

## CONDUCTING A FIDELITY VISIT MEDICATION MANAGEMENT APPROACHES IN PSYCHIATRY

The information below is provided to facilitate setting up and conducting medication management fidelity visits. The purpose and steps, as well as a recommended script, for a pre-visit phone call are outlined. Structured interviews for program directors and prescribers are also provided. Use this information as a guide when conducting a fidelity assessment. More detailed instructions, including rationale for each item, are contained in the Medication Management Fidelity Scale Protocol. Before conducting a fidelity assessment, you should become familiar with all the documents in this packet.

### Pre-Visit Phone Call

#### Purpose/Steps:

1. Identify and contact the program director of site to be visited.  
*(The program director may be the agency's medical director or some other administrator. Title for role may vary from site to site.)*
2. Explain purpose of visit and necessary meetings
  - a. 1 hr meeting with program director
  - b. 15 minute meetings with each of 3 prescribers
  - c. Review 10 charts for each prescriber interviewed
3. Arrange a date and time for visit
4. Fill out MedMAP Fidelity Scale Cover Sheet

#### Suggested Script (for phone conversation with program director):

“Hello. My name is \_\_\_\_\_ and I am calling on behalf of the *Implementing Evidenced-based Practices Project*. Thank you for agreeing to let me visit your site and conduct a Medication Management Fidelity Visit. I am calling today to arrange a date on which I can visit your site and complete the fidelity assessment. During this visit, I will need to meet with you for approximately 1 hour at the beginning of the day and with three prescribers who manage medications for persons with schizophrenia for approximately 15 minutes each. Prescribers who have worked at your site for one year or more are preferred, although if you do not have anyone who qualifies, I can also interview prescribers who have worked at your site for at least 6 months. Additionally, I will need to review 10 charts for each prescriber interviewed. The ideal is that these charts are picked at random. The charts should be for patients with schizophrenia-spectrum disorders, who have been receiving services for at least 6 months at your clinic, and have been seen during this time by one of the three prescribers we will be interviewing. Please help me determine the best way to identify these charts. Some possible methods that could be used would be a list of patients meeting these criteria (by prescriber), or a list of all patients seen by a prescriber who meet the diagnostic criterion (and charts not qualifying can be sorted out at the time of the visit).

In addition, I will asking about the availability of other documents. If you have these, please have them on hand at the time of the visit:

**Documents for Fidelity Study:**

- Admission form
- Progress note form
- Medication formulary
- Quality assurance guidelines for such things as treatment refractory patients
- Medication education materials for patients and family members
- Schedule of trainings for prescribers
- Caseload lists
- Schedule of team meetings
- Schedules and curricula for therapy groups
- Agency mission statement
- Tools used to assess substance use
- Sample treatment plans
- Team meeting notes
- 10 charts for each prescriber interviewed
  1. receiving services for at least 6 months
  2. for patients with schizophrenia-spectrum disorder
  3. seen during this time by one of the three prescribers interviewed
  4. have had no hospital stay for more than one month in the last 6 months
  5. charts should be randomly chosen

**Items to Bring on Visit:**

- MedMAP Fidelity Scale 9-2-02
- MedMAP Chart Review 9-2-02
- MedMAP Interviews 9-2-02
- MedMAP Scoresheets 9-2-02

### MedMAP Fidelity Scale Cover Sheet


**Date:** \_\_\_\_\_ **Assessor(s):** \_\_\_\_\_

\_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Sources Used:**

\_\_\_\_ Interview with \_\_\_\_\_  
\_\_\_\_\_

**Number of Staff:** \_\_\_\_\_

**Number of clients served in preceding year:** \_\_\_\_\_

## MEDICATION MANAGEMENT FIDELITY SCALE PROTOCOL

### Introduction

Overview of the scale. The Medication Management (MedMAP) Fidelity Scale is a 29-item scale assessing the adequacy of implementation of evidence-based practices for medication management for persons with severe mental illness. It is organized around the following principles: *Choosing and Modifying* (i.e., medication choices are guided by appropriate information, sequences of medication are appropriate, and patients are involved), *Implementing* (i.e., medication treatment and duration are adequate to determine response), *Integration of Services* (i.e., medication decisions are coordinated with other aspects of treatment), *Medication Education* (i.e., staff training), and *Quality Control* (quality control review and plan). The scale covers both practices of the organization or agency as well as individual prescribers. The **Organizational-Level** MedMAP Fidelity Scale consists of 13 items. The **Prescriber-Level** MedMAP Fidelity Scale consists of 16 items. In addition to its use for evaluating individual prescribers performance, the scores for individual prescribers are averaged to produce **Combined Prescriber MedMAP Fidelity Scale**.

How items are rated. Each item on the MedMAP Fidelity Scale is rated on a 5-point rating scale ranging from 1 (“Not Implemented”) to 5 (“Fully Implemented”). The standards used for establishing the anchors for the “fully-implemented” ratings were determined through a variety of expert sources.

What is rated. The MedMAP Fidelity Scale is rated on current behavior and activities, not planned or intended behavior. The data sources for the Organizational-Level MedMAP Fidelity Scale ratings are interviews with the program leader, the prescribers, and agency documents. The data sources for all but one of the Prescriber-Level MedMAP Fidelity Scale ratings are patient charts.

How the rating is done. To be valid, we believe that a fidelity assessment must be done in person, i.e., through a site visit. .

Who does the ratings. Although the fidelity scale has been constructed to allow for objective ratings of information, the fidelity assessors should be knowledgeable about psychotropic medications and in medication management practices, experienced in chart review, and skilled in interviewing. It is intended primarily as an assessment tool for an external group, although we also advocate its use internally by an agency or treatment team. If it is administered internally, it is obviously important for the ratings be made objectively, based on hard evidence, rather than making ratings to “look good.” Circumstances will dictate decisions in this area, but we encourage agencies to choose a review process that fosters objectivity in ratings, e.g., by involving a staff person who is not centrally involved in providing the service. With regard to external reviews, there is a distinct advantage in using assessors who are familiar with the agency, but at the same time are independent. The goal in this process is the selection of objective and competent assessors.