

Date: _____ Program Name: _____

Program Director Name: _____ Interviewer: _____

Instructions: These questions should be asked of the program director. Collect as detailed information as possible. If possible, keep copies of the any forms reviewed.

O1. Standardized Summary of Illness and Medication History

- Do you have a form that provides a standardized summary of illness and medication history? [If yes] What is your name for this form? May I see a copy?

Interviewer: Examine form for elements listed below. If any are not included on the admission form, ask program director if they appear in chart and if they are recorded systematically.

	Present	Absent
Illness history		
Past medication treatments		
Contact information for previous prescribers		
Side effects of current meds		
Current medication adherence		
Symptoms and severity		
Diagnosis(es)		
Current medication and doses		
Rationale for prescription		
Current patient functioning		
Total # Present		

- Where do I find this form in the chart? (If electronic record, where do you find this document?)
- What about patients who were admitted years ago? Is this form completed on these patients as well?
- Where is this form typically located in the chart?

O2. Standardized Ongoing Documentation Form

- Do you use an ongoing documentation form to track diagnoses, symptoms, severity, and treatment (i.e., progress notes)? [If yes] May I see a copy?
- What is the name of the form you use that captures this information? (If electronic record, where do you find this document?) _____

- Where is it typically located in the chart? _____

Interviewer -- examine form for the elements below. If any are missing, asks program director if they appear in chart and if they are recorded systematically.

	Present	Absent
Symptoms and severity		
Diagnosis(es)		
Current medications and doses		
Response to medications		
Side effects checklist		
Medication adherence		
Management of side effects		
Duration of treatment		
Rationale for change/modification		
Patient preferences		
Medication interaction/compatibility		
Total # Present		

O3. Prescriber Access to Information at First Medication Visit After Admission to the Clinic

- Do you have procedures for obtaining illness and medication history on admission? [If yes] What are they? What information do you obtain? How soon? Is it adequate?
- Is the chart information always available? Is it complete? About how often is it incomplete? What procedures do you have for ensuring completeness? Can you think of situations when this information may be delayed (e.g., hospital does not forward information)?

Interviewer: Make an estimate of percentage of all charts available to prescriber at the time of first medication visit after admission. Make an estimate based on the program director's estimate, but take into account the other information as they inform the credibility of the estimate.

O4. Prescriber Access to Relevant Information at Each Visit

- What kind of information do prescribers have on patients on subsequent visits?
- Is the chart information always available? Is it complete? About how often is it incomplete? What procedures do you have for ensuring completeness?

Interviewer: Make an estimate of percentage of all charts available at each visit.

O5. Formulary

- Does your agency use a medication formulary? [If yes] May I review a copy of it?

Interviewer: If a copy is unavailable, get a verbal description.

- Specifically, does the formulary contain each of following:

	Present	Absent
Clozapine		
Olanzapine		
Risperidone		
Quetiapine		
Ziprasidone		

Interviewer: All of these should be on formulary as of May, 2002

O6. Medication Availability

Interviewer: Probe for possible complications of the formulary. The program director’s first reaction may be to say that all the medications are readily available, but skillful interviewing may uncover exceptions. Possible probe questions:

- What special exceptions are there to prescribing medications listed in formulary?
- Are there medications that are on the formulary but require additional time on the part of the prescriber (e.g., paperwork, approval, or consultation)?
- Are there any other restrictions or limitations associated with the prescription of any medications?

Interviewer: Get a description of any such medication policies, including reasons for unavailability.

O7. Treatment Refractory

- Does your clinic have a formal method for identifying patients who are *treatment-refractory*? [If yes] What is your definition of **treatment refractory**? (Probe for operational criteria.)

- Do you have a list of patients who are currently treatment refractory? May I see it?
- What does the clinic do when a patient is identified as treatment refractory? Are there specific treatments offered?
- How are outcomes monitored for treatment refractory patients? How often?

- If there is a monitoring process, how are prescribers informed?

Interviewer: Are there specific operational criteria for treatment refractory? Yes No
Is there a regular review process (at least every 6 months)? Yes No
Is there a method for informing prescribers? Yes No

O8. Patient Education

- What ways do you use to inform patient (or family) about each medication?
- What elements are included in your patient education? Probe for each of the following elements if the respondent does not mention:
 - Distribution of education materials
 - Explanation of purpose
 - Discussion of benefits and risks
 - Discussion of potential side effects
 - Discussion of alternative treatments
 - Patient preferences and input
- How do you document that this is done?
- Is this done once for each patient or is this information reviewed periodically?
- If reviewed periodically, how do you document that this is done?
- Do you have written materials regarding each medication? (Ask to see sample copies.) [If yes] How is this information provided? Probe for whether the materials are routinely offered, or if they are given only when requested.
- Do some or do all of your prescribers provide education? Is there a standard procedure, or is it done informally?
- How is patient education incorporated into the daily flow of work?

Interviewer: Get an estimate of percentage of patients who are given educational materials without having to request them.

O9. Agency Medication Guidelines

- Does your agency have medication guidelines specifying what constitutes an adequate trial for each medication? If yes, request a copy for review. Examine the guidelines for the presence of recommendations regarding:
 - Sequencing of medications Yes No

- Dose Yes No
- Duration Yes No

- How often are the medication guidelines reviewed/updated? What was the date of the last update? (Use this date to rate frequency of updates. For example, if the date is less than a year old, then rate it as annual.)

O10. Scheduling Flexibility

Interviewer: The intent is to determine the balance in the clinic between the demands for productivity and the desirability of scheduling flexibility. Some possible probe questions:

- Describe your scheduling procedures. Do you seek to fill completely your prescribers' appointment times?
- Are productivity, and conversely, unfilled appointment time slots, concerns at your clinic?
- How does your clinic handle unscheduled/urgent patient visits (e.g., if a patient is experiencing troublesome side effects that are not life threatening but would require an evaluation and possible medication adjustment or additional medication)? Ask for recent examples and specifics of the manner in which they were handled.
- Do you "hold back" a certain number of time slots in prescribers' schedules for such purposes?
- How far in the future is a typical appointment date for a patient with an urgent (not emergency) request to see a doctor (i.e., # of business days)?
- Do you have an explicit policy regarding unscheduled/urgent visits? [If yes] Please describe.

Number of appointment "time slots" held back for unscheduled visits:

- If held back by prescriber, how many per time period: # ____ per ____ (day/week)
- If held back for clinic as a whole, how many per time period: # ____ per ____ (day/week)

Estimated number of days from urgent request to appointment: _____

O11. Integration of Services

- How many treatment teams (typically, a team comprised of a team leader, several case managers, a psychiatrist, and nurses) does your clinic have?
- How often does each meet? Do not include administrative meetings; count only meetings

that review individual patients regarding treatment planning, outcomes, etc.

Team 1 _____, Team 2 _____, Team 3 _____, Team 4 _____, Team 5 _____

- Are prescribers expected to attend these meetings? How often? Is it the same for each prescriber?
- How are these meetings factored into prescribers' workload?
- Is there any process for monitoring prescriber attendance at these meetings?
- How often? Are there other ways in your clinic in which prescribers have regular contact with other members of the treatment team? *(Interviewer: The intent of this question is to determine if there is an equivalent method for ensure regular, patient-specific treatment planning and coordination involving all the relevant professional staff.)*

Average number of treatment team meetings (or equivalent) attended per week by prescribers: _____

Average duration of meetings: _____

O12. Staff Training and Supervision

- Describe ongoing training and supervision that prescribers and others involved in medication treatment receive regarding recommended medication practices.
- How often do the staff receive medication-specific training/supervision? Is it in a group format? How long are these meetings? Who leads these meetings? What is their content? (Exclude administrative meetings where no clinical issues discussed.)
- Please describe what a typical supervision session looks like.

Frequency of training/supervision: _____

O13. Quality Control

Interviewer: If appropriate, interview the director of quality of control in addition to the program director, asking similar questions, or interview the two together.

- Do you have a department or committee responsible for quality control of medication management? (Name for the department/committee: _____)
Please describe its composition, function, and procedures.

