BPMH High-Performance Behaviors Checklist

Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn't read the list and ask if it is correct)	☐
Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds	☐
Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists	☐
Asks about adherence	☐
Uses at least two sources of medications, ideally one provided by the patient and one from another "objective" source (e.g., patient's own list and ambulatory EMR med list)	☐
Knows when to stop getting additional sources (e.g., if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained)	☐
Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information)	☐
When additional sources are needed, uses available sources first (e.g., pill bottles if present). Then obtains pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources.	☐
Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient)	☐
Returns to patient to review new information, resolve all remaining discrepancies	☐
Gets help from other team members when needed	☐
Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them	☐