Measure Up Pressure Down®

American Medical Group Foundation

September 2015 Campaign Updates

AMGA
American Medical Group Association®

NIH SPRINT Trial

Systolic BP

Systolic blood pressure target lowered to 120 mm Hg

CV Events & Stroke

Reduced rates of CV events & stroke by ~1/3

Risk of Death

Reduced risk of death by ~1/4

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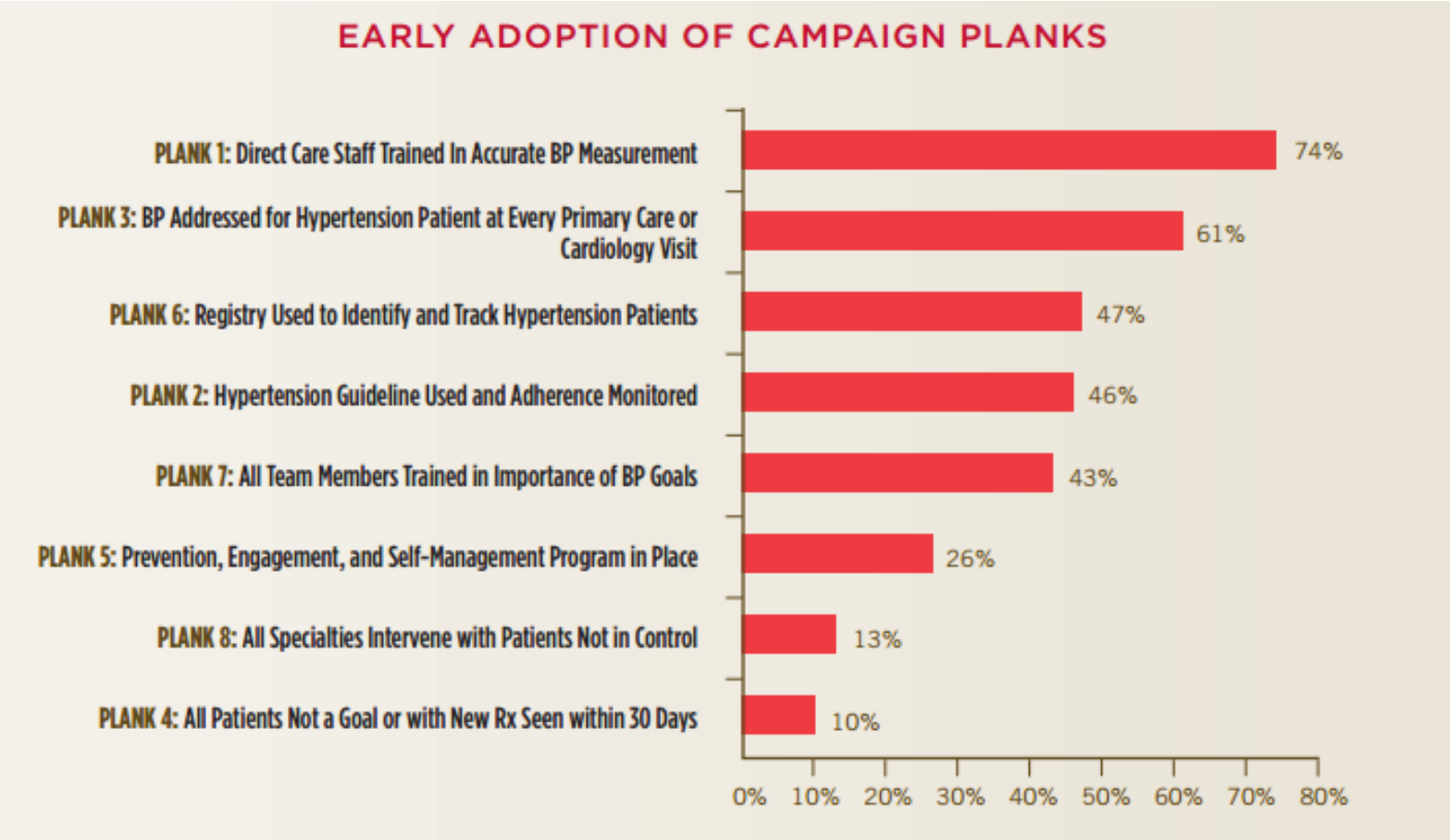
Campaign Planks Assessment



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Seeking Your Stories

Email your story to MUPDcampaign@amga.org.

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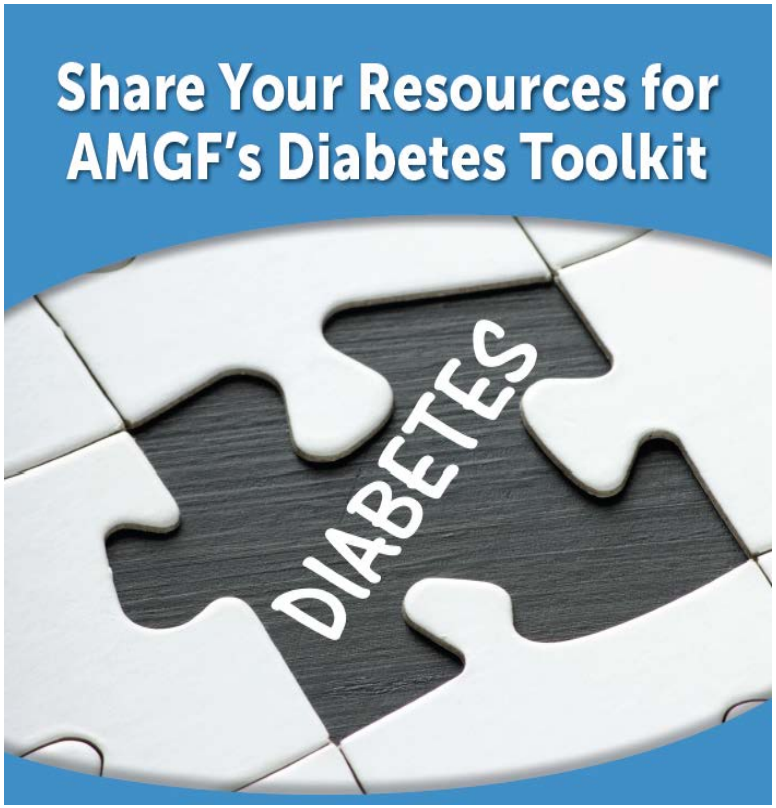
IQL Conference: October 21-23, 2015

EARLY BIRD DISCOUNT

Ends 9/18

Call for Resources: October 30, 2015



- Contribute resources that successfully empower patients, improve care delivery, or leverage information technology at your organization
- Approved submissions will be credited to your organization
- Questions? Email diabetestoolkit@amga.org

To learn more or submit your resources, visit: www.amgf.org/diabetes

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Call for Resources: October 30, 2015

- Requested resources, related to type 2 diabetes, includes:
  - Documents related to successful multi-disciplinary diabetes teams (e.g., charter, scope of work, composition, organizational chart)
  - Patient resources specific to emotional and behavioral support
  - Resources on how to establish a recognized diabetes education and self-management program (e.g., referral criteria, business plan)
  - Treatment algorithm
  - Resources used to identify and conduct outreach to patients overdue for A1c testing (e.g., reports, scripts, letters)
  - Cardiovascular disease risk assessment tool or calculator
  - Patient outreach protocols and related tools (e.g., phone scripts, letters)
  - Resources to conduct practice-based screening
  - Point-of-care tools
  - Patient registry
  - Unblinded performance reports (by site of care, provider, and/or care team)

