

MedMAP Fidelity Scale: Prescriber Level (9-3-02)

Ratings for P1 – P15 based on 10 charts per prescriber

Prescriber # _____

	1	2	3	4	5
<p>P1. Accessible and Accurate Summary of Illness and Medication History: Summary of patient psychiatric history (diagnoses, age of onset, past medications), updated within 12 months, is easily found (Use admission form if patient admitted to clinic in last 12 months)</p>	Comprehensive summary of psychiatric history absent or inaccessible in $\geq 90\%$ of patients' charts	Comprehensive summary of psychiatric history accessible for 11% - 49% of patients	Comprehensive summary of psychiatric history accessible for 50% - 69% of patients OR Some critical info missing in all charts	Comprehensive summary of psychiatric history accessible for 70% - 89% of patients OR Most, but not all, information found in all charts	In $\geq 90\%$ of patients' charts, a comprehensive summary of psychiatric history can be readily found which has been reviewed within the last year
<p>P2. Current Comprehensive Medication Documentation: Detailed prescriber summary of patient's current medication status, updated within last 4 months including:</p> <ul style="list-style-type: none"> • Meds (name, dose, start date, rationale, side effects) • Medication adherence • Level of social and occupational functioning 	Complete ongoing documentation done for $\leq 10\%$ of patients	Complete ongoing documentation done for 11% - 49% of patients	Complete ongoing documentation done for 50% - 69% of patients OR Some critical info missing in all charts	Complete ongoing documentation done for 70% - 89% of patients OR Most, but not all, information found in all charts	Complete ongoing documentation done for $\geq 90\%$ of patients
<p>P3. Treatment of All Psychiatric Conditions: All psychiatric conditions (e.g., anxiety, depression, insomnia, substance abuse, mood instability, impulsivity) are treated with medications and/or psychosocial interventions. When psychopharmacological treatment is used, a specific treatment plan is documented</p>	Psychopharm. and/or psychosocial treatment plan is documented for each psychiatric condition in the charts for $\leq 10\%$ of patients	Psychopharm. and/or psychosocial treatment plan is documented for each psychiatric condition in the charts for 11% - 49% of patients	Psychopharm. and/or psychosocial treatment plan is documented for each psychiatric condition in the charts for 50% - 69% of patients	Psychopharm. and/or psychosocial treatment plan is documented for each psychiatric condition in the charts for 70% - 89% of patients	A psychopharmacological and/or psychosocial treatment plan is documented for each psychiatric condition in the charts for $\geq 90\%$ of patients

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<p>P4. Treatment Guided by Outcomes: Treatment plan specifies desired outcomes from each medication and a systematic rating method on target outcomes (e.g. patient will be substantially free of psychotic symptoms as measured by the psychosis items in the Brief Psychiatric Rating Scale)</p>	<p>Treatment plan specifies desired outcomes from each medication and a systematic rating method on target outcomes occurs for $\leq 10\%$ of patients at each medication visit</p>	<p>Treatment plan specifies desired outcomes from each medication and a systematic rating method on target outcomes occurs for 11% - 49% of patients at each medication visit</p>	<p>Treatment plan specifies desired outcomes from each medication and a systematic rating method on target outcomes occurs for 50% - 69% of patients at each medication visit</p>	<p>Treatment plan specifies desired outcomes from each medication and a systematic rating method on target outcomes occurs for 70% - 89% of patients at each medication visit</p>	<p>Treatment plan specifies desired outcomes from each medication and a systematic rating method on target outcomes occurs for $\geq 90\%$ of patients at each medication visit</p>
<p>P5. Simplification of Medication Regimen: A single medication for each identified psychiatric condition, prescribed once a day is simplest regimen. Justification for more complex antipsychotic regimens (more than one medication within a class of medications; more than twice a day) documented and updated within last 120 days</p>	<p>For $\leq 10\%$ of patients, the medication regimen either is simple or if complex, a justification is updated within last 120 days</p>	<p>For 11% - 49% of patients, the medication regimen either is simple or if complex, a justification is updated within last 120 days</p>	<p>For 50% - 69% of patients, the medication regimen either is simple or if complex, a justification is updated within last 120 days</p>	<p>For 70% - 89% of patients, the medication regimen either is simple or if complex, a justification is updated within last 120 days</p>	<p>For $\geq 90\%$ of patients, the medication regimen either is simple or if complex, a justification is updated within last 120 days</p>
<p>P6. Documentation of Outcomes: Prescriber makes ratings of target symptom severity (using any quantitative scale) at every medication visit</p>	<p>Based on last 4 visits, prescriber always makes ratings of target symptom severity (using any quantitative scale) at every medication visit for $\leq 10\%$ of patients</p>	<p>Based on last 4 visits, prescriber always makes ratings of target symptom severity (using any quantitative scale) at every medication visit for 11% - 49% of patients</p>	<p>Based on last 4 visits, prescriber always makes ratings of target symptom severity (using any quantitative scale) at every medication visit for 50% - 69% of patients</p>	<p>Based on last 4 visits, prescriber always makes ratings of target symptom severity (using any quantitative scale) at every medication visit for 70% - 89% of patients</p>	<p>Based on last 4 visits, prescriber always makes ratings of target symptom severity (using any quantitative scale) at every medication visit for $>90\%$ of patients</p>

