



COMPASS Intervention Guide

January 2015 – The COMPASS Consortium

Annotation 7: Treatment Plan Adjustment

If the patient is not improving or meeting agreed upon goals, the care manager and the SCR team need to consider whether the overall plan of care needs to be re-adjusted or whether the specific interventions being used are ineffective. Patient complexity factors and severity of illness may also need to be assessed (*Shippee, 2012*).

Considerations

- Is/are the diagnosis correct?
- Does the patient agree with the goals of care?
- Is the patient able to carry out the treatment plan?
- Is there another problem that needs to be addressed first? (Depression, pain, financial, etc.)
- Are there treatment adherence barriers?
- Is the dose insufficient or duration of treatment not long enough?
- Is this treatment modality ineffective?
- Are side effects limiting medication usage?
- Are there other resources needed? (Pharmacist medication management, diabetic educator, community agencies, etc.)
- Is there an undiagnosed problem? (Substance misuse)
- Other complicating factors (psychological barriers, social barriers, family support missing, etc.)

After consulting with the SCR team, the care manager should either continue with the treatment plan, use alternative strategies, and/or consult further with the primary care team.

Supporting Documents

- *An Orientation to Complexity Assessment Tool*
- *Pain Scales*
- *GAD7*
- *SAMSHA Screening Tools*
- *CAGE*
- *AUDIT*
- *PTSD Screening*
- *Self-Care Activity Plan*
- *Scheduling Activities*
- *Teach Back*
- *Patient PASS: A Transitions Record*
- *Project Boost: Overview*
- *Patient Activation Assessment*
- *Patient Activation Assessment Instructions*
- *8 P's: Assessing Your Patient Risk for Adverse Events After Discharge*