



Adult Chronic Care Quality Improvement Considerations

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Patient Name _____

Date of Birth _____

Practice Name _____

Per management guidelines and chart documentation, checked items may need to be addressed

DIABETES

Per ADA 2008 Guidelines:

| | |
|--|----------------------------------|
| Annual comprehensive foot exam with monofilament/sensory test | Last date _____ |
| Annual referral for dilated eye exam | Last date _____ |
| Nephropathy detection or management (dx of nephropathy, annual microalbuminuria test, or ACE/ARB rx) | |
| Hemoglobin A1C control, no value in past year or last value >9% | Last date _____ last value _____ |
| Blood Pressure control, no value in past year or last value >140/90mmHg | Last date _____ last value _____ |
| Lipid control, no value in past year or last LDL-C >130mg/dl | Last date _____ last value _____ |
| Other _____ | |

HEART FAILURE

Per ACC/AHA Guidelines:

| | |
|--|------------------------------------|
| Echocardiogram in past 3 years | Documentation of ejection fraction |
| ACEI or ARB therapy in patient with ejection fraction < 40% | Other _____ |
| Beta Blocker therapy in patient with ejection fraction < 40% | |

ASTHMA

Per NIH Guidelines:

| | |
|--|--------------------------------------|
| Continued Care visits with symptom assessment (annually) | Assessment of environmental triggers |
| Maintenance asthma medication prescribed | Asthma Management Plan |
| Other _____ | |

PREVENTIVE SERVICES

Per Medicaid and USPSTF Recommendations:

| | |
|---|----------------------------------|
| Discussion of daily aspirin therapy | |
| Tobacco use status determined/cessation counseling offered, if applicable | |
| Blood Pressure control, no value in past year or last value >140/90mmHg | Last date _____ last value _____ |
| Influenza Vaccine, adult 50+ or high risk (document even if it occurs outside of your practice) | |
| Pneumococcal Vaccine, 65+ or high risk | Mammography within past 2 years |
| Pap smear within 3 years | Colorectal Cancer screen |

Case Manager _____ **Chart Review Date** _____ **Phone** _____