

Chronic Condition Follow-Up

Diagnosis	Condition	Follow Up Visit Schedule	Minimum Follow Up Labs, Tests... Schedule
Abnormal BMI	Underweight (BMI < 18.0)	Q 3-6 months	<ul style="list-style-type: none"> Annual: Fasting CMP, TSH, CBC, depression screen
	Overweight (BMI 25-29.9)	Q 6-12 months	<ul style="list-style-type: none"> Annual: Fasting CMP, TSH, Lipids, depression screen, +/- HbA1c
	Obese (BMI 30+)	Q 3-6 months	<ul style="list-style-type: none"> Annual: Fasting CMP, TSH, Lipids, depression screen, +/- HbA1c
Anxiety	Controlled	Q 6 months	<ul style="list-style-type: none"> Annual: Labs appropriate for medication therapy Q 6 months: GAD 7, medication adherence, lifestyle assessment & counseling
	Uncontrolled	Q 1-3 months	<ul style="list-style-type: none"> Annual: Labs appropriate for medication therapy Q 1-3 months: GAD 7, medication adherence, lifestyle assessment & counseling
Asthma	Intermittent	Q 6 Months	<ul style="list-style-type: none"> Q Visit: assess signs & sx's, monitor pulmonary function, quality of life, exacerbations, adherence with treatment, medication side effects, patient satisfaction with care, adjust medications, verbal and written pt education Annual: PFTs, review and document asthma action plan
	Mild Persistent	Q 3-6 Months	<ul style="list-style-type: none"> Q Visit: assess signs & sx's, monitor pulmonary function, quality of life, exacerbations, adherence with treatment, medication side effects, patient satisfaction with care, adjust medications, verbal and written pt education Annual: PFTs, review and document asthma action plan
	Moderate Persistent	Q 1-3 Months	<ul style="list-style-type: none"> Q Visit: assess signs & sx's, monitor pulmonary function, quality of life, exacerbations, adherence with treatment, medication side effects, patient satisfaction with care, adjust medications, verbal and written pt education Annual: PFTs, review and document asthma action plan
	Severe Persistent	Q 1 Month	<ul style="list-style-type: none"> Q Visit: assess signs & sx's, monitor pulmonary function, quality of life, exacerbations, adherence with treatment, medication side effects, patient satisfaction with care, adjust medications, verbal and written pt education Annual: PFTs, review and document asthma action plan
Bone Density	Normal BMD	Q 12 Months	<ul style="list-style-type: none"> Q 12 months: assess fall risk (during an AWW or more often prn) Q 5 years: Central DXA (≥65 yo females & 60-64 yo postmenopausal females with risk factors), + Distal 1/3 forearm DXA if CKD or HyperPTH
	Osteopenia	Q 12 Months	<ul style="list-style-type: none"> Q 12 months: assess fall risk (during an AWW or more often prn), med adherence Q 3 years: Central DXA (≥65 yo females & 60-64 yo postmenopausal females with risk factors), + Distal 1/3 forearm DXA if CKD or HyperPTH
	Osteoporosis	Q 6-12 months	<ul style="list-style-type: none"> Initial Dx: work up for secondary causes (TSH, free T4, Vit D, Calcium, renal fxn, 24 hr urine calcium, PTH, screen for IBD or celiac) Q 12 months: assess fall risk (during an AWW or more often prn), TSH, free T4, Vit D, Calcium, renal fxn, med adherence Q 2-3 years: Central DXA (≥65 yo females & 60-64 yo postmenopausal females with risk factors), + Distal 1/3 forearm DXA if CKD or HyperPTH