To learn more or submit your resource(s), visit: www.amgf.org/diabetes

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Million Hearts® Challenge: October 31, 2015

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Minimally Disruptive Medicine

a respectful approach for patients with hypertension and other multiple chronic conditions

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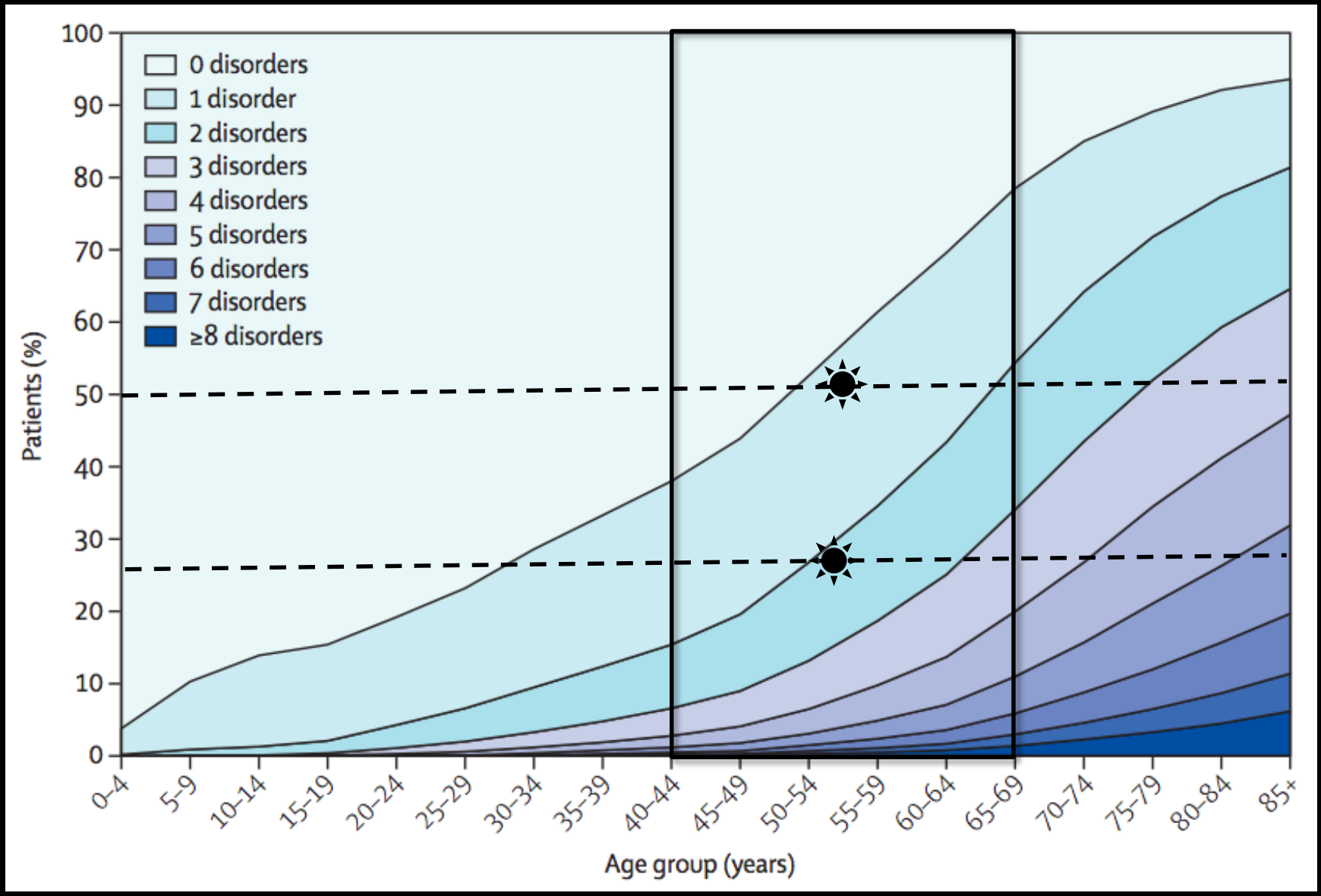
Disclosure Statement

I do **not** have financial relationships or interests related to the content of this presentation.

Learning Objectives

- To reframe nonadherence as a problem of workload and capacity.
- To identify interventions for use with patients to systemically to reduce the burden of therapy.



Barnett et al. Lancet 2012


3 2 1
Numbers don’t add up
Deadline is now
take work home
perform!
insurance
mortgage
debt
Wasted!
Daughter back at home
2 beautiful girls
55
Get a ride
Dietitian
Take off work
108 kg
Endocrinologist
Obese
High cholesterol
Avoid salt, fats, carbs
LDL high
Metformin
A1c 8.2%
Diabetes
Glipizide
Check sugars
Hypertension
HCTZ
Dizzy
Take pills
Beta-blocker
Exercise
Depression
Can’t sleep
Bad back
Neuropathy
Pain
Podiatrist
Check his feet

