Meaningful Conversations in Living with and Treating Chronic Conditions: The ICAN Discussion Aid

Kasey R. Boehmer, MPH

KER UNIT
Center for Clinical and Translational Sciences
Mayo Clinic

Boehmer.kasey@mayo.edu
@krboehmer
Objectives

1. Understand different conceptual foundations for discussing problems and issues in MCC.
2. Learn how to use the ICAN Discussion Aid.
Joan

Dialysis

ESRD

Diabetes

Medications
“Non-Compliant”
Activity
1. Pair up. Decide which person will play “patient” and the other “clinician.”

2. Patients – take time to read Joan’s story.

3. Clinicians, when the patient is ready, begin the conversation with Joan by asking “What can I do for you today?”
Care that fails to attend to the human situation

- Non-Adherence
- Non-Engagement
- Disruption
- Poor-Translation
### Weight Change

<table>
<thead>
<tr>
<th>Treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Insulin</td>
<td>4 to 6 lb. gain</td>
</tr>
<tr>
<td>Pioglitazone</td>
<td>More than 2 lb. gain</td>
</tr>
<tr>
<td>Liraglutide</td>
<td>3 to 6 lb. loss</td>
</tr>
<tr>
<td>Sulfonylureas</td>
<td>2 to 3 lb. gain</td>
</tr>
<tr>
<td>Glitazones</td>
<td>None</td>
</tr>
<tr>
<td>Sodium-glucose cotransporter 2 (SGLT2) Inhibitors</td>
<td>3 to 4 lb. loss</td>
</tr>
</tbody>
</table>

### Low Blood Sugar (Hypoglycemia)

<table>
<thead>
<tr>
<th>Treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin</td>
<td>No Severe Risk&lt;br&gt;Mean = 0 – 1%</td>
</tr>
<tr>
<td>Insulin</td>
<td></td>
</tr>
</tbody>
</table>

### Blood Sugar (A1c Reduction)

<table>
<thead>
<tr>
<th>Treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin</td>
<td>1 – 2%</td>
</tr>
<tr>
<td>Insulin</td>
<td>Unlimited %</td>
</tr>
</tbody>
</table>

### Daily Routine

- **Metformin**
  - Oral administration<br>24 or twice daily<br>Take in the hour before meals.

- **Insulin**
  - Oral administration<br>24 or twice daily<br>Take in the hour before meals.

- **Pioglitazone**
  - Oral administration<br>24 or twice daily<br>Take in the hour before meals.

- **Liraglutide**
  - Oral administration<br>24 or twice daily<br>Take in the hour before meals.

- **Sulfonylureas**
  - Oral administration<br>24 or twice daily<br>Take in the hour before meals.

### Daily Sugar Testing (Monitoring)

- **Metformin**
  - No monitoring necessary.

- **Insulin**
  - Monitor once or twice daily, less often when more stable.

- **Pioglitazone**
  - No monitoring necessary.

- **Liraglutide/Exenatide**
  - Monitor twice daily after meals when used with Sulfonylureas. Otherwise not needed.

- **Sulfonylureas**
  - Monitor 2 – 5 times weekly, less often when more stable.

### Cost

- **Metformin**
  - Generic available<br>$0.10 per day<br>3 months

- **Insulin**
  - No generic available<br>Price varies by dose<br>Lantus: $10<br>Pen: $43

- **Pioglitazone**
  - Generic available<br>$10.00 per day<br>3 months

- **Liraglutide/Exenatide**
  - No generic available<br>$11.00 per day<br>3 months

- **Sulfonylureas**
  - Generic available<br>$0.10 per day<br>3 months

- **Glitazones**
  - Generic available<br>$7.00 per day<br>3 months

- **SGLT2 Inhibitors**
  - No generic available<br>$8.00 per day<br>3 months

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Mullan et al. *Arch Intern Med* 2009
Evidence synthesis

Observation clinical encounters

Initial prototype

Field testing

Designers
Study team
Patient advisory groups
Clinicians
Stakeholders

Modified prototype

Final Communication Tool

Evaluation (trial)
Disease-specific guidelines and quality targets
Multiple treatments | Monitoring tests
Limited care prioritization
Poor care coordination

Life

Workload
Capacity
Scarcity

Burden of treatment
- access
- use
- self-care

Outcomes

Burden of illness

Shippee N et al JCE 2012
The Burden of Treatment

- Emotional Problems
- Role and activity limitations
- Financial challenges
- Confusion about medical information
- Systemic problems

Eton et al. 2012
Evidence synthesis

Observation clinical encounters

Initial prototype

Designers
Study team
Patient advisory groups
Clinicians
Stakeholders

Field testing

Modified prototype

Final Communication Tool

Evaluation (trial)
• ICAN Design research
  • Looking at how Patients and Clinicians discuss chronic illness
  • 15 observations of clinical encounters
  • 9 prototypes tried out in 59 encounters
# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

**NAME:** ______________________________  **DATE:** ____________________________

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Little interest or pleasure in doing things    2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much 4. Feeling tired or having little energy
5. Poor appetite or overeating 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down
resound /rɪˈzaʊnd/ | verb, from re- ‘again’ + sound, to come or go out booming, or echoing much talked of. ➤ [as adj]: a resounding standing emphatic;

derviaives: resounding

resource /ˈrɪzəs, rɪˈzɑːs/ | noun, a supply of materials or adopted in adverse circumstances.

derviaives: resourc

origin: ME: from re-

resoner or L. resonare ‘soang’.

adj. formal or archaic (or when seen more

resourceful, for example: resourceful

adjacent objects).

noun 1 firm defin. a

resourceful, for example: resourceful

adjacent objects).

noun 1 firm defin. a

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WHAT MAKES YOU FAMOUS?

