Minimally Disruptive Medicine

a respectful approach to chronic care delivery

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Disclosure Statement

I do not have financial relationships to disclose.
Multiple chronic conditions
On dialysis
Lives with son and his family
Does not speak English
Bland diet
Contact by phone
What is best for me?
What is best for my family?

Is our care the answer?
Violence, Pollution, Chronic stress, Multi morbidity, Loneliness, Obesity, Poverty, Alienation, Age, sex, genes
Comorbidities are common

Dumbreck et al. BMJ 2015;350:h949
Do the other conditions and their management impact…

Baseline risk

Responsiveness

Vulnerability

Antidepressant + antihyperglycemic

Neuropathy

Antihypertensive + Anticonvulsant

Diabetes + HTN + Hyperlipidemia
Expected interactions between guidelines

Drug-disease interactions rare, but for chronic kidney disease.

Drug-drug interactions are common, and ~20% serious

Dumbreck et al. BMJ 2015;350:h949
Observational

RCT

RCT

RCT

RCT

RCT

RCT

RCT

RCT

RCT
Evidence-based guidelines
Care pathways
Quality measures
Specialist care
are

disease focused and context blind

Increasingly complex regimens

Limited to no prioritization
Poor care coordination

Overwhelmed patients and families
The work of being a patient

Sense-making work

Organizing work and enrolling others

Doing the work

Reflection, monitoring, appraisal

Gallacher et al. Annals Fam Med 2012
New work

Prepare for the consultation
Watch educational video
Bring questions; be ready for new ones
Record and review the visit
Review the medical record
Communicate via portal and transmit data
Self-measure, self-monitor, self-manage
Manage appointments, prescriptions, bills
Keep family and important others informed
Take care of significant other
Advocate for self and others
Prevalence of Treatment Burden

Clinicians ask for too much, the work is too hard, and it gets delayed or not get done.

More common in low SES and sicker patients who were more likely to delegate.

Nationally representative survey of 2040 >65 Americans
Wolff JL, Boyd CM. JGIM 2015 30: 1497-504
Treatment Burden Research

Tran et al – Treatment Burden Questionnaire (TBQ)

Sav et al – Conceptual work and validation with stakeholders

Shippee et al – Cumulative Complexity Model (CuCom)

Eton et al – Patient Experience with Treatment & Self-management (PETS)

May et al – Burden of Treatment Theory (BoTT)
Theme 1: work patients must do to care for their health
- Learn about condition and treatment
- Self-care activities
- Vigilance of self-care
- Maintain medical appointments

Theme 2: problem-focused strategies to facilitate self-care
- Organize and prepare medications
- Prepare for medical appointments
- Seek medical information
- Enlist support from others

Burden of treatment

Theme 3: factors that exacerbate felt burden

Subtheme 3a: challenges with taking medication (e.g., side effects, confusion, dependence, inconvenience)
Subtheme 3b: emotional problems with others (e.g., tension, guilt)
Subtheme 3c: role and activity limitations (e.g., work, social activities)
Subtheme 3d: financial challenges (e.g., medication and appointment costs, insurance coverage)
Subtheme 3e: confusion about medical information (e.g., temporal changes, accuracy of information)
Subtheme 3f: systemic obstacles (e.g., provider-level factors, system-level factors)
Imbalance workload + capacity
Workload-capacity imbalance?

↑ Workload
Life
Treatment burden

↓ Capacity
Sick
Personal
Functional
Socio-economical
What aspect of your next diabetes medicine would you like to discuss first?
Weight Change

Some people may experience weight change. It is most likely to occur over six to twelve months and depends on your actual weight. The chart below is based on a 150 lb person.

Stopping Approach

Quitting your medicine all at once can make you feel sick, as if you had the flu (e.g., headache, dizziness, light-headedness, nausea or anxiety).

Cost

These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage.

Sexual Issues

Some people may experience loss of sexual desire (libido) or loss of ability to reach orgasm because of their antidepressant.

Sleep

Some people may experience sleepiness or insomnia because of their antidepressant.

Keep In Mind

Depression medicines may cause some:
- constipation, diarrhea and nausea
- increased risk of suicidal thoughts and behavior (10 to 24-year-olds)
- harm to an unborn child
- risk of developing serotonin syndrome, a potentially life-threatening condition
- possible drug-drug interactions

What You Should Know

Will this medicine work for me?
- The antidepressants presented in this decision aid all work the same for treating depression.
- Most people with depression can find one that can make them feel better.
- 6 out of 10 people will feel better with the first antidepressant they try and the rest will have to try other antidepressants before they find the one that is right for them.

How long before I feel better?
- Most people need to take an antidepressant regularly for at least 6 weeks to begin to get the full effect.

Understanding side effects
- Most people taking antidepressants have at least one side effect.
- Many side effects go away after a few weeks, but some only go away after you stop the medicine.

LeBlanc A et al. JAMA Int Med 2015
<table>
<thead>
<tr>
<th>Treatment burden</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prioritize (SDM)</td>
<td>Coaching</td>
</tr>
<tr>
<td>De-prescribe</td>
<td>Self management training</td>
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<td></td>
<td>Palliative care</td>
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<td>Mental health</td>
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<td>Physical and occupational therapy</td>
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<td>Financial and resource security services</td>
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<td>Community and governmental resources</td>
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<tr>
<td>Area</td>
<td>Satisfaction</td>
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<td>-------------------------------</td>
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<tr>
<td>My Family and Friends</td>
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<tr>
<td>My Work</td>
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<td>My House &amp; Neighborhood</td>
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<td>My Finances</td>
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<td>Free time, Relaxation, Fun</td>
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<tr>
<td>Faith or Personal Meaning</td>
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<tr>
<td>Being Active</td>
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<tr>
<td>My Rest and Comfort</td>
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<td>My Emotional Life</td>
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<tr>
<td>My Senses and Memory</td>
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<tr>
<td>Eating Well</td>
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</tbody>
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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?
25 yrs and 42 RCTs

30-day readmission

Interventions supporting capacity

30% more effective

Leppin A et al. JAMA Intern Med 2014

Shippee N et al JCE 2012
System-focused approach to MDM

System-focused

A. Reduce waste for the patient / caregiver
   - In accessing + using healthcare/other services
   - In enacting self-care

B. Team-based care
   - Train primary care team in MDM

C. Policy review
   - Guidelines/quality measures respectful of patient capacity
Accountability

Imbalance of workload: capacity
Burden of illness
Burden of treatment

Workload
Capacity
Scarcity

Life
Burden of treatment

Outcomes
Physical and mental health
Role function
Disease control

Access, use, self-care

Satisfaction with and ease of access, continuity, transitions

Adapted from NQF: MCC Measurement Framework 2012
Minimally Disruptive Medicine

Is a way of caring for patients that minimizes the disruption healthcare causes in people’s lives by reducing the burden of treatment.

CAREFUL and KIND CARE
These two days

Doing MDM
  Going from theory to practice
Design
The role of the practice and policy
The role and perspective of patients
Techniques and tools: Coaching / ICAN / SDM

Special interest groups
Networking opportunities
Mayo Tour
What is best for me?
What is best for my family?

Is our care the answer?
More about shared decision making:
http://shareddecisions.mayoclinic.org

More about MDM:
http://minimallydisruptivemedicine.org

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