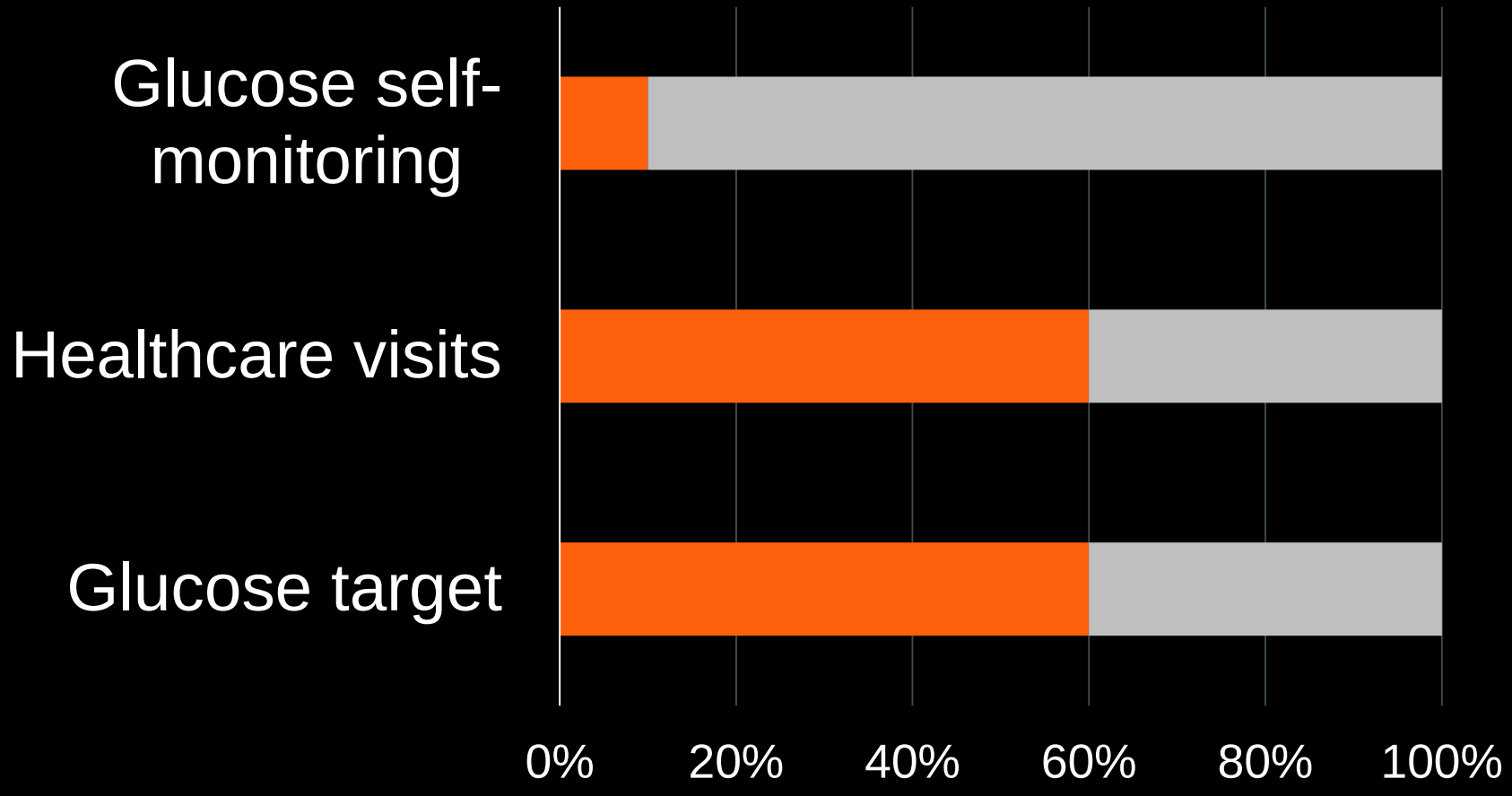
Guidelines

Intensify treatment to achieve HbA1c that is appropriate for the patient:

- Use combination of oral agents
- Use self-monitoring
- Use insulin if combinations not effective
- Use intensive insulin therapy

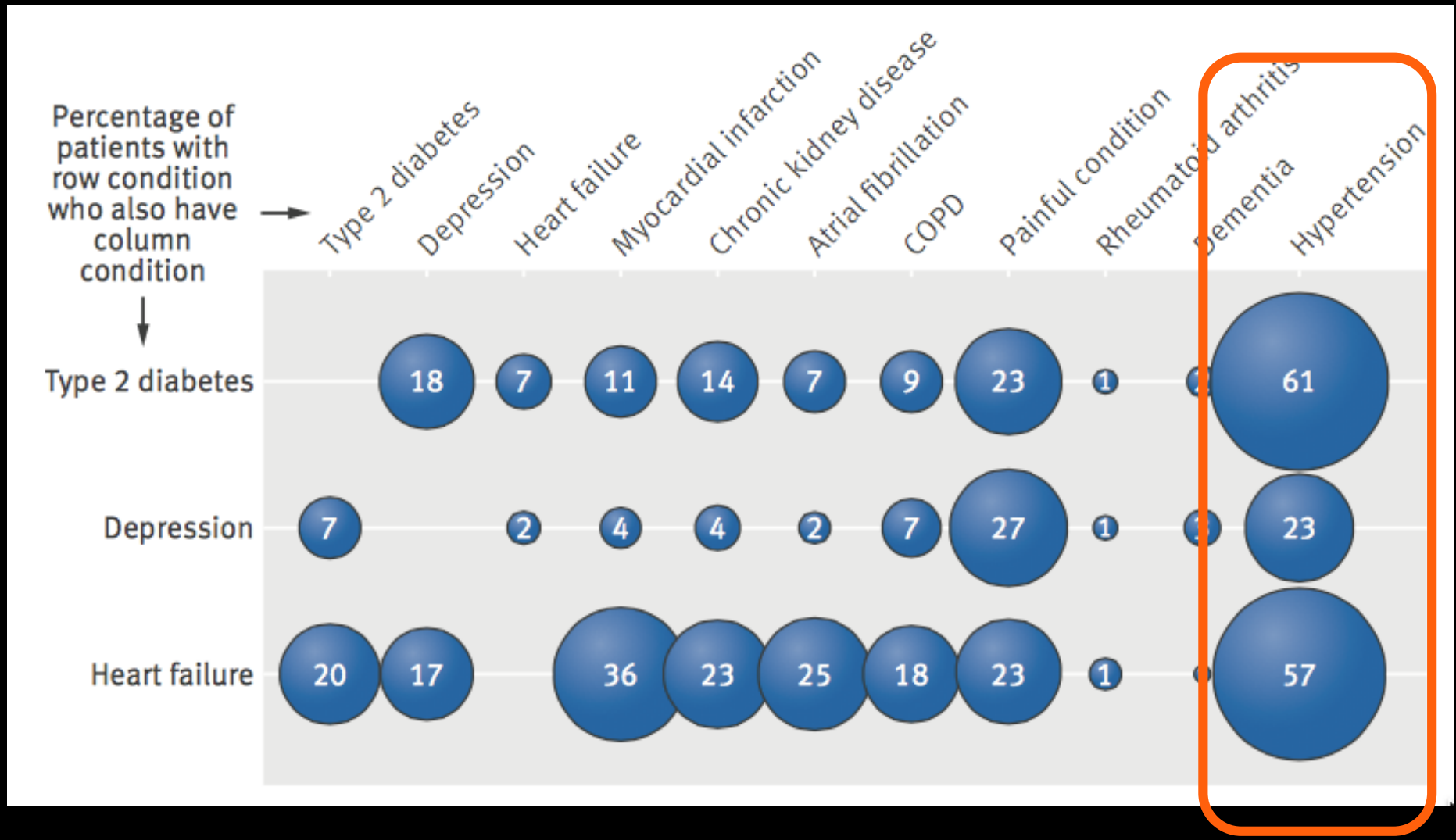
Guidelines

% recommendations considering comorbidities



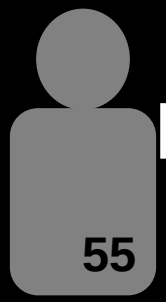
Wyatt KD et al. Med Care. 2014;52 Suppl 3:S92-S100