HEALTH?
- Good cholesterol
- Good blood pressure
- Healthy weight
- Good state of mind

WHAT MAKES YOU FAMOUS?

PHYSICAL
- Work out
- Eating healthy

RESULTS

SOCIAL

PERSONAL

EMOTIONAL

FINANCIAL
- Cars paid off
- Daycare will be able to afford

ENVIRONMENTAL
- Adjustment to family of three

routine
WHAT MAKES YOU FAMOUS?

HEALTH?

PROBLEM SOLVING

SOCIAL

PERSONAL

EMOTIONAL

FINANCIAL

ENVIRONMENTAL

PHYSICAL

RESULTS
WHAT MAKES YOU FAMOUS?

Being a mom and wife

HEALTH?
Autonomic dysfunction
- tired, lightheaded, can't complete "normal" day to day activities

Hides from situations not well known

Standing for prolonged period at time difficult

PROBLEM SOLVING

Have to pretend being ok/well

Headaches

Fatigue

a) attend activities with children

annoying taxing

EMOTIONAL

SOCIAL

PERSONAL

FINANCIAL

improved with better insurance (ACCESS)

RESULTS

Exercise

exhale

PHYSICAL

ENVIRONMENTAL

Household activities
I'm concerned about:

- My Energy Level
- Having Time
- My Home or Neighborhood
- Finances
- How I'm Feeling
- Family Demands
- Pain or Rest
- Getting Around
- Stigma
- Understanding my Situation

Obstacles to Addressing

Costs or Consequences
<table>
<thead>
<tr>
<th>I'm concerned about</th>
<th>Does this have costs or consequences?</th>
<th>Are there are obstacles to addressing this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Energy Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Demands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How I'm Feeling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My Home or Neighborhood</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stigma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td>Diabets</td>
<td>eating better</td>
</tr>
<tr>
<td>My Social Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating Well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding my Situation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Areas in your Life
find these areas of my life a source of...

Family and Friends

Work

Comfort and Rest

Home and Neighborhood

Finances

Emotional Life

Being Active

Healthcare

Free time, Relaxation, Fun

Meaning and Belonging

Eating Well
Are these areas of your life a source of satisfaction, burden, or both?

- Family and Friends
- Work
- Comfort and Rest
- Home and Neighborhood
- Finances
- Emotional Life
- Being Active
- My Senses and Memory
- Free time, Relaxation, Fun
- Meaning and Belonging
- Eating Well

Are the things that we’re doing a help, a burden, or both?

- Zoloft
- Trazadone
- Suggested stop of marijuana
- Coming into see us

Comments
Are these areas of your life a source of satisfaction, burden, or both?

- My Family and Friends
- My Work
- My House & Neighborhood
- My Finances
- Free time, Relaxation, Fun
- Faith or Personal Meaning
- Being Active
- My Rest and Comfort
- My Emotional Life
- My Senses and Memory
- Eating Well

What are the things that your doctors or clinic have asked you to do to care for your health?

For example:
- Come in for appointments
- Take aspirin

Do you feel that they are a help, a burden, or both?

- Track carb intake
- Eat rest
- Eat 6 meals a day

Comments
My Life My Healthcare
How does your healthcare fit with your life?

This discussion aid will help you and your clinician talk about how your healthcare fits with your life.
Are these areas of your life a source of **satisfaction**, **burden**, or **both**?

<table>
<thead>
<tr>
<th></th>
<th>Satisfaction</th>
<th>Burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family and friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My house and neighborhood</td>
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<td></td>
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Your Life Your Healthcare

- What are you doing when you’re not sitting here with me?
- Where do you find the most joy in your life?
- What’s on your mind today?

These questions can help shift discussion towards the broader life of your patient. Use as many of them as you wish.
Care of people living with multiple chronic conditions is not only complex, it is ambiguous.
Two Communicative Strategies

• Remove ambiguity by making definite
  • Define, Assess, Interpret, Diagnose
Two Communicative Strategies

• Remove ambiguity by making definite
  • Define, Assess, Interpret, Diagnose

• Make ambiguity productive for the people involved
  • Invention, meaning making
Capacity Domains

- **Personal**
  - resilience
  - self-efficacy
  - literacy

- **Emotional**
  - depression
  - anxiety

- **Physical**
  - pain
  - fatigue

- **Financial**
  - healthcare expenses
  - other scarcity

- **Social**
  - instrumental support
  - friends & family for socializing

- **Environmental**
  - healthcare coordination
  - home and neighborhood
Fig. 2 Taxonomy of the burden of treatment

- Factors that exacerbate the burden of treatment
- Healthcare tasks
- Consequences of healthcare tasks imposed on patients in their daily lives
Life | Healthcare
I love shoveling snow
Activity
Your Life Your Healthcare

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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
1. **Fill out an ICAN. You may fill it as yourself, as a pretend patient, or as Joan.**

2. **Get in your pairs again.**

3. **Decide who will play patient first.**
4. Clinicians – begin the visit by using one or more of the 3 questions on the clinician card.

5. Ask the patient what stands out to them from what they have filled on the patient sheet.

6. After about 5 minutes, you will be asked to switch roles – if you were the patient, you will now be the clinician.
Meaningful Conversations
More about MDM:

http://minimallydisruptivemedicine.org

Boehmer.kasey@mayo.edu
Your poll will show here

1. Install the app from pollev.com/app
2. Make sure you are in Slide Show mode

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or
Open poll in your web browser
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