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Patient-Centered Medical Home Annual Questionnaires

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Your Life Your Health

The Examiner

April 19, 2012

As part of SETMA's Patient-Centered Medical Home, we annually complete five questionnaires for each patient to assess the following:

- Fall Risk
- Pain Assessment
- Functional Assessment
- Wellness
- Stress

The standard is that each questionnaire should be completed on all patients at least once a year and more frequently if a change in conditions dictates. The Fall Risk should be completed on all patients over 50 and on younger patients who as a result of chronic condition are at risk of falling. Provider performance on these questionnaires is publicly reported below. The content of the questions are as follows.

Fall Risk Assessment

Falls represent one of the greatest dangers to the health of our elderly and particularly our frail elderly. The life expectancy of a person over 80 who breaks a hip from a fall has a fifty-percent, six months morality rate. At 30 days, the morality rate is 10%. The elements of the fall risk assessment are on the following template which is completed electronically.

Fall Risk Assessment

Last Updated/Reviewed

Check this box if you are unable to complete this assessment to due medical or other reasons.

<p>1. Level of Consciousness/Mental Status</p> <input type="checkbox"/> Alert <input checked="" type="checkbox"/> Disoriented <input type="checkbox"/> Intermittent Confusion	<p>2. History of Falls (In past 3 months)</p> <input checked="" type="checkbox"/> No Falls <input type="checkbox"/> 1-2 Falls <input type="checkbox"/> 3 or more Falls
<p>3. Ambulation/Elimination Status</p> <input checked="" type="checkbox"/> Ambulatory/Continent <input type="checkbox"/> Chair Bound (Requires restraints and assist with elimination) <input type="checkbox"/> Ambulatory/Incontinent	<p>4. Vision Status (With or without glasses)</p> <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Legally Blind
<p>5. Gait/Balance <input type="button" value="Instructions"/></p> <input type="checkbox"/> Gait/Balance Normal <input type="checkbox"/> Balance problem while standing <input checked="" type="checkbox"/> Balance Problem while walking <input type="checkbox"/> Decreased muscular coordination <input type="checkbox"/> Requires usage of assistive devices (i.e. cane, w/c, walker, furniture) <input type="checkbox"/> Jerking or unstable when making turns <input type="checkbox"/> Change in gait pattern when walking through the doorway	<p>6. Systolic Blood Pressure (Between lying and standing)</p> <input type="checkbox"/> No noted drop <input checked="" type="checkbox"/> Drop LESS THAN 20 mm Hg <input type="checkbox"/> Drop MORE THAN 20 mm Hg
<p>7. Medications <input type="button" value="Instructions"/></p> <input checked="" type="checkbox"/> NONE of these medication taken currently or within last 7 days <input type="checkbox"/> Takes 1-2 of these medications currently and/or within last 7 days <input type="checkbox"/> Takes 3-4 of these medications currently and/or within last 7 days <input type="checkbox"/> Change in medication or dosage in last five days <p style="font-size: small;">(Automatically selected based on current med list)</p>	<p>8. Predisposing Diseases <input type="button" value="Instructions"/></p> <input type="checkbox"/> None present <input checked="" type="checkbox"/> 1-2 present <input type="checkbox"/> 3 or more present

Total Score

Once the **Fall Risk Assessment** is completed, the provider should, on the basis of the score, access the “Guidelines for Fall Precaution” and prepare a plan for preventing falls.

Guidelines for Fall Precaution

<p>Inpatient/Nursing Home</p> <input type="checkbox"/> Perform and record Neuro vital signs every <input type="text" value=""/> hours for 48 hours. <input type="checkbox"/> Pharmacy Review <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> Urinalysis <input type="checkbox"/> EKG <input type="checkbox"/> Consult Physical Therapy <input type="checkbox"/> Apply Lap Buddy when up in chair. <input type="checkbox"/> Apply Pelvic Restraint when up in chair. <input type="checkbox"/> Notify family of application of and rationale for restraint device. <input type="checkbox"/> Implement Nursing Fall Precaution Protocol PRN. <input type="checkbox"/> Consult Optometry	<p>Outpatient</p> <input type="checkbox"/> Patient cautioned about increased risk of falls. <input type="checkbox"/> Patient cautioned to gain their balance and stability before beginning to walk after standing up. <input type="checkbox"/> Prescribed cane use. <input type="checkbox"/> Prescribed four pronged cane use. <input type="checkbox"/> Prescribed four legged walker. <input type="checkbox"/> Recommend walking only with assistance. <input type="checkbox"/> Prescribed wheelchair use. <input type="checkbox"/> Referral to PT for evaluation for physical therapy. <input type="checkbox"/> Referral to PT for evaluation for motorized wheelchair. <input type="checkbox"/> Home Health evaluation for safety. <input type="checkbox"/> Recommend commode and bathtub device for mobility.
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The importance of this assessment along with the assessment of the bone density (the bone strength) of elderly patients is important in the prevention of fractures. Remember, the six months survival of patients over eighty years of age after a hip fracture is only 50%. Most cancers have a longer survival rate. The cause of this high mortality is not directly the fracture but the stress related to the fracture, its treatment and to other conditions.