Comorbidities are common



Dumbreck et al. BMJ 2015;350:h949

Multimorbidity



Obese

High cholesterol

LDL high

A1c 8.2%

Diabetes

Hypertension

Dizzy

Depression

Can’ t sleep

Bad back

Neuropathy

Pain

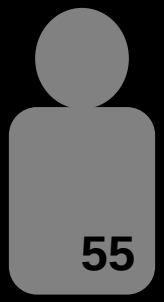
Multimorbidity

Obese

High cholesterol

Diabetes

Hypertension



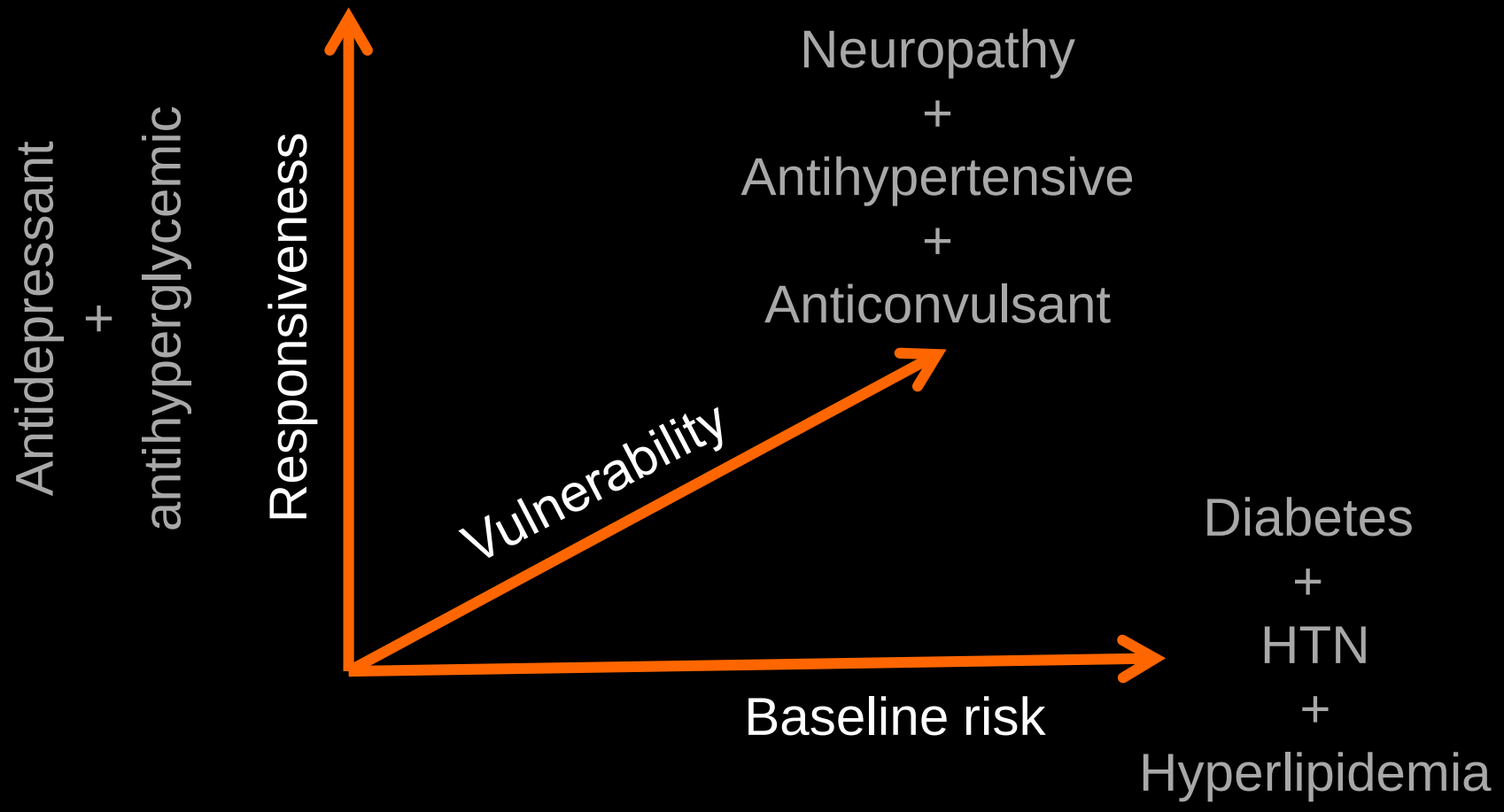
Depression

Pain

Dizzy

Can’t sleep

Do the other conditions and their management impact…