- How often are charts sampled to identify deviations from recommended medication practices?
- What specific information is examined in the review?
- What corrective actions have been taken?

Interviewer: How often are charts sampled to identify deviations from practice? What specific information is examined in the review? What corrective actions have been taken?

System for quality improvement includes:

	Yes	No
Timely meetings (at least quarterly)		
Comprehensive review (includes all prescriber level standards)		
Aggregates the statistics		
Informs policy decisions (corrective actions for deficiencies)		

MedMAP Fidelity Scale: Prescriber Interview

Date: _____ Program Name: _____

Prescriber Name: _____ Interviewer: _____

*Instructions: These questions should be asked of each prescriber. Collect as detailed information as possible. Some questions duplicate those asked of the program director – **DO NOT** share responses of program director with prescribers.*

O1. Standardized Summary of Illness and Medication History

- Do you use a standard form to summarize illness and medication history? [If yes] Can you show me an example from one of your patient's charts? Is this information typically fully filled out?

O2. Standardized Ongoing Documentation Form

- Do you use an ongoing documentation form to track diagnoses, symptoms, severity, and treatment (i.e., progress notes)? [If yes] Can you show me an example from one of your patient's charts?

O3. Prescriber Access to Information at Admission

- What kind of information do you have on patients upon admission?
- Can you think of situations when this information may be delayed (e.g., hospital does not forward information)?
- About what percentage of the time would you estimate that you have all the information you need at the time of admission?

Interviewer: Get an estimate of percentage of all charts available at admission.

O4. Prescriber Access to Information at Each Visit

- When seeing the patient or writing progress notes (after admission), do you have access to the chart and other relevant information? Is it immediately accessible?
- What percentage of the time do you have access to all the chart information you need when seeing patients or writing progress notes?

Interviewer: Get an estimate of percentage of all charts available at each visit.

O5. Formulary

- Do you use a medication formulary? Does it include the following?

	Present	Absent
Clozapine		
Olanzapine		
Risperidone		
Quetiapine		
Ziprasidone		

O6. Medication Availability

- Could you explain your decision making process when deciding to prescribe an anti-psychotic?
- Are there any medications that are on the formulary but require additional paperwork, approval, consultation, or have any other requirements/limitations associated with use?
- Do you feel there are any barriers to your prescribing certain medications?

Interviewer: Get a description of any such medication policies or barriers.

O7. Treatment Refractory

- Does your clinic have a formal method for identifying patients who are *treatment-refractory*? [If yes] What is your definition of **treatment refractory**? (Probe for operational criteria.)

- Do you have a list of your patients who are currently treatment refractory? May I see it?
- What does you do when a patient is identified as treatment refractory? Are there specific treatments offered?
- How are outcomes monitored for treatment refractory patients? How often?
- If there is a clinic-wide monitoring process, how are you informed?

Interviewer: Are there specific operational criteria for treatment refractory? Yes No
Is there a regular review process (at least every 6 months)? Yes No
Is there a method for informing prescribers? Yes No

O10. Scheduling Flexibility

- How does your clinic handle unscheduled or urgent patient visits (i.e. if a patient is experiencing troublesome side effects that are not life threatening but would require an evaluation and possible medication adjustment or additional medication)?
- Are there time slots reserved in your schedule? How far in the future is a typical appointment date for a patient with an urgent (not emergency) request to see you (i.e. # of days).

Description of policy for unscheduled/urgent visits:

Number of time slots reserved: _____

Number of days from request to appointment: _____

O11. Integration of Services

- What is the nature of the contact between you and other members of the treatment team (e.g., case managers, residential staff, vocational staff)? What is the average duration and frequency of contact?
- Do you ever team meetings? How often?

Frequency of contact: _____

Frequency of team meeting attendance: _____

O12. Staff Training and Supervision

- Describe ongoing training and supervision that prescribers and others involved in medication treatment receive regarding recommended medication practices.
- How often do the staff receive medication-specific training/supervision? Is it in a group format? How long are these meetings? Who leads these meetings? What is their content? (Exclude administrative meetings where no clinical issues discussed.)
- “Please describe what a typical supervision session looks like.”

Frequency of training/supervision: _____