPD**, **Discussion/Plan** and **Comments** box are similar to all of the structure fields.

Chronic Care Management - Asthma/COPD

Tracked Asthma/COPD Diagnoses

Primary

COPD (chronic obstructive pulmonary disease) w/

Secondary

Return

Diagnostic/Referral Orders

Patient Concerns Related to COPD/Asthma
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	

Comments

Symptoms

☐ Cough
 ☐ Chest Tightness
 ☐ Nocturnal Cough
 ☐ Shortness of Breath
 ☐ Sputum
 ☐ Wheezing

Pattern

☐ Perennial
 ☐ Seasonal
 ☐ Episodic
 ☐ Perennial w/ Seasonal Exacerbation

Last PFT

11/01/2015

Last Hospitalization

/ /

Ever Intubated?

☐ Yes ☐ No

Use Peak Flow?

☐ Yes ☐ No

Treatment Goals

Peak Flow Info

Triggers

☐ ACE Inhibitor
 ☐ ASA
 ☐ Beta-Blocker
 ☐ Bird
 ☐ Cat
 ☐ Changes in Weather

☐ Cockroaches
 ☐ Cold Air
 ☐ Crying
 ☐ Dog
 ☐ Dust Storm
 ☐ Emotion/Stress

☐ Exercise
 ☐ Fireplace/Woodstove
 ☐ Forest Fire
 ☐ GERD
 ☐ House Dust Mites
 ☐ Laughing

☐ Menses
 ☐ Mold
 ☐ NSAID
 ☐ Pollution
 ☐ Sinusitis
 ☐ Tobacco Smoke

☐ URI
 ☐ Windy Day

Other

The following allows for the efficient documentation of the goals of asthma and/or COPD treatment

Goals of Asthma Treatment

- ☐ Prevent chronic and troublesome symptoms such as coughing and breathlessness.
- ☐ Maintain near "normal" pulmonary function.
- ☐ Maintain normal activity levels including exercise and physical activities.
- ☐ Prevent recurrent exacerbations of asthma and minimize the need for emergency department visits or hospitalizations.
- ☐ Provide optimal pharmacotherapy with minimal or no adverse effects.
- ☐ Meet patient's and family's expectations of and satisfaction with asthma care.

If the patient has not had a PFT in the past two years (see documentation in the boxes outlined in green), one should be ordered.

Chronic Care Management - Asthma/COPD

Tracked Asthma/COPD Diagnoses

Primary:

Secondary:

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes
*Patient concerns copy forward to future visits until changed.

Patient Concerns	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Symptoms

- ☐ Cough
- ☐ Chest Tightness
- ☐ Nocturnal Cough
- ☐ Shortness of Breath
- ☐ Sputum
- ☐ Wheezing

Pattern

- ☐ Perennial
- ☐ Seasonal
- ☐ Episodic
- ☐ Perennial w/ Seasonal Exacerbation

Last PFT:

Last Hospitalization:

Ever Intubated? ☐ Yes ☐ No

Use Peak Flow? ☐ Yes ☐ No

Triggers

- ☐ ACE Inhibitor
- ☐ ASA
- ☐ Beta-Blocker
- ☐ Bird
- ☐ Cat
- ☐ Changes in Weather

Exclusions

- ☐ Cockroaches
- ☐ Cold Air
- ☐ Crying
- ☐ Dog
- ☐ Dust Storm
- ☐ Emotion/Stress

Treatment Goals

- ☐ Exercise
- ☐ Fireplace/Woodstove
- ☐ Forest Fire
- ☐ GERD
- ☐ House Dust Mites
- ☐ Laughing

Menses

- ☐ Menses
- ☐ Mold
- ☐ NSAID
- ☐ Pollution
- ☐ Sinusitis
- ☐ Tobacco Smoke

URI

- ☐ URI
- ☐ Windy Day
- Other:

The patient should be taught how to obtain and interpret the Peak Flow Meter.

Chronic Care Management - Asthma/COPD

Tracked Asthma/COPD Diagnoses

Primary:

Secondary:

Return

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Diagnostic/Referral Orders

Comments

Symptoms

☐ Cough

☐ Chest Tightness

☐ Nocturnal Cough

☐ Shortness of Breath

☐ Sputum

☐ Wheezing

Pattern

☐ Perennial

☐ Seasonal

☐ Episodic

☐ Perennial w/ Seasonal Exacerbation

Treatment Goals

Last PFT:

Last Hospitalization:

Ever Intubated? ☐ Yes ☐ No

Use Peak Flow? ☐ Yes ☐ No

Peak Flow Info

Triggers

☐ ACE Inhibitor

☐ ASA

☐ Beta-Blocker

☐ Bird

☐ Cat

☐ Changes in Weather

☐ Cockroaches

☐ Cold Air

☐ Crying

☐ Dog

☐ Dust Storm

☐ Emotion/Stress

☐ Exercise

☐ Fireplace/Woodstove

☐ Forest Fire

☐ GERD

☐ House Dust Mites

☐ Laughing

☐ Menses

☐ Mold

☐ NSAID

☐ Pollution

☐ Sinusitis

☐ Tobacco Smoke

☐ URI

☐ Windy Day

Other



SETMA I - 2929 Calder, Suite 100

SETMA II - 3570 College, Suite 200
Lumberton - 1378 LHS Drive

Mark Wilson Clinic - 2010 Dowlen

Nederland/Port Arthur - 2400 Highway 365, Suite 201
Orange - 610 Strickland Drive, Suite 140

(409) 833-9797
www.setma.com

Peak Flow Meter

What are some signs that my asthma or COPD is getting worse?