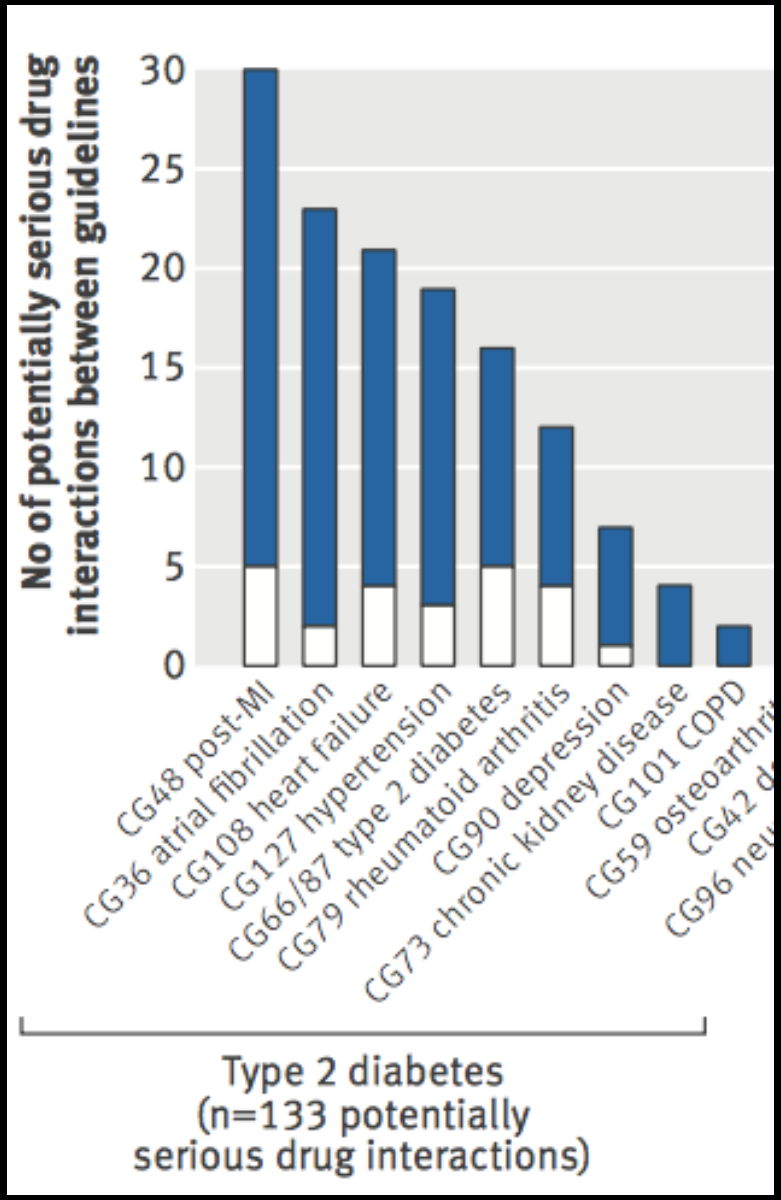


Richardson and Doster J Clin Epidemiol 2014

Expected interactions between guidelines

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

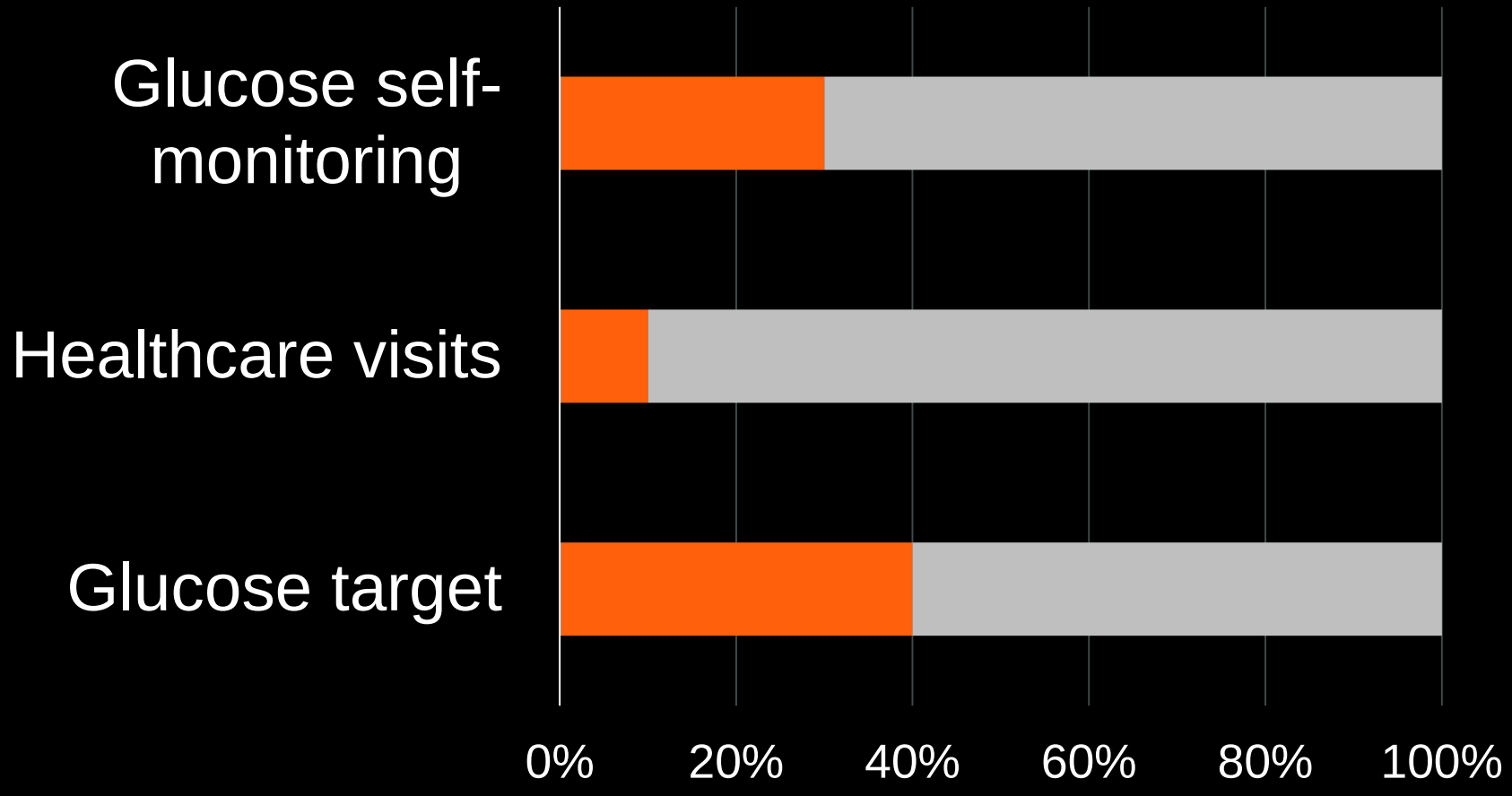
Drug-drug interactions are common, and ~20% serious



Dumbreck et al. BMJ 2015;350:h949

Guidelines

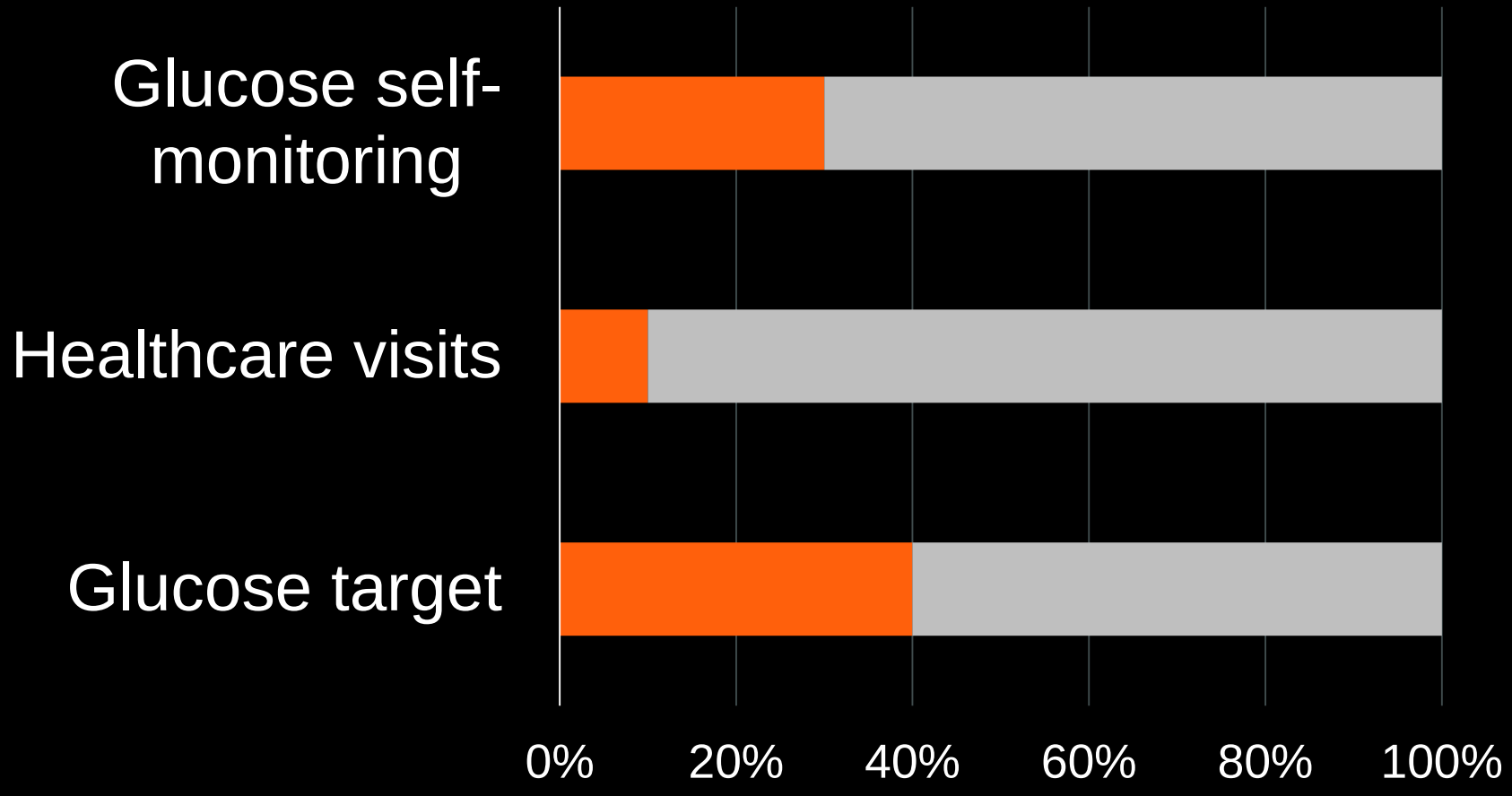
% recs considering socio-personal context