The next questionnaire is a Global Assessment of Functioning. This tool is adapted from the **Global Assessment of Functioning (GAF) Scale** -- American Psychiatric Association. (2000), *Diagnostic and statistical manual of mental disorders* (4th edition).

Global Assessment of Functioning

Last Updated/Reviewed 04/01/2011

- 91 - 100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
- 90 - 81 Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday
- 80 - 71 If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.
- 70 - 61 Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
- 60 - 51 Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
- 50 - 41 Serious symptoms OR any serious impairment in social, occupational, or school functioning.
- 40 - 31 Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
- 30 - 21 Behavior is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
- 20 - 11 Some danger or hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
- 10 - 1 Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.

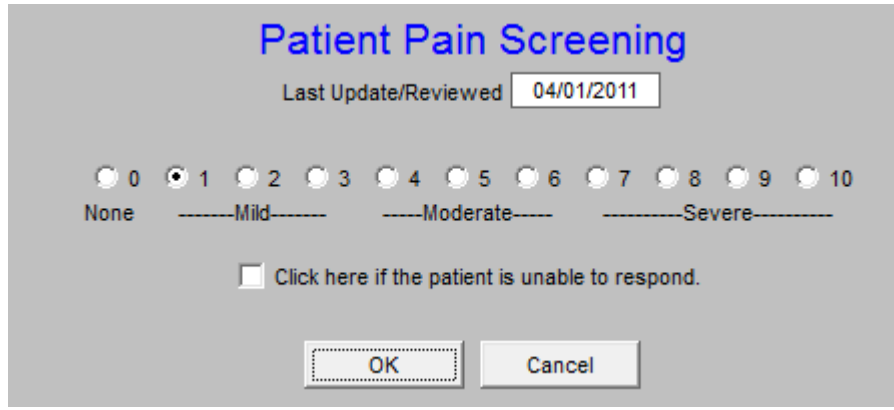
OK Cancel

This assessment is important in both the design of a plan of care and treatment plan and in the judgment of how engaged the patient can be in their own care. Also, it helps evaluate and document safety issues in regard to whether a patient can live alone and care for him/herself independently. This is particularly important in transitions of care from one setting to other, i.e., from the inpatient status to the ambulatory setting. If a patient has a low functioning status and lives alone, they are going to require a change of living circumstances to be safely cared for.

SETMA uses this questionnaire in conjunction with three others which are primarily involved in Hospice care but which have great value in functional assessment. They are: the Karnofsky Performance Scale for adults; the Lansky Performance Scale for Children under sixteen; the Functional Assessment Testing Alzheimer's And Other Related Conditions. These can be reviewed at www.jameshollymd.com under *Electronic Patient management Tools/Specialized Tools/ Stratifying End-of-Life Risk for Hospice Services*.

The third questionnaire is the Patient Pain Screening tool. This tool was developed by the National Institute of Health 2007, Pain Intensity Scale. This is a simple but valuable tool which allows you to assess the patient's perception of their level of discomfort. This assessment must

be balanced with the physical examination. If the patient states that their pain is 8-10 and they are sitting quietly with normal pulse, no sweating, elevated heart rate, elevated blood pressure, clammy, cold skin or other physical evidence of pain, the possibility of an exaggeration of pain exists.