In addition to measuring your or your child's peak flow on a daily basis, you need to look out for early warning signs of an asthma attack. Early warning signs of an asthma attack are:

- Runny, stuffy nose
- Fatigue
- Chin or throat itches
- Headache
- Moodiness
- Cough with activity or laughing
- Wheezing with activity
- Waking up at night or early morning with a cough or wheeze
- Faster breathing rate
- Irritability

Outlined below in green are “triggers” for asthma and COPD exacerbation. During the course of the year, these should be addressed.

Chronic Care Management - Asthma/COPD

Return

Tracked Asthma/COPD Diagnoses
 Primary
 Secondary

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes
*Patient concerns copy forward to future visits until changed.

Patient Concerns	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Symptoms
☐ Cough
☐ Chest Tightness
☐ Nocturnal Cough
☐ Shortness of Breath
☐ Sputum
☐ Wheezing

Pattern
☐ Perennial
☐ Seasonal
☐ Episodic
☐ Perennial w/ Seasonal Exacerbation

Treatment Goals

Last PFT
 Last Hospitalization
 Ever Intubated? ☐ Yes ☐ No
 Use Peak Flow? ☐ Yes ☐ No

Peak Flow Info

Triggers Exclusions

<input type="checkbox"/> Ace Inhibitor	<input type="checkbox"/> Cockroaches	<input type="checkbox"/> Exercise	<input type="checkbox"/> Menses	<input type="checkbox"/> URI
<input type="checkbox"/> ASA	<input type="checkbox"/> Cold Air	<input type="checkbox"/> Fireplace/Woodstove	<input type="checkbox"/> Mold	<input type="checkbox"/> Windy Day
<input type="checkbox"/> Beta-Blocker	<input type="checkbox"/> Crying	<input type="checkbox"/> Forest Fire	<input type="checkbox"/> NSAID	Other
<input type="checkbox"/> Bird	<input type="checkbox"/> Dog	<input type="checkbox"/> GERD	<input type="checkbox"/> Pollution	<input type="text"/>
<input type="checkbox"/> Cat	<input type="checkbox"/> Dust Storm	<input type="checkbox"/> House Dust Mites	<input type="checkbox"/> Sinusitis	<input type="text"/>
<input type="checkbox"/> Changes in Weather	<input type="checkbox"/> Emotion/Stress	<input type="checkbox"/> Laughing	<input type="checkbox"/> Tobacco Smoke	

When the button outlined below in green entitled “Exclusions” is clicked, the following template is deployed. The “exclusions” are diagnoses which should be excluded in the diagnosis of asthma.

Chronic Care Management - Asthma/COPD

Return

Tracked Asthma/COPD Diagnoses

Primary

Secondary

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Symptoms

☐ Cough

☐ Chest Tightness

☐ Nocturnal Cough

☐ Shortness of Breath

☐ Sputum

☐ Wheezing

Pattern

☐ Perennial

☐ Seasonal

☐ Episodic

☐ Perennial w/ Seasonal Exacerbation

Last PFT

Last Hospitalization

Ever Intubated? ☐ Yes ☐ No

Use Peak Flow? ☐ Yes ☐ No

Peak Flow Info

Triggers

☐ Acetaminophen

☐ ASA

☐ Beta-Blocker

☐ Bird

☐ Cat

☐ Changes in Weather

Exclusions

☐ Cockroaches

☐ Cold Air

☐ Crying

☐ Dog

☐ Dust Storm

☐ Emotion/Stress

Treatment Goals

☐ Exercise

☐ Fireplace/Woodstove

☐ Forest Fire

☐ GERD

☐ House Dust Mites

☐ Laughing

☐ Menses

☐ Mold

☐ NSAID

☐ Pollution

☐ Sinusitis

☐ Tobacco Smoke

☐ URI

☐ Windy Day

Other

Conditions to be Excluded in the Diagnosis of Asthma

Suspicions

- ☐ Allergic Rhinitis
- ☐ Bronchopulmonary Aspergillosis
- ☐ Bronchopulmonary Dysplasia
- ☐ Congenital Abnormality
- ☐ Congestive Heart Failure
- ☐ Cystic Fibrosis
- ☐ Foreign Body Aspiration
- ☐ Gastro Esophageal Reflux
- ☐ Immunodeficiency
- ☐ Pulmonary Embolism
- ☐ Upper Airway Obstruction
- ☐ Vocal Cord Dysfunction

Actions

- ☐ 2-D Echo
- ☐ Arterial Blood Gases
- ☐ BNP
- ☐ Chest X-Ray
- ☐ CT of Chest
- ☐ EGD
- ☐ Esophageal Manometry
- ☐ Expiratory Chest X-Ray Films
- ☐ Fluoroscopy of Chest
- ☐ Methacholine Provocation
- ☐ History and Physical
- ☐ PA Inspiratory Chest X-Ray
- ☐ Pulmonary Function Test
- ☐ Radioisotope Lung Perfusion Scan
- ☐ Serum Aspergillus Antibody Titer
- ☐ Serum Eosinophil Count
- ☐ Serum IgE Level
- ☐ Serum Immunoglobulin Assay
- ☐ Spirometry w/ Flow Volume Loops
- ☐ Sweat Test
- ☐ Ventilation Perfusion Lung Scan

OK

Cancel

Chronic Care Management -- Hyperlipidemia

Chronic Care Management - Hyperlipidemia

Tracked Hyperlipidemia Diagnosis [Return](#)

Primary

Secondary

[Diagnostic/Referral Orders](#)

Patient Concerns Related to Diabetes
*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

[Metabolic Syndrome](#) ☐ + ☐ - ☐ *

[Framingham Risk Scores](#)

10-Year General Risk	<input type="text" value=">30"/>	%
10-Year Stroke Risk	<input type="text" value="5"/>	%
Global Cardio Score	<input type="text" value="2.4"/>	pts