Wyatt KD et al. Med Care. 2014;52 Suppl 3:S92-S100

Guidelines

% recs considering patient preferences



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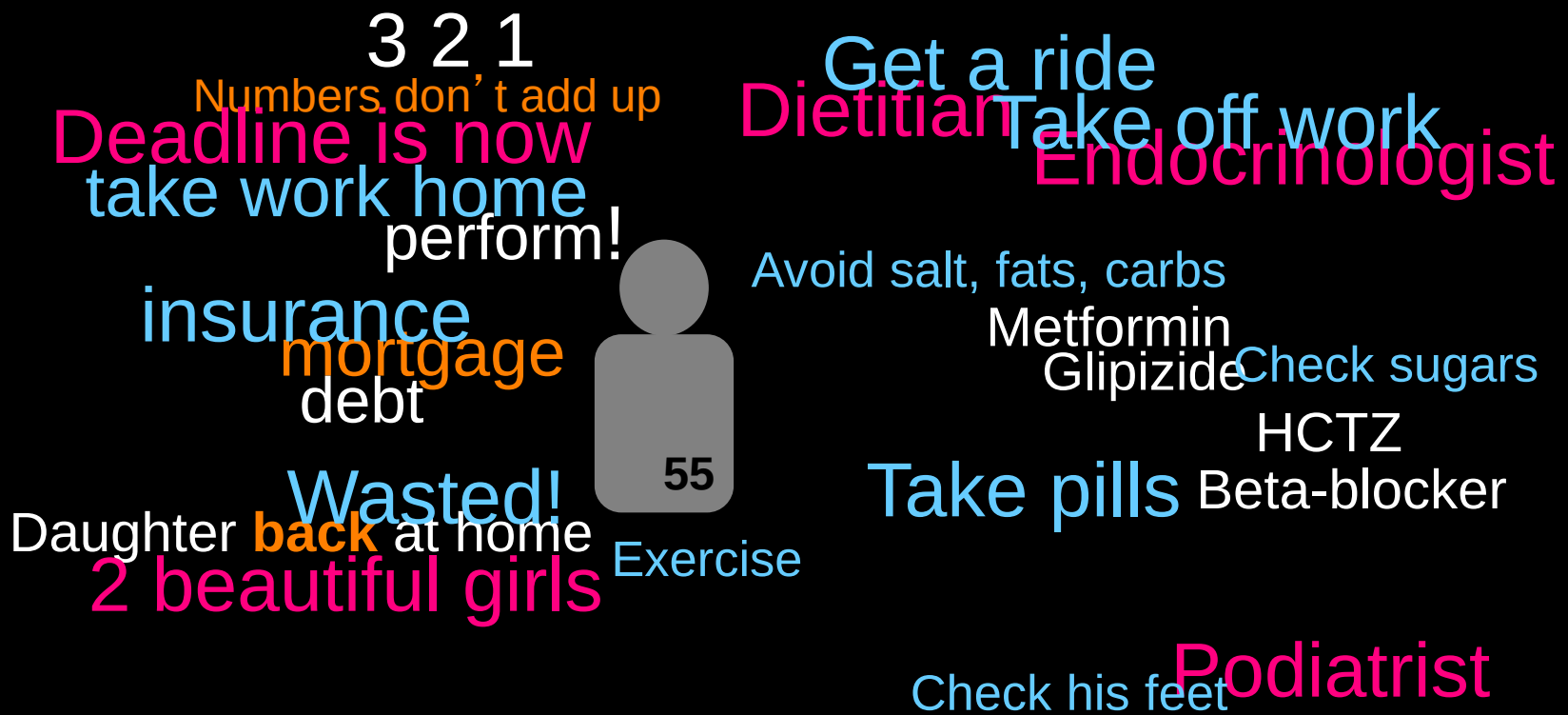
Evidence-based guidelines
Quality measures + Specialist care
are disease-specific and context blind

Increasingly complex regimens
Treatments | Monitoring

Poor care coordination
Shift to self-management

Increasing treatment burden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Glipizide
Check sugars
HCTZ
Take pills
Beta-blocker
Podiatrist
Check his feet

The work of being a chronic patient

Sense-making work

Organizing work and enrolling others

Doing the work

Reflection, monitoring, appraisal

Gallacher et al. Annals Fam Med 2012


Saturday
SUN
MON
TUE
WED
THURS
FRI
Sat
mid AM
SUN
mid AM
MON
mid AM
TUE
mid AM
WED
mid AM
THURS
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Sat
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WED
BED
THURS
BED

The work of being a chronic patient

People with more chronic conditions attend more visits, get more tests, and more medicines

