Establishing Goals of Therapy in a Consumer-Driven Model of Medication Management

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Overview

Establishing goals of therapy is an essential step toward ensuring that a patient will maximally benefit from drug therapies. Goals of therapy are necessary to produce (and document) positive outcomes, and to help patients and families actively participate in managing their own medicines. For each medical ***condition*** (or intended medical use) the patient and their health team agree upon clear and concise goals of therapy.

Key components of establishing goals of therapy are summarized below:

- Related to each intended medical use (medical condition) for which patients are taking medications (e.g. for a patient taking 8 medications to treat 5 medical conditions – the patient has 5 goals of therapy).
- There are two elements of a goal of therapy, an objective measure (such as blood pressure, blood sugar, etc.) and a subjective measure (qualitative aspects that are important to the patient to help them improve their quality of life). Both are needed to ensure measurable goals are being met and quality of life is improving.
- Goals of therapy must be observable, measurable, and realistic; have a desired value; and have a specific time frame in which the goal is to be met.
- By understanding the goals of therapy, we then know when medications are working, and when they're not working for the patient.
- When patients understand and participate in establishing goals of therapy, they are empowered to take control of their medications, rather than the medications controlling their lives.

Monitoring progress toward goals of therapy: The Patient's Care Plan

In a consumer-driven model of comprehensive medication management, care plans are organized by the indications, or intended medical use, for drug therapy. Both the patient and the health team have explicit responsibilities for working on progress toward goals. The desired measurement values and the specific time frame agreed upon by the patient and care team, guide the follow-up encounter. Using the blood pressure example above, the patient and care team may agree to follow-up in one month. The desired goals are a blood pressure of 135/85 mmHg, with the patient having more energy to exercise. The patient may be responsible for walking after dinner three times weekly and recording their own blood pressure once a week. And, the care team agrees to research the literature on evidence related to options on the best time of day for the patient to take their blood pressure medicine.