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<p>P7. Documentation of Side Effects: Prescriber (or patient when appropriate) rates severity of antipsychotic side effects and tolerability for > 90% of patients</p>	<p>Based on last 6 months, prescriber (or patient, when appropriate) evaluates at least 3 potential side effects of each antipsychotic for \leq 10% of patients</p>	<p>Based on last 6 months, prescriber (or patient, when appropriate) evaluates at least 3 potential side effects of each antipsychotic for 11% - 49% of patients</p>	<p>Based on last 6 months, prescriber (or patient, when appropriate) evaluates at least 3 potential side effects of each antipsychotic for 50% - 69% of patients</p>	<p>Based on last 6 months, prescriber (or patient, when appropriate) evaluates at least 3 potential side effects of each antipsychotic for 70% - 89% of patients</p>	<p>Based on last 6 months, prescriber (or patient, when appropriate) evaluates at least 3 potential side effects of each antipsychotic for \geq90% of patients</p>
<p>P8. Treatment of Side Effects: Medications for side effects are reviewed regularly to determine their effectiveness and the need for continuing treatment</p>	<p>For \leq 10% of patients, either patient is not prescribed side effect medication or prescriber has reviewed needs for side effect medication treatment within last 120 days</p>	<p>For 11% - 49% of patients, either patient is not prescribed side effect medication or prescriber has reviewed needs for side effect medication treatment within last 120 days</p>	<p>For 50% - 69% of patients, either patient is not prescribed side effect medication or prescriber has reviewed needs for side effect medication treatment within last 120 days</p>	<p>For 70% - 89% of patients, either patient is not prescribed side effect medication or prescriber has reviewed needs for side effect medication treatment within last 120 days</p>	<p>For \geq90% of patients, either patient is not prescribed side effect medication or prescriber has reviewed needs for side effect medication treatment within last 120 days</p>
<p>P9. Recommended Dose Range: Dose levels are within recommended ranges or when dose falls outside the range, prescriber documents rationale for deviation</p>	<p>Based on last 4 visits, doses are within recommended ranges (or when outside range, prescriber documents rationale) for \leq 10% of patients</p>	<p>Based on last 4 visits, doses are within recommended ranges (or when outside range, prescriber documents rationale) for 11% - 49% of patients</p>	<p>Based on last 4 visits, doses are within recommended ranges (or when outside range, prescriber documents rationale) for 50% - 69% of patients</p>	<p>Based on last 4 visits, doses are within recommended ranges (or when outside range, prescriber documents rationale) for 70% - 89% of patients</p>	<p>Based on last 4 visits, doses are within recommended ranges (or when dose falls outside the recommended range, prescriber documents rationale for deviation) for \geq90% of patients</p>