Fredrickson Classification

[Assess from Labs](#)

☐ I ☒ IIa ☐ IIb

☐ III ☐ IV ☐ V

[Help](#) [Info](#)

Last Updated/Reviewed

[Risk Factors](#)

[Lifestyle Changes](#)

Most Recent Labs [Check for New Labs](#)

Cholesterol	<input type="text" value="111"/>	<input type="text" value="04/08/2015"/>
HDL	<input type="text" value="41"/>	<input type="text" value="04/08/2015"/>
Cholesterol/HDL	<input type="text" value="2.71"/>	
Triglycerides	<input type="text" value="77"/>	<input type="text" value="04/08/2015"/>
Trig/HDL	<input type="text"/>	

The following functions are available on this Chronic Care Management tool:

1. Metabolic Syndrome calculator and the designation of whether or not the patient has the Cardiometabolic Risk Syndrome.
2. Framingham Risk Scores
3. Fredrickson Classification for Dyslipidemia
4. Risk Factors for hyperlipidemia
5. Lifestyle changes for treating Dyslipidemia
6. In the right hand column, the follow values appear:
 - a. Most Recent Labs – depress button to display most recent labs.
 - b. Cholesterol
 - c. HDL
 - d. Cholesterol/HDL Ratio – optimally, this ratio should be below “4.”
 - e. Triglycerides

- f. Trig/HDL Ratio – optimally, this ratio should be below “2,” a higher value indicates insulin resistance.

The aggressiveness of treatment of lipids is dictated by risk factors such as Framingham, Metabolic Syndrome, level of HDL and LDL.

Chronic Care Management - Hyperlipidemia

Return

Tracked Hyperlipidemia Diagnosis

Primary

Secondary

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Patient Concerns	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

[Metabolic Syndrome](#) + ● - ●

Framingham Risk Scores

10-Year General Risk	<input style="width: 50px;" type="text" value=" >30 "/>	%
10-Year Stroke Risk	<input style="width: 50px;" type="text" value=" 5 "/>	%
Global Cardio Score	<input style="width: 50px;" type="text" value=" 2.4 "/>	pts

Fredrickson Classification

Assess from Labs

☐ I
 ☒ IIa
 ☐ IIb
☐ III
 ☐ IV
 ☐ V

Help Info

Last Updated/Reviewed

Most Recent Labs Check for New Labs

Cholesterol	<input style="width: 50px;" type="text" value=" 111 "/>	<input style="width: 100px;" type="text" value=" 04/08/2015 "/>
HDL	<input style="width: 50px;" type="text" value=" 41 "/>	<input style="width: 100px;" type="text" value=" 04/08/2015 "/>
Cholesterol/HDL	<input style="width: 50px;" type="text" value=" 2.71 "/>	
Triglycerides	<input style="width: 50px;" type="text" value=" 77 "/>	<input style="width: 100px;" type="text" value=" 04/08/2015 "/>
Trig/HDL	<input style="width: 50px;" type="text"/>	

Risk Factors

Lifestyle Changes

When the above button is clicked for “Metabolic Syndrome,” the below assessment template is deployed.

Cardiometabolic Risk Syndrome Assessment

Last Updated/Reviewed
12/10/2015

Vital Signs

Triglyceride mg/dL

Central Obesity

Time	Hip	Waist	Ratio	BMI

Blood Pressure

Time	BP	Cuff Size	Method

Glucose Abnormalities

Fasting mg/dL

2 Hr GTT mg/dL

Diabetes ☒ + ☐ -

Insulin Resistance ☐ + ☒ -

HDL mg/dL

Microalbuminuria

Alb/Creat mg/g

Spot A/C mg/dL

WHO Diagnostic Criteria

☐ + ☒ -

>= 150 mg/dL

Ratio

Men > 0.90

Women > 0.85

BMI > 30

> 140/90 mmHg

Fasting > 110 mg/dL

2 Hr GTT > 140 mg/dL

Diabetes

Insulin Resistance

Men < 35 mg/dL

Women < 39 mg/dL

> 30 mg/g

> 2.9 mg/dL

ATP III Diagnostic Criteria

☐ + ☒ -

>= 150 mg/dL

Waist

Men > 40"

Women > 35"

> 130/85 mmHg

Fasting > 110 mg/dL

Men < 40 mg/dL

Women < 50 mg/dL

N/A

International Diabetes Federation Diagnostic Criteria

☐ + ☒ -

>= 150 mg/dL

Waist

Asian

Males >= 35.5"

Females >= 31.5"

All Others

Males >= 37"

Females >= 31.5"

>= 130/85 mmHg

Fasting > 100 mg/dL

Diabetes

Men < 40 mg/dL

Women < 50 mg/dL

N/A

Following that is the Framingham Risk Score.

Chronic Care Management - Hyperlipidemia

Tracked Hyperlipidemia Diagnosis

Primary

Secondary

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Concern	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

Return

Metabolic Syndrome

Framingham Risk Scores

10-Year General Risk %

10-Year Stroke Risk %

Global Cardio Score pts

Fredrickson Classification

Assess from Labs

☐ I ☒ IIa ☐ IIb

☐ III ☐ IV ☐ V

Help Info

Last Updated/Reviewed
12/10/2015

Most Recent Labs **Check for New Labs**

Cholesterol	<input type="text" value="111"/>	<input type="text" value="04/08/2015"/>
HDL	<input type="text" value="41"/>	<input type="text" value="04/08/2015"/>
Cholesterol/HDL	<input type="text" value="2.71"/>	
Triglycerides	<input type="text" value="77"/>	<input type="text" value="04/08/2015"/>
Trig/HDL	<input type="text"/>	

Risk Factors

Lifestyle Changes

Framingham Heart Study Risk Calculators

Last Updated/Reviewed 12/10/2015

[Return](#)

[General Cardiovascular Disease, 10-Year Risk](#)

Real Heart Age years

Total Points Total Risk % Relative Heart Age years

WHAT IF?

