CDTM Outcomes Assessment Data Collection Instructions

The purpose of this data collection project is to gather the information needed to prepare a report that will describe the extent and effect of collaborative drug therapy management (CDTM) implementation in New York State. This report is mandated in the current legislation and will be necessary to allow CDTM to continue beyond the 3 year sunset.

When should sites begin data collection?
Outcome metrics for all patients enrolled in CDTM programs will commence on March 1, 2012. If your site has been participating in CDTM prior to March 1st you may report data from January 1st 2012 if available. **Data should be reported only for patients that are managed under a CDTM agreement.**

What outcomes should be collected?
Specific outcomes for a number of disease states have been identified and should be reported. If your site collects more information than what is requested here you do not need to report it. We request, however, that along with the requested data points you retain this data for the period of the demonstration project.

Please review this spreadsheet carefully to determine the data you will need to collect. Endpoints which are not self-explanatory are defined within the spreadsheet as a comment attached to the respective cells. A summary of these endpoints in also listed on the following page.

If you have a CDTM agreement for a disease state that is not identified on the spreadsheet you should report the data requested on the MTM worksheet tab. Please note that these global endpoints are included in each tab and should be reported for all patients regardless of the disease state managed.

If you are managing more than one disease state in a given patient you must report each outcome separately. For instance, if you are in a primary care clinic and manage both lipid and hypertension for one patient, report the lipid outcomes under the lipid tab and the hypertension outcomes under the hypertension tab. Indicate in the comment section the total number of patients for which multiple outcome reporting applies. Comments may also be used to add miscellaneous information including patient or physician feedback. Please note a separate survey instrument will be developed in the near future to assess patient and physician satisfaction.

In addition to clinical outcome data, descriptive information about the site and pharmacists practicing CDTM is required. This should be **reported quarterly** and is found in the site demographics tab.

How should the data be reported?
All outcomes should be reported on the accompanied spreadsheet. This "outcomes summary" spreadsheet contains several different tabs with defined outcomes for specific disease states as well as global endpoints ("MTM") that will be collected for all patients.
Actual numbers for each endpoint and NOT PERCENTAGES must be reported.

Data submission should occur on a **monthly basis.** The deadline is the 30th of the following month. For example, March data should be reported by April 30th, April by May 30th, etc. Submit your completed spreadsheet via email to the CDTM mailbox (CDTM@mail.nysed.gov). You should also maintain a copy of this spreadsheet in your records for the entirety of the data collection period and until the report is compiled and submitted.

QUESTIONS??

Please email any questions or comments to the CDTM mailbox: CDTM@mail.nysed.gov

CDTM Outcome Endpoints

Site Information

Size, specialties, basic descriptive stats
Number of pharmacists, extent of their education, training, experience
Types of protocols, disease states managed, prescriptions written

All patients	**Basic Demographics* Medication and Adherence Problems ** Cost Avoidance**
Disease State	**Endpoints**
Anticoagulation	TTR (Report with method utilized) # Thrombosis # Bleeding
Antimicrobial Outpatient Management	# Successful # Successful with complications # Failure # Appropriate antimicrobial agent
Antimicrobial Stewardship	# Successful # Successful with complications # Failure # Appropriate antimicrobial agent LOS
Asthma	# no show # receiving controller, rescue medication # given action plan
Cardiovascular Risk Reduction	Use endpoints from individual diseases managed (i.e. HTN, hyperlipidemia)
Diabetes	# with target HbA1C # LDL (<100), BP (< 140/90,< 130/80) goal met # Educated # Lipid profile last 12 months # HbA1c in last 12 months # Eye exam in last 12 months # self management education in last 12 months # with proteinuria
CKD	# of patients at goal HGB on EPO # Target BP
Heart Failure	# receiving recommended agents (ACEIs, beta blocker) Rehospitalization within 30, 60, 90 days
Hypertension	# Target BP < 140/90, < 130/80
Hyperlipidemia	# Goal LDL (<100)
Oncology	MTM outcomes
Smoking Cessation	% tobacco free 30, 60, 90 days
Transplantation	MTM outcomes
NOS	MTM outcomes

*Demographics include: Age, Gender, Insurance status (Medicaid, commercial, self-pay, etc.)

Medication and Problems detected and resolved: (MTM outcomes)**

Report Totals for each Category	Report Each instance
Indication	
Unneccessary Drug Treatment	No valid Medication Indication Duplicative Therapy Medication being used to treat an avoidable ADR
Need for Additional Treatment	Drug added for synergy Untreated Indication (i.e. ACEI in CHF) Preventative Treatment
Effectiveness	
Ineffective Drug	More effective drug available Dosage form is in appropriate
Dosage too low	Dose too low Needs additional drug monitoring Dosing interval not frequent enough Incorrect Administration (dose too low)
Safety	
Adverse Drug Reaction	Undesirable reaction identified Unsafe drug for patient (includes drug/disease interaction) Drug interaction Incorrect administration (unsafe)
Dose too High	Dose too high Needs additional monitoring Frequency inappropriate (resulting in high dose) Duration too long
Medication Errors	
Errors detected / prevented	No med error / event, but potential for ADE identified Med error/event DID NOT reach patient Med error/event reached patient, but no harm Med error/event reached patient, monitoring or intervention required to confirm no harm

Adherence**

- Nonadherence
  - Patient doesn't understand directions
  - Patient prefers not to take medication
  - Patient forgets to take medication
  - Drug is unavailable
  - Patient can't afford
  - Patient can't swallow/administer
- Resolution

Economic Outcomes

- **Cost avoidance**
  - Less expensive comparable alternative medication available
  - Alternative route suggested to save money