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<p>P10. Rational Sequencing for Antipsychotic Changes: Changes to a different antipsychotic are documented to be in conformance with agency guidelines or other published guidelines</p>	<p>For $\leq 10\%$ of patients, either no change to a different antipsychotic for past 6 months, or if there is a change, it is documented to be in conformance with agency guidelines or other published guidelines</p>	<p>For $\geq 11\% - 49\%$ of patients, either no change to a different antipsychotic for past 6 months, or if there is a change, it is documented to be in conformance with agency guidelines or other published guidelines</p>	<p>For $\geq 50\% - 69\%$ of patients, either no change to a different antipsychotic for past 6 months, or if there is a change, it is documented to be in conformance with agency guidelines or other published guidelines</p>	<p>For $\geq 70\% - 89\%$ of patients, either no change to a different antipsychotic for past 6 months, or if there is a change, it is documented to be in conformance with agency guidelines or other published guidelines</p>	<p>For $\geq 90\%$ of patients, either there has been no change to a different antipsychotic for past 6 months, or if there is a change, the change is documented to be in conformance with agency guidelines or other published guidelines</p>
<p>P11. Medication Visit Frequency: Patients are seen at least every 3 months and more frequently when primary medications are being changed or when prescriber requests</p>	<p>Patients are seen no more often than every three months, even when medications are being changed</p>	<p>Patients are seen no more often than every two months, even when medications are being changed</p>	<p>When primary medications are being changed or when prescriber requests they be seen weekly, patients are seen monthly, and at least every 3 months when stable</p>	<p>When primary medications are being changed or when prescriber requests they be seen weekly, patients are seen bi% - weekly, and at least every 3 months when stable</p>	<p>When primary medications are being changed or when prescriber requests they be seen weekly, patients are seen weekly, and at least every 3 months when stable</p>
<p>P12. Treating Refractory Patients: Prescriber systematically identifies all schizophrenia patients who have failed two or more antipsychotics and are still symptomatic and offers them clozapine</p>	<p>Prescriber does not have a documented method for identifying treatment refractory patients</p>	<p>Prescriber has method for identifying treatment refractory patients and $11\% - 49\%$ patients either offered clozapine or not treatment refractory</p>	<p>Prescriber has method for identifying treatment refractory patients and $50\% - 69\%$ patients either offered clozapine or not refractory</p>	<p>Prescriber has method for identifying treatment refractory patients and $70\% - 89\%$ patients either offered clozapine or not treatment refractory</p>	<p>Prescriber has method for identifying treatment refractory patients and $\geq 90\%$ patients are either offered clozapine or are not treatment refractory</p>

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<p>P13. Patient and Family Education: Prescriber discusses therapeutic options and associated risks and benefits with patient, (and with patient's family if consent is given)</p>	<p>For \leq 10% of patients, medication education documented for each psychotropic medication within last 12 months</p>	<p>For 11% - 49% of patients, medication education documented for each psychotropic medication within last 12 months</p>	<p>For 50% - 69% of patients, medication education documented for each psychotropic medication within last 12 months</p>	<p>For 70% - 89% of patients, medication education documented for each psychotropic medication within last 12 months</p>	<p>For \geq90% of patients, medication education documented for each psychotropic medication within last 12 months</p>
<p>P14. Patient and Family Involvement in Treatment Planning: Patient input is documented for all treatment decisions and there is evidence of shared decision making between prescriber and patient (and family when appropriate), or rationale for deviation is documented for patients. This may include elicitation of patient goals, preferences, and ongoing experience with medication treatment</p>	<p>For \leq 10% of patients, prescriber documents process of shared decision making with patient (and families when appropriate) in treatment planning or documents rationale for not doing so at least once within last 4 medication visits</p>	<p>For 11% - 49% of patients, prescriber documents process of shared decision making with patient (and families when appropriate) in treatment planning or documents rationale for not doing so at least once within last 4 medication visits</p>	<p>For 50% - 69% of patients, prescriber documents process of shared decision making with patient (and families when appropriate) in treatment planning or documents rationale for not doing so at least once within last 4 medication visits</p>	<p>For 70% - 89% of patients, prescriber documents process of shared decision making with patient (and families when appropriate) in treatment planning or documents rationale for not doing so at least once within the last 4 medication visits</p>	<p>For \geq90% of patients, prescriber documents process of shared decision making with patient (and families when appropriate) in treatment planning or documents rationale for not doing so at least once within the last 4 medication visits</p>
<p>P15. Patient Medication Adherence Strategies: Regular provision of evidence-based strategies to enhance medication adherence, such as behavioral tailoring and motivational interviewing, documented for all patients</p>	<p>\leq 10% of patients have received an evidence-based strategy for enhancing medication adherence within last 12 months, as documented in charts</p>	<p>11% - 49% of patients have received an evidence-based strategy for enhancing medication adherence within last 12 months, as documented in charts</p>	<p>50% -69% of patients have received an evidence-based strategy for enhancing medication adherence within last 12 months</p>	<p>70% - 89% of patients have received an evidence-based strategy for enhancing medication adherence within last 12 months, as documented in charts</p>	<p>\geq90% of patients have received an evidence-based strategy for enhancing medication adherence within last 12 months, as documented in charts</p>

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<p>P16. Prescriber Attendance in Treatment Team Meetings:</p>	<p>Treatment planning meetings held at least monthly and prescriber attends $\leq 10\%$ of scheduled meetings</p>	<p>Treatment planning meetings held at least monthly and prescriber attends 11% - 49% of scheduled meetings</p>	<p>Treatment planning meetings held at least monthly and prescriber attends 50% - 69% of scheduled meetings</p>	<p>Treatment planning meetings held at least monthly and prescriber attends 70% - 89% of scheduled meetings</p>	<p>Treatment planning meetings are held at least monthly and prescriber attends $\geq 90\%$ of scheduled meetings (as determined from prescriber and medical director interviews)</p>
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	1	2	3	4	5
<p>O1. Standardized Summary of Illness and Medication History</p> <ul style="list-style-type: none"> • Illness history • Past medication treatments (dose, duration, tolerability, and response) • Contact info of previous prescriber(s) • Side effects to current medications • Current medication adherence • Symptoms and severity • Diagnosis(es) • Current medications and doses • Rationale for prescription • Current patient functioning 	Agency has no standardized admission form	Agency has a standardized admission form covering less than 6 areas	Agency has a standardized admission form covering 6 - 7 areas	Agency has a standardized admission form covering 8 - 9 areas	Agency has a standardized admission form covering all 10 areas
<p>O2. Standardized Ongoing Documentation Form:</p> <ul style="list-style-type: none"> • Review of 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 	Agency has no standardized ongoing documentation form	Agency has a standardized ongoing documentation form covering less than 7 areas	Agency has a standardized ongoing documentation form covering 7 - 8 areas	Agency has a standardized ongoing documentation form covering 9 - 10 areas	Agency has a standardized ongoing documentation form covering all 11 areas
<p>O3. Prescriber Access to Information at First Medication Visit After Admission to the Clinic:</p> <p>Charts with all pertinent info are updated and available at the time of the patient's first appointment with the prescriber (See O1 for list of info)</p>	< 60% of charts are available at time of admission	60% - 69% of charts are available at time of admission	70% - 79% of charts are available at time of admission	80% - 89% of charts are available at time of admission	≥90% of charts are available at time of admission

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<p>O4. Prescriber Access to Relevant Information at Each Visit: Charts with all pertinent info are updated and available at the time of the patient’s appointment</p>	<p><60 % of charts are available at time of appointment</p>	<p>60% - 69% of charts are available at time of appointment</p>	<p>70% - 79% of charts are available at time of appointment</p>	<p>80% - 89% of charts are available at time of appointment</p>	<p>≥90% of charts are available at time of appointment</p>
<p>O5. Formulary: All recommended antipsychotics recommended by agency guideline for schizophrenia are on the formulary:</p> <ul style="list-style-type: none"> • Clozapine • Olanzapine • Risperidone • Quetiapine • Ziprasidone 	<p>Formulary contains one or fewer of the FDA- approved 2nd generation antipsychotics (within 6 months of release)</p>	<p>Formulary does not contain clozapine and/or it contains <50% of the FDA- approved 2nd generation antipsychotics (within 6 months of release)</p>	<p>Formulary contains clozapine and 50% of other FDA- approved 2nd generation antipsychotics (within 6 months of release)</p>	<p>Formulary contains clozapine and 75% of the FDA- approved 2nd generation antipsychotics (within 6 months of release)</p>	<p>Formulary contains clozapine and 100% of other FDA- approved 2nd generation antipsychotics (within 6 months of release)</p>
<p>O6. Medication Availability: Prescribers are not blocked from prescribing medications included in the formulary by administrative policies and procedures</p>	<p>Severe barriers which are typically insurmountable</p>	<p>Moderate amount of barriers which are difficult to surmount</p>	<p>Minor barriers that present some obstacle, but do not severely slow down medication practice</p>	<p>Minor barriers that do not slow down or change medication practice</p>	<p>No barriers to prescribers in prescribing an indicated medication</p>
<p>O7. Treatment Refractory: Outcomes are routinely monitored to identify <i>treatment-refractory</i> patients (e.g., those with inpatient stay lasting more than 9 months) and to ensure that they are offered appropriate treatments for their treatment-refractory condition. The system include:</p> <ul style="list-style-type: none"> • Specific operational criteria • Regular review (at least every 6 months) • Informing prescribers 	<p>Agency has no criteria or process for identifying inadequately patients whose symptoms have inadequately responded to medication.</p>	<p>Agency has a system for identifying patients whose symptoms have inadequately responded to medication, but it falls short on all three standards</p>	<p>Agency has a system for identifying patients whose symptoms have inadequately responded to medication, but it fails to satisfy two of the three standards</p>	<p>Agency has a system for identifying patients whose symptoms have inadequately responded to medication, but it fails to fully satisfy one of the three standards (e.g., the review process is annual)</p>	<p>Agency fully satisfies the three standards for identifying patients whose symptoms have inadequately responded to medication</p>