All Elements To Goal	<input type="text" value="12"/>	<input type="text" value="13.2"/>	<input type="text" value="60"/>
Overall 20% Improvement	<input type="text" value="13"/>	<input type="text" value="15.6"/>	<input type="text" value="64"/>
Blood Pressure To Goal	<input type="text" value="18"/>	<input type="text" value=">30"/>	<input type="text" value=">80"/>
Lipids To Goal	<input type="text" value="16"/>	<input type="text" value="25.3"/>	<input type="text" value="76"/>
Smoking Cessation (if applicable)	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

[Global Cardiovascular Risk Score](#)

Total Points

WHAT IF? A score above 4 indicates increased risk of a cardiovascular event.

Overall 20% Improvement	<input type="text" value="0.5"/>
Blood Pressure To Goal	<input type="text" value="1.4"/>
Lipids To Goal	<input type="text" value="1.7"/>
HgbA1c To Goal	<input type="text" value="2.2"/>
Smoking Cessation (if applicable)	<input type="text" value="0.0"/>

Followed by the Fredrickson Classification of Dyslipidemia.

Chronic Care Management - Hyperlipidemia

[Return](#)

Tracked Hyperlipidemia Diagnosis

Primary

Secondary

[Diagnostic/Referral Orders](#)

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Patient Concerns	Addressed Today?	Discussion/Plan
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>
<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>

Comments

[Metabolic Syndrome](#) + ● - ●

[Framingham Risk Scores](#)

10-Year General Risk %

10-Year Stroke Risk %

Global Cardio Score pts

Fredrickson Classification

[Assess from Labs](#)

☐ I ☒ IIa ☐ IIb
☐ III ☐ IV ☐ V

[Help](#) [Info](#)

Last Updated/Reviewed

[Risk Factors](#)

[Lifestyle Changes](#)

Most Recent Labs [Check for New Labs](#)

Cholesterol

HDL

Cholesterol/HDL

Triglycerides

Trig/HDL

Chronic Care Management - Hyperlipidemia

Tracked Hyperlipidemia Diagnosis

Primary	<input type="text" value="Lipid metabolism disorder"/>
Secondary	<input type="text"/>
	<input type="text"/>

[Return](#)[Diagnostic/Referral Orders](#)

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Addressed Today?

<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N

Discussion/Plan

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Comments

<input type="text"/>

[Metabolic Syndrome](#) + ☐ - ☒[Framingham Risk Scores](#)

10-Year General Risk	<input type="text" value=">30"/>	%
10-Year Stroke Risk	<input type="text" value="5"/>	%
Global Cardio Score	<input type="text" value="2.4"/>	pts

Fredrickson Classification

[Assess from Labs](#)

<input type="radio"/> I	<input checked="" type="radio"/> IIa	<input type="radio"/> IIb
<input type="radio"/> III	<input type="radio"/> IV	<input type="radio"/> V

[Help](#)[Info](#)

Last Updated/Reviewed

Most Recent Labs

[Check for New Labs](#)

Cholesterol	<input type="text" value="111"/>	<input type="text" value="04/08/2015"/>
HDL	<input type="text" value="41"/>	<input type="text" value="04/08/2015"/>
Cholesterol/HDL	<input type="text" value="2.71"/>	
Triglycerides	<input type="text" value="77"/>	<input type="text" value="04/08/2015"/>
Trig/HDL	<input type="text"/>	

[Risk Factors](#)[Lifestyle Changes](#)

Lipids Management

Patient QTest
 Age Sex

[SETMA's Lipid Philosophy](#)

Compliance

Last Lipid
 Last CRP
 Last Liver Panel
 Body Fat %
 BMR cal/day
 Protein Req grams/day

Vital Signs

Time	Ht In	Wt Lb	BMI

Time	Pulse	Pattern

Time	Waist In	Hip In

Time	BP	Cuff Size

Diabetes Mellitus ☐ + ☒ - ☐
[Metabolic Syndrome](#) ☐ + ☒ - ☐

Fredrickson Classification

Assess from Labs
☐ I ☒ IIa ☐ IIb
☐ III ☐ IV ☐ V

Last Updated/Reviewed

Most Recent Labs

Lab	Value	Date
Cholesterol	111	04/08/2015
HDL	41	04/08/2015
Cholesterol/HDL	2.71	
Triglycerides	77	04/08/2015
Trig/HDL	1.88	
Chylomicrons	+ -	
CPK		
LDL	155	09/13/2013
VLDL		
LDL-Remnant		Info
Homocystiene	22	04/04/2012
hsCRP	4.9	04/04/2012
Apo A1		
Apo E2		
Apo E4		

VAP Test Results

Test	Result
Apo B	
HDL 2	
HDL 3	
HDL Chol VAP	
IDL VLDL 3	
LDL 1 Pat A	
LDL 2 Pat A	
LDL 3 Pat B	
LDL Pat 4 B	
LDL Chol VAP	
LDL Density	
LDL Real C	
Lp(a)	
Non HDL Chol	
Prob Met Syn	
Tot Chol VAP	
Tot VLDL C	
Trig VAP	
VLDL 3 VAP	

Risk Factors

☐ **Coronary Heart Disease**
☒ MI (Heart Attack)
☐ Angina
☒ CABG
 Non-Coronary Atherosclerosis
☐ Peripheral Artery Disease
☐ Cerebrovascular Disease
☐ Aortic Aneurysm

Framingham Risk Scores

Risk	Score	Unit
10-Year General Risk	>30	%
10-Year Stroke Risk	5	%
Global Cardio Score	2.4	pts