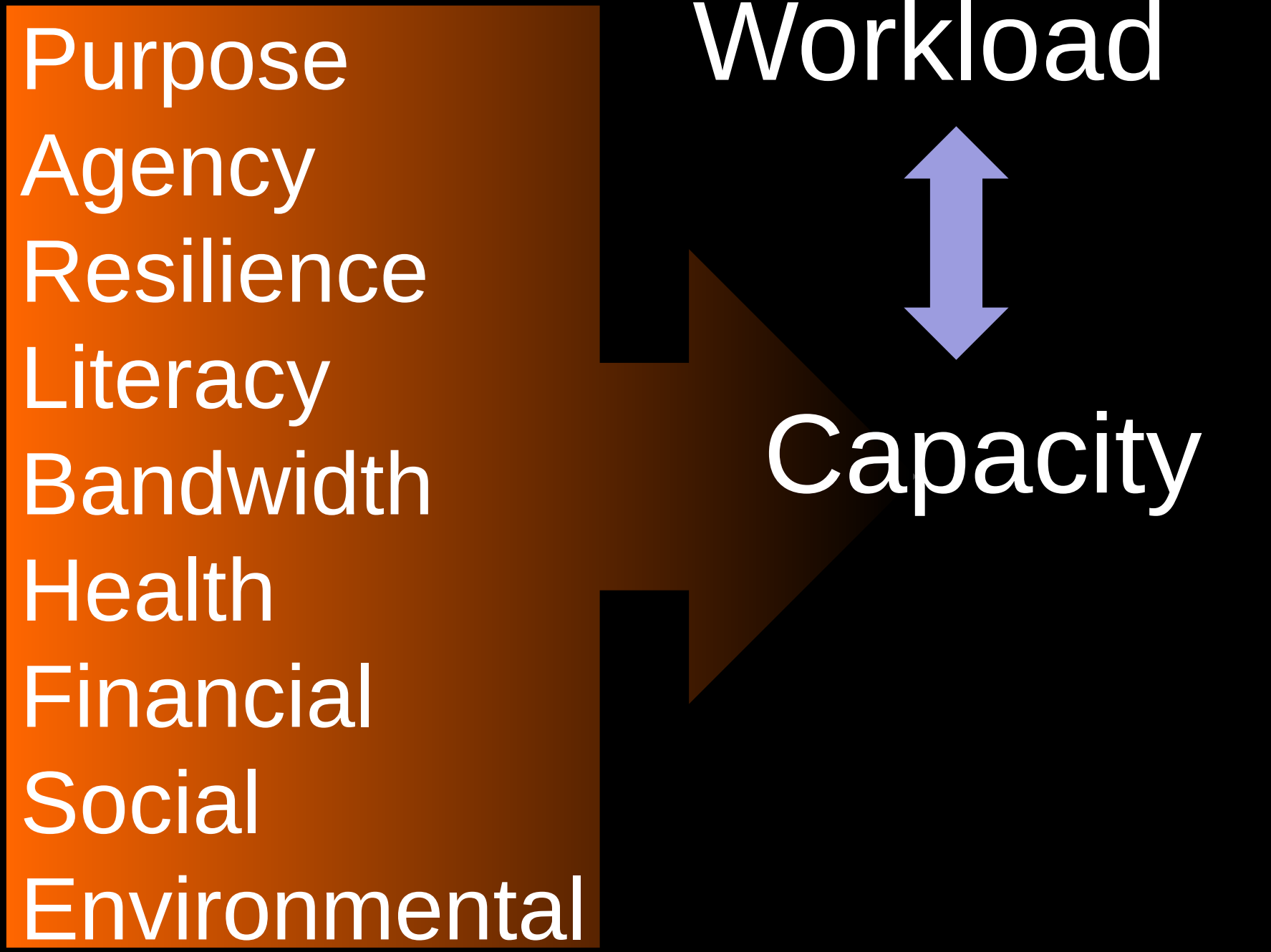
Shippee D, In press

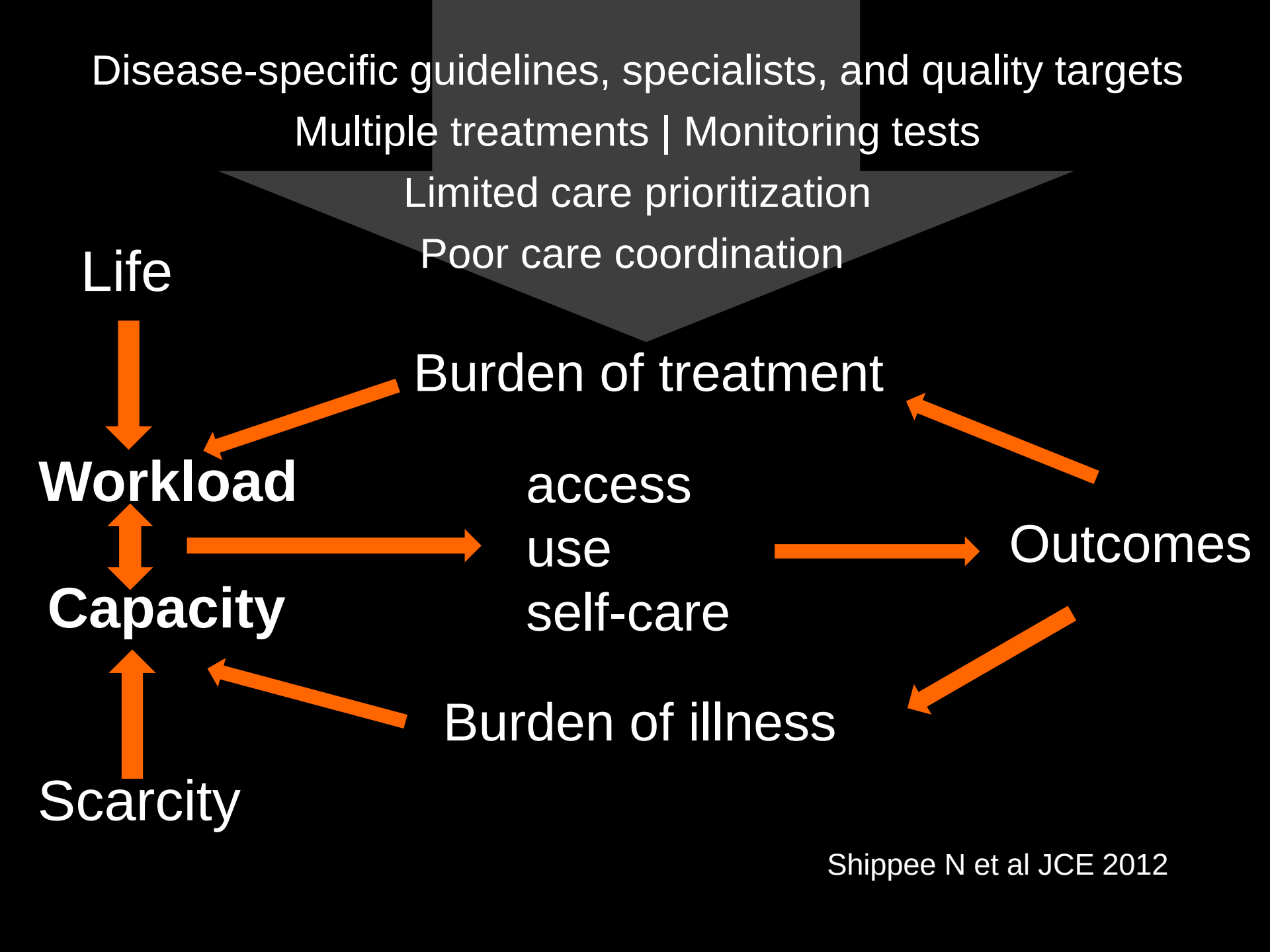
2 hours/day spent on health-related activities

Jowsey and Yem. BMC Public Health 2012

Of 83 worload discussions in 46 primary care visits (24 min): 70% left unaddressed

Bohlen et al. Diabetes Care 2011


Purpose
Agency
Resilience
Literacy
Bandwidth
Health
Financial
Social
Environmental
Workload
Capacity



Shippee N et al JCE 2012


NONCOMPLIANCE


Imbalance
workload
+
capacity

Exploring imbalance

1. Is there imbalance of workload-to-capacity?
   Has the clinical disrupted life, or *vice versa*
2. Was this acute or chronic imbalance?
3. Was this caused by increased workload?
   From life work? From patient work?
4. Was this caused by reduced capacity?
   Which: personal, functional, socio-economical?

Workload-to-capacity imbalance?

Acute or chronic imbalance?

By increased workload or reduced capacity?

How to manage?

Assess burden of treatment and illness

The necessary precautions when taking your medication

Self-monitoring frequency, time spent and associated nuisances or inconveniences

The difficulties you could have in your relationships with healthcare providers

Arranging medical appointments, transportation and reorganizing your schedule around these appointments

The financial burden associated with your healthcare

The burden related to doctors' recommendations to practice physical activity

How does your healthcare impact your relationships with others

Tran VT et al. BMC 2014, 12: 109

How to manage?

Assess burden of treatment and illness

Align **workload** with patient goals:

- Shared decision making
- Medication therapy management (deprescribing)
- Capacity coaching

How to manage?

Assess burden of treatment and illness

Align **workload** with patient goals:

- Shared decision making
- Medication therapy management (deprescribing)
- Capacity coaching

What aspect of your next diabetes medicine would you like to discuss first?

KER UNIT | Mayo Clinic Video / Web

Summary of Mayo experience

Age: 40-92 (avg 65)