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CHF	Class I	Q 6 months	<ul style="list-style-type: none"> Q 6 mos: Weight, Metabolic Panel, CBC, Medication levels, if applicable (ie. Digoxin), Med. adherence, last Echo with EF, +/-BNP +/- Consult Cardiology
	Class II	Q 3 months	<ul style="list-style-type: none"> Q 3 mos: Weight, Medication levels, if applicable (ie. Digoxin), Med. adherence, last Echo with EF Q 3-6 mos: Metabolic Panel, CBC, +/-BNP Consult Cardiology
	Class III	Q 3 months	<ul style="list-style-type: none"> Q 3 mos: Weight, Med. adherence, last Echo with EF Q 3-6 mos: Metabolic Panel, CBC, Medication levels, if applicable (ie. Digoxin) +/-BNP Consult Cardiology
	Class IV	Q 1 months	<ul style="list-style-type: none"> Q 1 mos: Weight, Med. adherence, last Echo with EF Q 3 mos: Metabolic Panel, CBC, Medication levels, if applicable (ie. Digoxin) +/-BNP Consult Cardiology
Chronic Pain	Low Risk	Q 1-4 Months	<ul style="list-style-type: none"> Q Visit: assessment and documentation of pain severity, functional ability, progress toward achieving therapeutic goals, presence of adverse effects, assessment and documentation of pain severity, functional ability, progress toward achieving therapeutic goals, presence of adverse effects, aberrant drug-related behaviors, substance use, psychological issues (including PHQ 2 or 9), prescription monitoring, calculate opioid dosage MME, determine whether to continue, adjust, taper, or stop opioids https://idaho.pmpaware.net/login Current Opioid Misuse Measure (COMM) http://mytopcare.org/wp-content/uploads/2013/05/COMM.pdf *Annual: review and documentation of pain generator, tox screen (or more often prn), renewal of pain management agreement (or sooner for any change in regimen, pharmacy...)
	Moderate Risk	Q 2-4 Weeks	<ul style="list-style-type: none"> Q Visit: assessment and documentation of pain severity, functional ability, progress toward achieving therapeutic goals, presence of adverse effects, assessment and documentation of pain severity, functional ability, progress toward achieving therapeutic goals, presence of adverse effects, aberrant drug-related behaviors, substance use, psychological issues (including PHQ 2 or 9), prescription monitoring, calculate opioid dosage MME, determine whether to continue, adjust, taper, or stop opioids https://idaho.pmpaware.net/login Current Opioid Misuse Measure (COMM) http://mytopcare.org/wp-content/uploads/2013/05/COMM.pdf Annual: review and documentation of pain generator, tox screen (or more often prn), renewal of pain management agreement (or sooner for any change in regimen, pharmacy...)
	High Risk	Q 1 Week	<ul style="list-style-type: none"> Weekly: assessment and documentation of pain severity, functional ability, progress toward achieving therapeutic goals, presence of adverse effects, aberrant drug-related behaviors, substance use, psychological issues (including PHQ 2 or 9), prescription monitoring, calculate opioid dosage MME, determine whether to continue, adjust, taper, or stop opioids https://idaho.pmpaware.net/login Current Opioid Misuse Measure (COMM) http://mytopcare.org/wp-content/uploads/2013/05/COMM.pdf Annual: review and documentation of pain generator, tox screen (or more often prn), renewal of pain management agreement (or sooner for any change in regimen, pharmacy...)



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CKD	G2 GFR 60-89	Q 6 Months	<ul style="list-style-type: none"> Q 6-12 mos: Renal Panel, Med review/adherence Annual: Urine Microalbumin, CBC, ACE I or ARB (if HTN), Statin (if high LDL) Q 2-5 years: Central and Distal 1/3 Forearm DXA (age 60 yo +)
	G3 GFR 45-59	Q 6 Months	<ul style="list-style-type: none"> Q 6 mos: Renal Panel, Med review/adherence Annual: Urine Microalbumin, CBC, ACE I or ARB (if HTN), Statin (if high LDL) Q 2-5 years: Central and Distal 1/3 Forearm DXA (age 60 yo +)
	G3b GFR 30-44	Q 3 Months	<ul style="list-style-type: none"> Q 3 mos: Renal Panel, Med review/adherence Annual: Urine Microalbumin, CBC, PTH, Vit D, ACE I or ARB (if HTN), Statin (if high LDL), Q 2-5 yrs: Peripheral Bone Density
	G4 GFR 15-29	Q 3 Months	<ul style="list-style-type: none"> Q 3 mos: Renal Panel, Med review/adherence Annual: Urine Microalbumin, CBC, PTH, Vit D, ACE I or ARB (if HTN), Statin (if high LDL), Q 2-5 yrs: Peripheral Bone Density
	G5 GFR <15	Q 1 Months	<ul style="list-style-type: none"> Q 1-3 mos: Renal Panel, Med review/adherence Annual: Urine Microalbumin, CBC, PTH, Vit D, ACE I or ARB (if HTN), Statin (if high LDL), Q 2-5 yrs: Peripheral Bone Density
COPD (Optimal intervals for assessment have not been determined)	Mild-Stable	Q 6 months	<ul style="list-style-type: none"> Q 6 months: assess breathlessness, cough, sputum, activity limitations, sleep disturbance, ED Visits, oximetry, smoking/smoke exposure status, med. adherence Annual: Documented Treatment Plan, Spirometry
	Moderate-Stable	Q 3 months	<ul style="list-style-type: none"> Q 3 months: assess breathlessness, cough, sputum, activity limitations, sleep disturbance, ED Visits, oximetry, smoking/smoke exposure status, med. adherence Annual: Documented Treatment Plan, Spirometry
	Severe and/or Recent Hospitalization	Q 2-4 Weeks	<ul style="list-style-type: none"> Q 2-4 weeks: assess breathlessness, cough, sputum, activity limitations, sleep disturbance, ED Visits, oximetry, smoking/smoke exposure status, med. adherence Annual: Documented Treatment Plan, Spirometry
Dementia	Screening	Q 12 months	<ul style="list-style-type: none"> Q 12 months: 99483 Cognitive Assessment and Care Plan (SLUMS or MMSE or MoCA) for patients ≥65 yo or younger as needed for symptoms
	Monitoring once Diagnosed	Q 3-6 months	<ul style="list-style-type: none"> Q 6-12 months: screen for depression, CMP & CBC (if on Aricept), Med review, Med adherence Q 12 Months: repeat cognitive testing to assess for progression, assessment of function, Ophtho. Exam (if on Namenda)
Depression	Controlled	Q 6 months	<ul style="list-style-type: none"> Q 6 months: PHQ 9, Med adherence, identify contraception method for women Annual: Labs appropriate for medication therapy Baseline: ECG for Citalopram (avoid in cardiac pts)
	Uncontrolled	PHQ 9 Q 1-3 months	<ul style="list-style-type: none"> Q 1-3 months: PHQ 9, Med adherence, identify contraception method for women Annual: Labs appropriate for medication therapy Baseline: ECG for Citalopram (avoid in cardiac pts)