☒ Male Age > 45
☐ Female Age > 55
☐ Hypertension > 140/90
☐ Blood Pressure Medications

Smoking status:

[Tobacco Usage](#)

HDL
☒ Male < 40
☐ Female < 50
 FHx Premature HD
☐ Male First Degree < 55
☐ Female First Degree < 65

Assessment
 Strong measures should be taken to lower LDL to below 70.
 Last Updated/Reviewed

Return

- [Lipids System Review](#)
- [Extremity Exam](#)
- [Eye Exam](#)
- [Cardio Exam](#)
- [Lifestyle Changes](#)
- [Lipids Plan](#)

Lipoprotein Metabolism

- [Summary of Lipid Studies](#)
- [Biomarkers of Atherosclerosis](#)
- [Lipoproteins](#)
- [Significance](#)
- [Composition](#)
- [Classification](#)
- [Hyperlipoproteinemias](#)
- [Hypolipoproteinemias](#)
- [VLDLs](#)
- [IDLs](#)
- [LDLs](#)
- [HDLs](#)
- [LDL Receptors](#)
- [Chylomicrons](#)
- [Chylomicrons and Triglycerides](#)

Secondary Causes of Abnormal Lipids

- [Hypercholesterolemia](#)
- [Hypocholesterolemia](#)
- [Low HDL](#)
- [Hypertriglyceridemia](#)

Chronic Care Management - Hyperlipidemia

Tracked Hyperlipidemia Diagnosis

Primary
Secondary

[Return](#)

[Diagnostic/Referral Orders](#)

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Addressed Today?

☐ Y ☐ N
☐ Y ☐ N
☐ Y ☐ N
☐ Y ☐ N
☐ Y ☐ N

Discussion/Plan

Comments

--

[Metabolic Syndrome](#) + ☐ - ☐

Framingham Risk Scores

10-Year General Risk %
10-Year Stroke Risk %
Global Cardio Score pts

Fredrickson Classification

[Assess from Labs](#)

☐ I ☒ IIa ☐ IIb
☐ III ☐ IV ☐ V

[Help](#)

[Info](#)

Last Updated/Reviewed

Most Recent Labs

[Check for New Labs](#)

Cholesterol	<input type="text" value="111"/>	<input type="text" value="04/08/2015"/>
HDL	<input type="text" value="41"/>	<input type="text" value="04/08/2015"/>
Cholesterol/HDL	<input type="text" value="2.71"/>	
Triglycerides	<input type="text" value="77"/>	<input type="text" value="04/08/2015"/>
Trig/HDL	<input type="text"/>	

[Risk Factors](#)

[Lifestyle Changes](#)

Chronic Care Management - Hyperlipidemia

Tracked Hyperlipidemia Diagnosis

Primary

Secondary

[Return](#)

[Diagnostic/Referral Orders](#)

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Addressed Today?

<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N

Discussion/Plan

Comments

--

[Metabolic Syndrome](#) + -

[Framingham Risk Scores](#)

10-Year General Risk %

10-Year Stroke Risk %

Global Cardio Score pts

Fredrickson Classification

[Assess from Labs](#)

<input type="radio"/> I	<input checked="" type="radio"/> IIa	<input type="radio"/> IIb
<input type="radio"/> III	<input type="radio"/> IV	<input type="radio"/> V

[Help](#)

[Info](#)

Last Updated/Reviewed

Most Recent Labs

[Check for New Labs](#)

Cholesterol	<input type="text" value="111"/>	<input type="text" value="04/08/2015"/>
HDL	<input type="text" value="41"/>	<input type="text" value="04/08/2015"/>
Cholesterol/HDL	<input type="text" value="2.71"/>	
Triglycerides	<input type="text" value="77"/>	<input type="text" value="04/08/2015"/>
Trig/HDL	<input type="text"/>	

[Risk Factors](#)

[Lifestyle Changes](#)

Lifestyle Changes

[Goals](#)

Recommended Actions

Diets

- ☒ [High Soluble Fiber](#)
- ☐ [Low Carbohydrate](#)
- ☐ [Low Cholesterol](#)
- ☐ [Low Fat](#)
- ☐ [Low Trans Fat](#)
- ☐ [No Sugar](#)
- ☐ [Weight Loss](#)
- ☐ [35 % Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

- ☐ Exercise Prescription
- ☐ Recommend CPET
- ☐ Change Dietary Habits
- ☐ [Smoking Cessation](#)

[Email](#)

Patient Information (Automatically Prints)

Alcohol and Lipids
BMR -- Changing It
Dining Out
Dyslipidemia and Inactivity
Exercise and Weight Loss
Foods to Eat, Avoid
Inactivity and Cholesterol
Step I, II Diets and Fiber
Step I, II Diets - Description
Training Intensity and Lipids
Transfats and LDL

Navigation

Lipids Master
Lipids System Review
Extremity Exam
Eye Exam
Cardio Exam
Lipids Plan

Lipids Treatment Audit

Most Recent Values	Cholesterol	111	04/08/2015	HDL	41	04/08/2015
	Triglycerides	77	04/08/2015	LDL	55	04/08/2015

Has the patient had a lipid profile within the last year?

Yes

Click to Order

Has the Lipids Treatment Plan been completed within the last year?

Yes

Click to Generate

Has the patient been assessed for Cardiometabolic Risk Syndrome within the last year?

Yes

Click to Assess

If Cardiometabolic Risk Syndrome present, is it listed as a chronic condition?

No

Click to Add

If most recent LDL > 100, is the patient on a statin?

N/A

Click to Add Med

Is the patient allergic to statins? ☐ Yes ☒ No

Have the following lifestyle changes been recommended if applicable?