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<p>O8. Patient Education: Agency has a systematic method for ensuring that for each medication, staff provide and explain relevant educational materials to patients (and families when available). Patient education covers:</p> <ul style="list-style-type: none"> • 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 	Agency has no educational materials to distribute	Agency has educational materials with some distributional problems (e.g., the patient must request them from the prescriber) or the materials have serious deficiencies	Agency has educational materials which are distributed to a majority of patients, but less than 70%, or the educational materials are deficient in one or of the critical elements	Agency has educational materials covering the major elements of patient education which are distributed to 70% - 89% of patients and most prescribers participate in educational efforts	Agency has educational materials covering the major elements of patient education systematically distributed to $\geq 90\%$ of patients and all prescribers participate in educational efforts
<p>O9. Agency Medication Guidelines: Agency has updated guidelines on adequate trial of medication (i.e., sequencing, dose and duration) and how to assess them</p>	Agency has no written guidelines	Agency has written guidelines which have not been reviewed in the last 3 years, or the guidelines have major deficiencies	Agency has written guidelines which have not been reviewed in the last two years, or the guidelines do not cover some major medications.	Agency has written guidelines, reviewed less often than annually, which adequately specifies what constitutes an adequate trial for each medication	Agency has written guidelines, reviewed annually, which adequately specifies what constitutes an adequate trial for each medication
<p>O10. Scheduling Flexibility: Organizational scheduling practices allow more frequent visits by prescribers when changing medications</p>	No prescribers' schedules allot time for unscheduled/urgent visits	Agency schedules prescribers so that there will be a sufficient # time slots for unscheduled/urgent visits within 10 work days	Agency schedules prescribers so that there will be a sufficient # time slots for unscheduled/urgent visits within 7 work days	Agency schedules prescribers so that there will be a sufficient # time slots for unscheduled/urgent visits within 5 work days	Agency schedules prescribers so that there will be a sufficient # time slots for unscheduled/urgent visits within 3 work days
<p>O11. Integration of Services: Agency facilitates integration and coordination of medication treatment with regularly scheduled treatment team meetings <i>devoted to the review of individual patients</i> (not administrative meetings) and involving all pertinent treatment and rehabilitation staff (e.g.,</p>	Half or more of treatment teams do not meet regularly or majority of prescribers do not attend these meetings	Prescribers occasionally attend treatment team meetings, but less than monthly	On average, treatment teams have less than biweekly but at least monthly contact with prescriber in a treatment team meeting	On average, treatment teams have less than weekly but at least biweekly contact with prescriber in a treatment team meeting	All treatment teams have at least weekly contact for at least 1 hour (face- to-face or equivalent). Prescriber is present at these meetings at least weekly.

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case management, nursing, residential services, employment services)					
O12. Staff Training and Supervision: Agency provides clinical staff with ongoing training and supervision on recommended medication practices.	Staff involved in medication treatment do not meet regularly for ongoing training and supervision	Staff involved in medication treatment meet annually for ongoing training and supervision	Staff involved in medication treatment meet within last 120 days for ongoing training and supervision	Staff involved in medication treatment meet bi-monthly for ongoing training and supervision	Staff involved in medication treatment meet at least monthly for ongoing training and supervision
O13. Quality Control: Agency routinely conducts organizational review to identify and correct deviations from recommended medication practices, based on the following criteria: <ul style="list-style-type: none"> • Timeliness (at least quarterly) • Comprehensiveness (including all prescriber-level standards) • Aggregating the data • Informing policy decisions (taking corrective actions when deficiencies are noted) 	No quality improvement system	Quality improvement system meets 1 of the criteria	Quality improvement system meets 2 of the criteria	Quality improvement system meets 3 of the criteria	Agency has system for continuous quality improvement that meets all the 4 criteria

- **MedMAP Fidelity Scale Cover Sheet**

Date: _____ **Assessor(s):** _____

Program Name: _____

Agency Name: _____

Contact Person: _____

☎: _____

E-mail: _____

Sources Used:

Interviews with (Give names and roles):

Number of staff: _____

Number of clients served in preceding year: _____