Primary care, ED, hospital, specialty care

74-90% clinicians want to use tools again

Adds ~3 minutes to consultation

58% fidelity without training

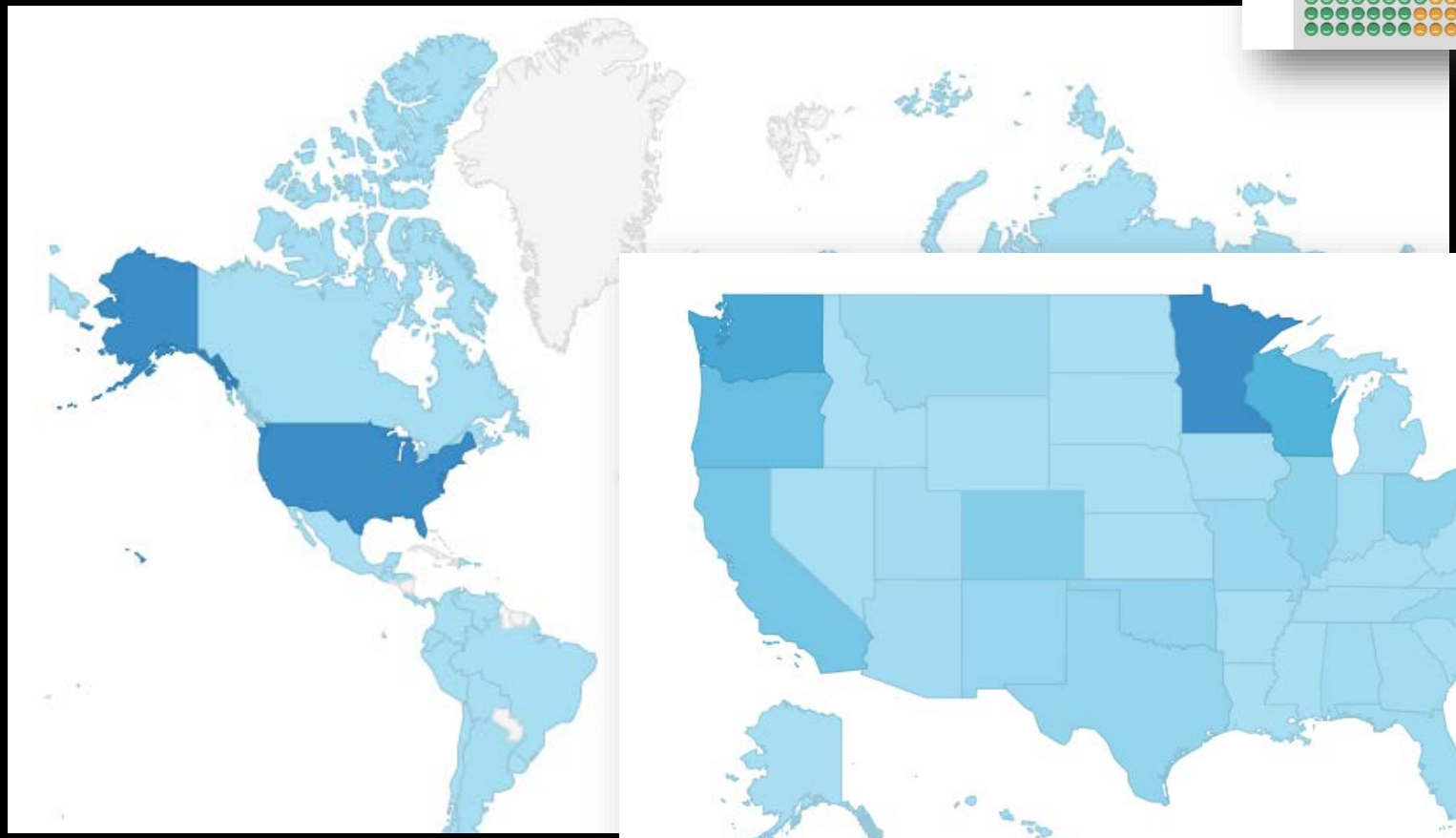
Effects on SDM are similar in vulnerable populations

Variable effect on clinical outcomes, cost

Wyatt et al. Implement Sci 2014; 9: 26
Coylewright et al CCQO 2014, 7: 360-7

Adoption

10,000/month



Google Analytics

How to manage imbalance

Patient-focused

A. Encounter actions:

Shared decision making

Medication therapy management - deprescribing

Capacity coaching

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

	Satisfaction	Burden
My Family and Friends	✓	✓
My Work	✓	✓
My Rest and Comfort	✓	✓
My Home and Neighborhood	✓	✓
My Finances	✓	✓

Are the medical things that you're doing a help, a burden, or both?

	A help	A burden
	✓	✓
	✓	✓
	✓	✓
	✓	✓
	✓	✓

How to manage imbalance

Patient-focused

A. Encounter actions:

- Shared decision making
- Medication therapy management
- Capacity coaching

B. Referral actions:

- Self management training
- Palliative care
- Mental health
- Physical and occupational therapy
- Financial and resource security services
- Community and governmental resources


WORKLOAD
CAPACITY

How to manage imbalance

System-focused

A. Reduce waste for the patient / caregiver

In accessing + using healthcare/other services

In enacting self-care

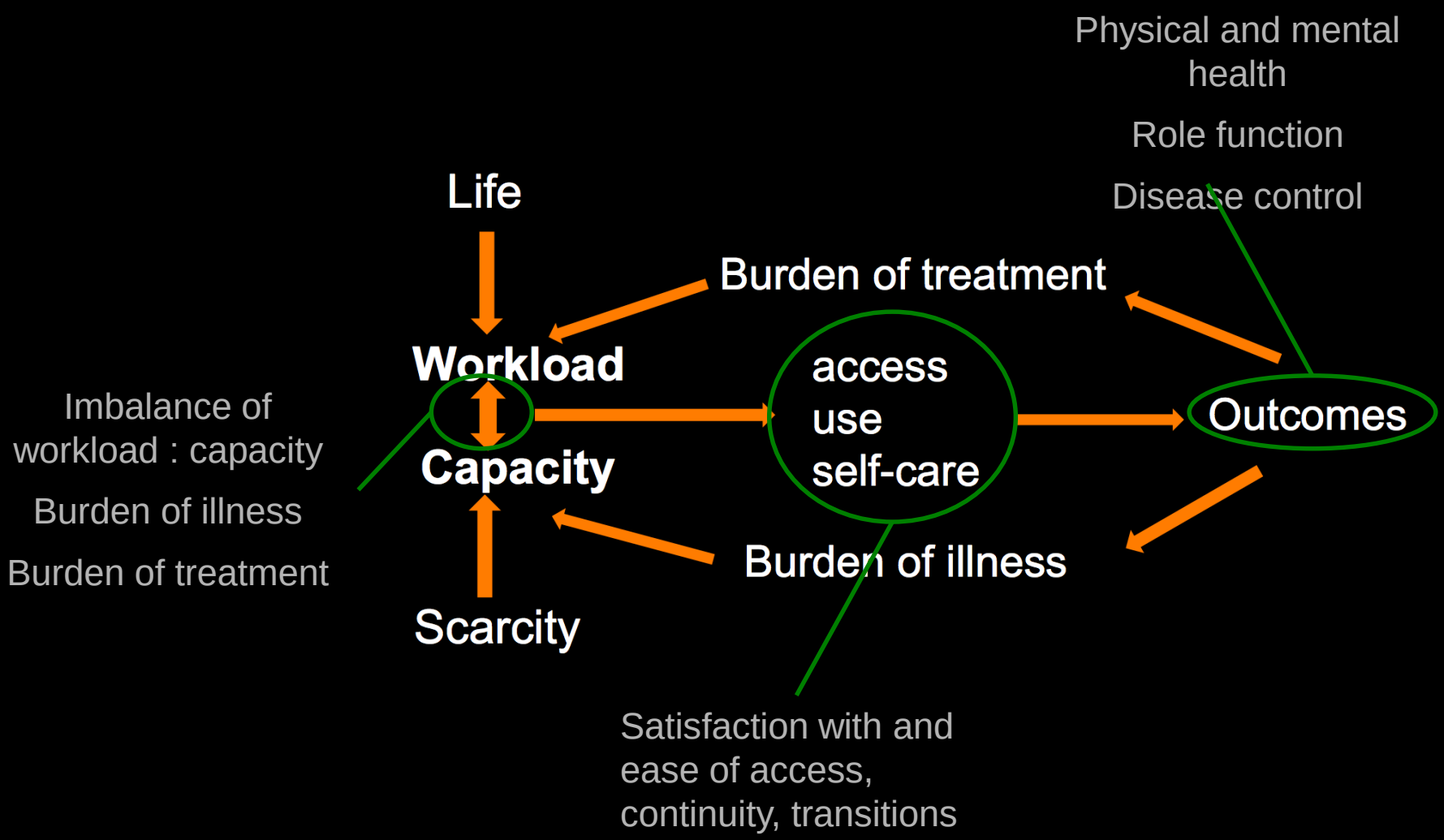
B. Team-based care

Train primary care team in MDM

C. Policy review

Guidelines/quality measures respectful of patient capacity

Measuring quality



Adapted from NQF: MCC Measurement Framework 2012

Minimally disruptive healthcare

Evidence based healthcare
designed to
reduce the burden of treatment on patients
while pursuing
patient goals

May CR, Montori VM, Mair FS. BMJ 2009; 339:b2803

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