No

Click to Add

Stop Smoking, Exercise, Lose Weight, Low Cholesterol Diet, Low Carbohydrate Diet

Has risk stratification for Lipids and Heart Disease been completed within the last year by using the Framingham Cardiovascular Risk Score AND one of the following?

Yes

Click to Update

Global Cardiovascular Risk Score, Frederickson Classification of Dyslipidemia,
Lipid Disease Management Risk Assessment

If the most recent LDL > 100, has the patient been referred to Medical Nutrition Therapy at least once?

N/A

Referral

Order	▲
EEG	■
EGD	▼
<input style="width: 80%;" type="text"/>	<input type="button" value="←"/> <input type="button" value="→"/>

Does the patient have Diabetes? **Yes**

If most recent LDL > 70, is the patient on a statin?

No

Click to Add Med

Is the patient's HgbA1c below 7.0%?

Yes

Most Recent Result 6.7 09/21/2015

Click to Order

Does the patient have Hypertension? **Yes**

Is the patient's blood pressure below 140/90?

No

Today's Blood Pressures

	/		mmHg
	/		mmHg
	/		mmHg

Chronic Care Management -- Hypertension

Chronic Care Management - Hypertension

Tracked Hypertension Diagnosis

Primary

Hypertension

Secondary

Return

Diagnostic/Referral Orders

Patient Concerns Related to Hypertension

*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
<div></div>	<div><input type="radio"/> Y <input type="radio"/> N</div>	<div></div>
<div></div>	<div><input type="radio"/> Y <input type="radio"/> N</div>	<div></div>
<div></div>	<div><input type="radio"/> Y <input type="radio"/> N</div>	<div></div>
<div></div>	<div><input type="radio"/> Y <input type="radio"/> N</div>	<div></div>
<div></div>	<div><input type="radio"/> Y <input type="radio"/> N</div>	<div></div>

Comments

Principles of Hypertension Treatment

- You need one drug for every 10 mm Hg of systolic blood pressure reduction.
- The vast majority of patients will need two, three or possibly four medications.
- Drugs that confer an additional cardiovascular benefit beyond direct blood pressure effects are a particularly attractive option.
- Data from seven landmark trials found that between 2.5 and 4.0 antihypertensive agents were required to bring blood pressure to target.

Blood Pressure

Time	BP

Vital Signs

Blood Pressure Classification

Recommended Follow-Up

Risk Group

Treatment Based on Risk Assessment

Calculate Assessment

Preventing Hypertension

Lifestyle Changes

Physician Role

Hypertension Management Guidelines

Patient:
 Age: Sex:

Beginning Blood Pressure: 10/31/2012 153 / 91
 Highest Blood Pressure: 10/31/2012 155 / 95

Vital Signs

Time	BP

Vital Signs

Time	Ht In	Wt Lb	BMI	Pulse

Time	Waist In	Hip In	Ratio

Body Fat: %

Framingham Risk Scores

10-Year General Risk	>30 %
10-Year Stroke Risk	5 %
Global Cardio Score	2.4 pts

[Metabolic Syndrome](#) - ☐ ☐ ☐

Vitals Over Time

Major Risk Factors

Smoking status:

Tobacco use: [Tobacco Usage](#)

☒ Dyslipidemia
☒ Diabetes Mellitus

Family Hx of CV Disease
☐ Male < 55
☐ Female < 65

Sex
☒ Male
☐ Postmenopausal Female

Additional Risk Factors

☐ CHF
☐ CAD
☐ TIA
☐ Stroke
☐ Peripheral Vascular Disease
☐ Renal Insufficiency
☐ Retinopathy

Calculate Assessment

Blood Pressure Classification

Recommended Follow-Up

Risk Group

Treatment Based on Risk Assessment

Lab Results

Labs Over Time

Navigation

Home

Dippers and White Coat

HPT and Diabetes

HPT and Depression

HPT and the Elderly

HPT, Insulin Resistance

Isolated Systolic HPT

HPT and Kidney Disease

Evaluation

Lifestyle Changes

Treatment

HPT Plan

Physician Role

Patient Information
[Click for Documents](#)

Physician Information
[Classification](#)
[Risk Stratification](#)

Chronic Care Management - Hypertension

[Return](#)

Tracked Hypertension Diagnosis

Primary:
 Secondary:
[Diagnostic/Referral Orders](#)

Patient Concerns Related to Diabetes
 *Patient concerns copy forward to future visits until changed.

Concern	Addressed Today?	Discussion/Plan
<input type="text" value=""/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text" value=""/>
<input type="text" value=""/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text" value=""/>
<input type="text" value=""/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text" value=""/>
<input type="text" value=""/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text" value=""/>
<input type="text" value=""/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text" value=""/>

Comments

Principles of Hypertension Treatment

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Blood Pressure

Time	BP

Vital Signs

Blood Pressure Classification

Recommended Follow-Up

Risk Group

Treatment Based on Risk Assessment

Calculate Assessment

Preventing Hypertension

Lifestyle Changes

Physician Role

Preventing Hypertension

[Contributing Causes to Hypertension](#)

Pre-Hypertension

- Pre-hypertension is defined as systolic blood pressure between 121 and 139 or a diastolic between 80 and 89.
- Patients with pre-hypertension have a higher risk of hypertension in the future. Lifestyle modification is recommended for these patients. However, drug treatment for pre-hypertension is indicated only for those with diabetes mellitus or chronic renal disease.
- If you are 55 years of age and do not have hypertension, your lifetime risk of developing hypertension is 90% if you don't take steps to avoid it.

[Return](#)[Document](#)

Is this patient pre-hypertensive?

