

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **COMMUNITY** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Community PRCT 553 Medication Therapy Management

Directions: With your preceptor's help, identify a patient that meets criteria for Medication Therapy Management (MTM) and is willing to participate in a medication review. With the forms used at the site or forms obtained from the MTM Core Elements Toolbox on the APhA website (be sure to credit the source and use the disclaimer if reproduced), complete a MTM visit with the identified patient and answer questions below.

Complete a personal medical record and review with the patient. Were there any issues that came about while completing?
(Question 1 of 4 - Mandatory)

Yes No

Were there any medications, medication-related problems, or conditions of concern? If so, list below. (Question 2 of 4 - Mandatory)

What interventions, if any, are needed? Develop a Medication Action Plan with patient. (Question 3 of 4 - Mandatory)

What potential avenues for billing for MTM services are available? If your site bills for MTM services, describe the process below. If not, describe obstacles to billing. (Question 4 of 4 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.