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Diabetes	Controlled	Q 6 Months	*Q 6 mos: HbA1c, Medication adherence *Annual: Metabolic Panel, Thyroid, Retinopathy Screen, Monofilament, urine microalbumin, depression screen (unless has Dx of depression)
	Uncontrolled	Q 1-3 Months	*Q 3 mos: HbA1c, Medication adherence *Annual: Metabolic Panel, Thyroid, Retinopathy Screen, Monofilament, urine microalbumin, depression screen (unless has Dx of depression)
HTN	Controlled	Q 6 months	<ul style="list-style-type: none"> Annual: Metabolic Panel, CBC, Thyroid, Lipids, assess lifestyle factors (exercise, caffeine, EtOH, Nicotine...), Med review (NSAIDs...). Med adherence
	Uncontrolled	Q 1-3 months	<ul style="list-style-type: none"> Q 6 mos: Metabolic Panel, Med adherence Annual: CBC, Thyroid, Lipids, assess lifestyle factors (exercise, caffeine, EtOH, Nicotine...), Med review (NSAIDs...)
Hyperlipidemia (Familial, Pure, Mixed...)		Q 2-12 months	<ul style="list-style-type: none"> Baseline: Fasting Lipid Panel, CMP, cardiovascular risk assessment (http://www.cvriskcalculator.com/), initiate Statin Rx for pts at moderate to high risk (10-yr ASCVD Risk > 10%), lifestyle assessment & counseling 2 months after initiation of statin: CMP, Fasting Lipid Panel Annual: Fasting Lipid Panel, CMP, lifestyle assessment & counseling, assessment & documentation of treatment adherence and/or any contraindication/intolerance/allergy to statin, fill statin Rx as continued or initiated
Rheumatoid Arthritis	Controlled	Q 3-6 Months	<ul style="list-style-type: none"> NSAID, Glucocorticoid or DMARD Prescribed Q Visit: evaluate effectiveness of drug therapy/med adherence, manage potential adverse RA events with adjustments in therapy Monitoring drug therapy with ROS, PE, and testing as per specific drug therapy recommendations (See Monitoring Strategies for Drug Treatment of Rheumatoid Arthritis table) Refer to Rheumatology if any question with dx and/or for assistance with treatment if needed
	Uncontrolled	Q 3-5 Weeks	<ul style="list-style-type: none"> NSAID, Glucocorticoid or DMARD Prescribed Q Visit: evaluate effectiveness of drug therapy/med adherence, manage potential adverse RA events with adjustments in therapy Monitoring drug therapy with ROS, PE, and testing as per specific drug therapy recommendations (See Monitoring Strategies for Drug Treatment of Rheumatoid Arthritis table) Refer to Rheumatology if any question with dx and/or for assistance with treatment if needed
Thyroid	Hypothyroidism	Unstable: Q 6 weeks – 3 months	<ul style="list-style-type: none"> 6-8 Weeks after initiation of Tx or dose adjustment: TSH, Free T4 Q6-12 months if stable levels/med dose: TSH, Free T4
		Stable: Q 6-12 Months	
	Hyperthyroidism	Unstable: Q 6 weeks – 3 months	<ul style="list-style-type: none"> 6-8 Weeks after initiation of Tx or dose adjustment: TSH, Free T4, Total T3 Q6-12 months if stable levels/med dose: TSH, Free T4
		Stable: Q 6-12 Months	