☐ Yes ☒ NoToday's Blood Pressure / mmHg

Risk Factors for Developing Hypertension

- ☒ Diabetes
- ☐ Emotional Stress
- ☐ Heavy Alcohol Consumption
- ☒ Family History of Hypertension
- ☐ High Fat or High Salt Diet
- ☒ Male
- ☐ Middle-Aged or Older
- ☐ Oral Contraceptives (Birth Control)
- ☒ Overweight
- ☐ Post-Menopausal Female
- ☐ Race (African American)
- ☐ Sedentary Lifestyle

How Can I Reduce My Risk?

- ☒ If you are overweight, lose weight.
- ☒ Avoid heavy alcohol consumption.
- ☒ If you smoke, stop.
- ☒ Eat a heart healthy diet.
 - ☐ [DASH Diet](#) (Auto-Print)
DASH = Dietary Approaches to Stop Hypertension
 - ☒ Decrease your use of salt. [Low Sodium Diet](#) (Auto-Print)
- ☒ Exercise regularly.
- ☒ Learn to manage and reduce stress.

Smoking status: Tobacco use: [Tobacco Usage](#)[Medications Causing HPT](#)

Chronic Care Management - Hypertension

Tracked Hypertension Diagnosis

Primary
Secondary [Diagnostic/Referral Orders](#)[Return](#)

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Addressed Today?

<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N

Discussion/Plan

Comments

Principles of Hypertension Treatment

- You need one drug for every 10 mm Hg of systolic blood pressure reduction.
- The vast majority of patients will need two, three or possibly four medications.
- Drugs that confer an additional cardiovascular benefit beyond direct blood pressure effects are a particularly attractive option.
- Data from seven landmark trials found that between 2.5 and 4.0 antihypertensive agents were required to bring blood pressure to target.

Blood Pressure

Time	BP

[Vital Signs](#)

Blood Pressure Classification

Recommended Follow-Up

Risk Group

Treatment Based on Risk Assessment

[Calculate Assessment](#)[Treating Hypertension](#)[Lifestyle Changes](#)[Physician Role](#)

Recommended Actions

The numbers in parenthesis indicate the approximate reduction in Systolic Blood Pressure for each lifestyle change.

Return

- ☒ Eliminate or reduce alcohol consumption to 2 drinks per day (2-4 mmHg)
 - ☒ Eliminate or reduce caffeine intake
 - ☒ Take measures to reduce and control stress
 - ☒ If you are overweight, [lose weight](#) (5-20 mmHg/20 lb wt. loss)

BMI

 BMR calories/day
 - ☒ [Exercise](#) (4-9 mmHg)
 - ☒ [Smoking Cessation](#) Email
 - ☒ Change dietary habits
 - ☒ Increase potassium intake
 - ☒ Increase calcium intake
 - ☒ Maintain adequate magnesium intake
 - ☒ Increase fish oils
 - ☒ Reduce salt intake to no more than 2.4 grams/day (2-8 mmHg) [What Is A Low Sodium Diet?](#)
 - ☒ [DASH Diet](#) (8-14 mmHg)
 - ☒ Monitor your blood pressure and keep a record
 - ☒ Be sure to keep all of your appointments
 - ☒ Be sure to take your medications as indicated

Information

Alcohol, Coffee, Cigarettes

Tracked Hypertension Diagnosis

Return

Primary	Hypertension
Secondary	

Diagnostic/Referral Orders

Patient Concerns Related to Diabetes

*Patient concerns copy forward to future visits until changed.

Addressed Today?

Discussion/Plan

	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	

Comments

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Principles of Hypertension Treatment

- You need one drug for every 10 mm Hg of systolic blood pressure reduction.
- The vast majority of patients will need two, three or possibly four medications.
- Drugs that confer an additional cardiovascular benefit beyond direct blood pressure effects are a particularly attractive option.
- Data from seven landmark trials found that between 2.5 and 4.0 antihypertensive agents were required to bring blood pressure to target.

Blood Pressure

Time	BP

Vital Signs

Blood Pressure Classification

Recommended Follow-Up

[illegible]

Risk Group

Treatment Based on Risk Assessment

Calculate Assessment

Preventing Hypertension

Lifestyle Changes

Physician Role

Physician Role in Hypertension Management

- ☒ Blood pressure measured at least once this visit
- ☒ Blood pressure measurement repeated if elevated
- ☒ Blood pressure classification determined
- ☒ Weight reduction discussed/recommended
- ☒ Sodium intake discussed/changes recommended
- ☒ Alcohol intake discussed/changes recommended
- ☒ Exercise discussed/recommended
- ☒ Appropriate follow-up scheduled

