**The Transtheoretical Model**

The Transtheoretical model is an intentional change model. It focuses on the decision making ability of the patient and it is made up of six stages that facilitate evidence based intervention to health conditions. With reference to the implementation of the medicine optimization solution to polypharmacy problems, the application of the transtheoretical model involves the six stages, which also offer an evaluation approach to the recommended solution in a clinical setting (Boston University School of Public Health, 2016). The stages discussed herein are as outlined below;

**Precontemplation**

At precontemplation stage, patients intend to change in the foreseeable future, normally measured progressively in six months. Patients at this stage are always under informed or un-informed of the outcome of their behavior (Brooks, 2010). Thus, in order to implement the solution to the patient target sample, the process of implementation would consider getting the qualified patients onboard with the program to give them the time to evaluate the possible negative outcomes of being involved. This stage would filter individuals that have privacy or any other reservations, making only the well-informed ones to be eligible to proceed to offer their consents. Patients who carry through with the program have to provide consent that their involvement is deliberate and that they understand the consequences associated with the intervention. However, at this stage, the goal is to educate the patients of the pros of carrying on with the program so that the excessive concentration on the cons can be resolved for patient centered quality (Prochaska, & Velicerm, 1997).

**Contemplation**

With proper information disbursed to the patients or the treatment group, the group that accepts to carry on with the intervention starts to consider changing healthy behavior for the sake of a better outcome. However, in the implementation, as stated in the implementation plan, the patients require about six months to adjust and change their behavior towards a foreseeable brighter future. Before the onset of the program, patients are made aware of the benefits and cons of changing. The balance between benefits and costs associated with changing results in a profound ambivalence, which can make one to get stuck in the stage for quite long; thus limiting the efficiency of the outcome, characterized as behavioral procrastination or chronic contemplation (Campbell & Grand Valley State University, 2006). At the stage, if patients are able to recognize that their behavior may be problematic to the healing process, equal emphasis is supposed to be placed on both the positive and negative outcomes of the intervention (Prochaska, & Velicerm, 1997).

**Preparation**

This stage is normally undertaken within a 30-day period of the transtheoretical model. Preparation stage supports the implementation process in that the patients will be ready to start the behavior change leading to the implementation of the recommended solutions. However, since the implementation requires evaluation, step-by-step implementation enables the patients to make progress towards adapting to the behavior that is most suitable to influence positive outcomes in the care setting (Daniels et al., 2014). Polypharmacy management through medical optimization is normally an ignored solution since patients associate with ineffective healing process (Prochaska, & Velicerm, 1997).

**Action**

Action is where the patients make specific overt modifications in relations to their living habits in consideration to the past six months. Per se, behavior changes are always equated to action at this stage. For instance, in diet situation, consensus situated that less than 30% calories are permissible for consumption from fat (Scruggs et al., 2008). Thus, with some time having been taken to modify some behaviors, the target group will be able to evaluate the steps that they have progressed and will start to associate their behavioral change with positive health changes. Due to the believe that behavior modification influences better healing process, the patients will commit to the program for full benefits (Prochaska, 2013).

**Maintenance**

This stage can also be called sustainability stage. The patient at this point is expected to maintain the progress that he or she has been holding for the duration of six months. At this stage, the practitioners will also evaluate the patients to observe progress and appreciate solution that is effective. The number of patients unable to maintain behavior on the program would be deemed ineffective, poorly communicated, poorly organized, or lacking evidence-based approach. This stage is consequently relevant to patients particularly because it also offers an opportunity to the patient to assess his or her health (Burbank & Riebe, 2002).

**Termination**

Termination is the stage where intervention can be ruled out as successful with the treatment; considered that the patient has made a permanent decision, not to return to their unhealthy behaviors. At the implementation stage, the patients are advised of the best approach to manage multiple conditions through medical optimization (Prochaska, 2013). The application of the processes on oneself would, therefore, increase positive patient outcomes in cases of multiple illness management.

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