The image shows a software dialog box titled "Patient Pain Screening" in blue text. Below the title, there is a label "Last Update/Reviewed" followed by a text box containing the date "04/01/2011". The main part of the dialog features a horizontal scale of radio buttons numbered 0 through 10. Below the numbers, there are labels: "None" under 0, "Mild" under 1-3, "Moderate" under 4-6, and "Severe" under 7-10. The radio button for "1" is selected. Below the scale, there is a checkbox with the text "Click here if the patient is unable to respond." At the bottom of the dialog are two buttons: "OK" and "Cancel".

The fourth score is the Stress Assessment. This assessment was published in the University of California, Berkley *Wellness Letter*, and August 1995. The Scale Developers were: Lyle Miller and Alma Dell Smith of Boston University Medical Center.

Stress Assessment

Last Updated/Reviewed 06/16/2011

Return

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

Calculate Results >>>

Total Points

Assessment

I eat at least one hot, balanced meal a day.	<input 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 type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I give and receive affection regularly.	<input 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 type="radio"/> A Few Nearby	<input type="radio"/> Several Nearby
I exercise to the point of perspiration at least twice a week.	<input 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 type="radio"/> Obese	<input type="radio"/> Overweight	<input checked="" type="radio"/> Healthy Weight
I have an income adequate to meet basic expenses.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I get strength from my religious beliefs.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I regularly attend club or social activities.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I have a network of friends and acquaintances.	<input type="radio"/> No Friends	<input type="radio"/> Some Friends	<input type="radio"/> Several Friends
I have one or more friends to confide in about personal matters.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I consider myself to be in good health.	<input type="radio"/> Poor Health	<input type="radio"/> Average Health	<input type="radio"/> Good Health
I am able to speak openly about my feelings when angry or worried.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I have regular conversations with the people I live with about domestic problems like chores and money.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I do something fun at least once a week.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I am able to organize my time efficiently.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I drink fewer than 3 cups of coffee (or other caffeinated drinks) a day.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I take some quiet time for myself during the day.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always

The Stress Assessment based on the Score

≥ 80 points

You have an excellent resistance to stress.

≥ 60 points

You may be somewhat vulnerable to stress.

<60 points

You may be seriously vulnerable to stress.

The importance of this score is both its results and its content. The elements of the assessment alert a healthcare provider and a patient to the things which cause stress and points to means of stress reduction. Stress is destructive to the human body. Stress increases blood pressure and pulse both of which contribute to heart disease. Stress increases certain chemicals in the body all of which in excess amounts are harmful to health. It is often possible to improve the control of diabetes without more medications by the reduction or elimination of stress. And, it is important that the best stress reduction does not come from a pill but from life-style modification and the elimination of stressors in one's life.

The fifth questionnaire is a Wellness Assessment. This was produced by the University of Wisconsin, Health Promotion and Human Development Department through the work of Anne Abbott, Jane

P. Jones and John Munson. Like the Stress Assessment, the Wellness Assessment has value from its result and from its content. It is far more important for a physician, nurse practitioner, physician's assistant or other healthcare provider to promote wellness than to treat disease. Remember, the best way to treat diabetes is still "don't get it."

The following is the Wellness Assessment. This assessment focuses on activity, diet, rest, alcohol consumption, coping skills, etc.

Wellness Assessment

Last Updated/Reviewed 06/15/2011

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

[Return](#)

[Calculate Results >>>](#)

Total Points
Assessment

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

How often do you eat breakfast (more than just coffee or a roll)?

- Never or rarely Most days Every day

What is your smoking status?

- Currently smoke Have smoked but quit Never smoked

How often do you feel you get the sleep you need?

- Never Most nights Every night

How well are you coping with your current stress load?

- Difficult to cope most days Coping fairly well Coping very well

How many alcoholic drinks do you usually have each week?

One drink is equal to 12 ounces beer, 5 ounces wine or 1.5 ounces liquor.

- None 1 to 8 drinks 9 to 13 drinks 14+ drinks

Have you been told by your doctor that you have...?

- Good blood pressure High blood pressure

Have you been told by your doctor that you have...?

- Good cholesterol High cholesterol

Please enter your weight and height below to see if you are a healthy weight.

pounds inches BMI

Please enter your waist circumference.

inches

Wellness Assessment results based on the Score

< 5 points	Poor
5-9 points	Fair
10-19 points	Good
20-29 points	Very good
≥ 30 points	Excellent

Healthcare is more complex than it once was. Increasingly we have a need for and we have the availability of quantifiable assessments of foundational elements of health and of healthcare.