☐ Generate a follow-up document for the patient at least yearly

Date Last Generated

Prospective Data Collection Flowsheet

	No	Yes	
Assessment of Clinical Symptoms of Volume Overload (Excess)	<input type="checkbox"/>	<input type="checkbox"/>	Dyspnea
	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
	<input type="checkbox"/>	<input type="checkbox"/>	Orthopnea
	<input checked="" type="checkbox"/>		Standardized scale or assessment tool used
			Questionnaire Score <input type="text"/>
Level of Activity	<input checked="" type="checkbox"/>		Standardized scale or assessment tool used
Assessment of Clinical Signs of Volume Overload (Excess)	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral Edema
	<input type="checkbox"/>	<input type="checkbox"/>	Rales
	<input type="checkbox"/>	<input type="checkbox"/>	Liver Enlarged (Hepatomegaly)
	<input type="checkbox"/>	<input type="checkbox"/>	Ascites
	<input type="checkbox"/>	<input type="checkbox"/>	Jugular Venous Pulse - Normal <input type="checkbox"/> Jugular Venous Pulse - Distended
Patient Education	<input type="checkbox"/>		Patient Education Given
Beta-Blocker Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Not Indicated
	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed
	<input type="checkbox"/>	<input type="checkbox"/>	Not Prescribed (Medical Reasons)
	<input type="checkbox"/>	<input type="checkbox"/>	Not Prescribed (Patient Reasons)
	<input type="checkbox"/>	<input type="checkbox"/>	Patient refuses a B-blocker <input type="text"/>
Ace Inhibitor Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Not Indicated
	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed
	<input type="checkbox"/>	<input type="checkbox"/>	Not Prescribed (Patient Reasons)
	<input type="checkbox"/>	<input type="checkbox"/>	Patient Receiving Angiotensin Receptor Blocker
	<input type="checkbox"/>	<input type="checkbox"/>	Patient refuses an ACE <input type="text"/>
Warfarin Therapy Chronic Hx Paroxysmal Atrial Fib <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Indicated
	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed
	<input type="checkbox"/>	<input type="checkbox"/>	Not Prescribed (Medical Reasons)
	<input type="checkbox"/>	<input type="checkbox"/>	Not Prescribed (Patient Reasons)
	<input type="checkbox"/>	<input type="checkbox"/>	Patient refuses Coumadin <input type="text"/>

[Return](#)

Chronic Care Management – Obesity

Chronic Care Management - Obesity

Tracked Diagnosis

PrimaryBMI 50.0-59.9, adult

Secondary

Return

Diagnostic/Referral Orders

Patient Concerns Related to Obesity

*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	

Comments

New Directives for Weight Management

☐ Maintain Diet Modifications

☐ Limit Calories

☐ Increase Exercise

☐ Add stretching to workout

☐ Add weights to workout

☐ Set a goal of pounds/week weight loss

Call nurse with weekly progress reports on

☐ exercise ☐ weight loss

☐ diet ☐ problems

SETMA's LESS Initiative

Physician Role in Weight Mgmt

Exercise Template

Chronic Care Management - Obesity

Tracked Diagnosis

PrimaryBMI 50.0-59.9, adult

Secondary

Return

Diagnostic/Referral Orders

Patient Concerns Related to Obesity

*Patient concerns copy forward to future visits until changed.

	Addressed Today?	Discussion/Plan
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	
	<input type="radio"/> Y <input type="radio"/> N	

Comments

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☐ diet ☐ problems

SETMA's LESS Initiative

Physician Role in Weight Mgmt

Exercise Template

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Chronic Care Management - Obesity

Tracked Diagnosis

Primary
Secondary

[Return](#)

[Diagnostic/Referral Orders](#)

Patient Concerns Related to Obesity

*Patient concerns copy forward to future visits until changed.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Addressed Today?

<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N

Discussion/Plan

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Comments

<input type="text"/>

New Directives for Weight Management

- ☐ Maintain Diet Modifications
- ☐ Limit Calories
- ☐ Increase Exercise
 - ☐ Add stretching to workout
 - ☐ Add weights to workout
- ☐ Set a goal of pounds/week weight loss

Call nurse with weekly progress reports on

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> exercise | <input type="checkbox"/> weight loss |
| <input type="checkbox"/> diet | <input type="checkbox"/> problems |

[SETMA's LESS Initiative](#)

[Physician Role in Weight Mgmt](#)

[Exercise Template](#)

Chronic Care Management - Obesity

Tracked Diagnosis

Primary BMI 50.0-59.9, adult
Secondary

Return

Diagnostic/Referral Orders

Patient Concerns Related to Obesity

*Patient concerns copy forward to future visits until changed.

Addressed Today?

☐ Y ☐ N
☐ Y ☐ N
☐ Y ☐ N
☐ Y ☐ N
☐ Y ☐ N

Discussion/Plan

Comments

New Directives for Weight Management

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Call nurse with weekly progress reports on

- ☐ exercise ☐ weight loss
- ☐ diet ☐ problems

SETMA's LESS Initiative

Physician Role in Weight Mgmt

Exercise Template

Chronic Care Management - Obesity

Tracked Diagnosis

Primary	BMI 50.0-59.9, adult
Secondary	

Return

Diagnostic/Referral Orders

Patient Concerns Related to Obesity

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Addressed Today?

<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N
<input type="radio"/> Y	<input type="radio"/> N

Discussion/Plan

Comments

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New Directives for Weight Management

<input type="checkbox"/> Maintain Diet Modifications
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Call nurse with weekly progress reports on
<input type="checkbox"/> exercise <input type="checkbox"/> weight loss
<input type="checkbox"/> diet <input type="checkbox"/> problems

SETMA's LESS Initiative

Physician Role in Weight Mgmt

Exercise Template

Local Available Services

Gulf Coast Health Care Center, Inc.

- ☐ 2548 Memorial Blvd.
Port Arthur, Texas 77640
(409) 983-1161
- ☐ 601 Rev Dr Ransom Howard St
Pt Arthur, Texas 77642
(409) 983-1161
- ☐ 1301 West Park Ave Ste C
Orange, Texas 77630
(409) 886-4400
- ☐ 710 Hwy 327 East
Silsbee, Texas 77656
(409) 386-1222
- ☐ 103 West Gibson Ste 110
Jasper, Texas 75951
(409) 489-9103

Jefferson County Public Health Department

- ☐ Health & Welfare Unit #1
1295 Pearl
Beaumont, Texas 77701
(409) 835-8530
- ☐ Health & Welfare Unit #2
246 Dallas
Port Arthur, Texas 77640
(409) 983-8380

Ibn Sina Community Medical Center

- ☐ 8599 9th Ave
Pt. Arthur, Texas 77642
(409) 724-7462

Legacy Community Health Services

- ☐ 4450 Highland
Beaumont, Texas 77705
(409) 242-2525

[Return](#)

[Print Complete List](#)