Module 4. Developing a Therapeutic Action Plan for MTM

EDUCATIONAL OBJECTIVES

Upon completion of this activity, participants will be better able to:

1. Identify the goals of a Personal Medication List and Therapeutic Action Plan;
2. Adapt existing forms or templates for specific patient circumstances; and
3. Recognize best practices for documenting and sharing the Therapeutic Plan and other decisions with patients and healthcare providers.

Post-Test/Rationale:

1. During an MTM consultation with Mr. P., you show him a template for a Personal Medication List and say that you’ll be filling this in for him. He responds, “Oh, I already got one of those when I left the hospital.” Which of the following responses would be most consistent with MTM principles?

   A. “Okay, great! Be sure that you use that and update it regularly.”
   B. “Yes, I have a copy. I notice you had other medicines that you were taking before your hospitalization. I’d like to create just one list and try to make it easier for you to use.”
   C. “The hospital lists are almost never right, so let’s use the one I have.”
   D. “So now you will have two—one for the medicines you got in the hospital, and this one for the new medicines.”

Correct answer: B

Hospital-generated discharge summaries can be complex and confusing. The goal of MTM is to help simplify drug education for the patient, and to streamline documents so patients are not confused by having to reconcile conflicting information from multiple sources.

2. CMS documents suggest that Medicare Part D MTM patients should update the PML by: 1) Using blank rows to add new medications. 2) Filling in start dates for new medications. 3) Crossing out drugs that are no longer being used. 4) Writing discontinuation dates and why the medication was stopped. The main flaw with this recommendation is:

   A. patients are not likely to be truthful about whether they discontinue a medication
   B. patients should be having a follow-up MTM consult whenever a new medication is added
   C. most PMLs don’t have enough space for patients to write in
   D. it is unrealistic to expect most patients to maintain these types of records over time

Correct answer: D

Even a highly motivated person with medical knowledge may have difficulty keeping accurate, up-to-date records about their medications. Some may begin well but stop updating information as time goes on. People with debilitating illnesses have a greater challenge, as do those with visual, cognitive, or physical impairments. Thus it is unrealistic to expect patients to keep medically accurate, up-to-date records on their own.
3. You have just had a very productive MTM session with John L. where you identified as many as 10 steps (including smoking cessation) that may address problems with his cardiovascular and COPD regimens in a short time frame. When preparing an Action Plan for Mr. L., you:

   A. clearly list the 10 steps, in order of priority, that you would like him to start working on
   B. ask him which of the 10 steps he thinks he’d like to focus on
   C. wait to see if he can stop smoking before addressing his medication problems
   D. select 3 steps, prioritized according to his health needs, and address those first***

**Correct answer: D**
Action plans with a few, manageable steps are more realistic.

4. The Personal Medication List (PML) and the Therapeutic Action Plan:

   A. are always 2 separate documents
   B. may be combined into 1 document for simplicity***
   C. are given to different people: the PML to the patient and the Action Plan to the doctor
   D. are obsolete in MTM because of new electronic medical record (EMR) systems

**Correct answer: B**
Some sources recommend combining the PML and the Therapeutic Action Plan (also called Medication Action Plan). Both of these documents are designed to give patients a current, accurate listing of their medications and clear directions about the health management steps developed specifically for that person during MTM.