

PRACTICE ASSESSMENT REPORT



CLINICAL PRACTICE

MANAGEMENT OF PATIENTS WITH ONGOING/CHRONIC CONDITIONS

INSTRUCTIONS

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician’s actions in dealing with patients with chronic conditions. Conditions will usually require long-term monitoring.

MANAGEMENT OF PATIENTS WITH ONGOING/CHRONIC CONDITIONS	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. The patient history is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical examinations performed with positive/negative physical findings are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Requested lab tests, x-rays and other investigations are clinically indicated and...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Co-morbidities are evaluated and considered in the treatment plan...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Management/treatment plan are periodically reviewed and...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Long-term medications in type, dose and duration are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All medications are periodically reviewed and monitored...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Discussions regarding medication side-effects are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follow-up of patients suffering from chronic conditions is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Follow-up of abnormal test results is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Requests for referrals are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Narcotic addiction screening is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Narcotic addiction monitoring is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Medication diversion (i.e., distribution of medications to other individuals) monitoring is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Narcotic prescribing is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
MANAGEMENT OF PATIENTS WITH ONGOING/CHRONIC CONDITIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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No concerns/suggestions

DETAILS/COMMENTS: