



Careful and kind care

A call for shared decision making

Victor M. Montori, MD, MSc
Professor of Medicine
KER UNIT
Mayo Clinic

 montori.victor@mayo.edu

 [@vmontori](https://twitter.com/vmontori)

Disclosure Statement

I do **not** have financial
relationships to disclose.

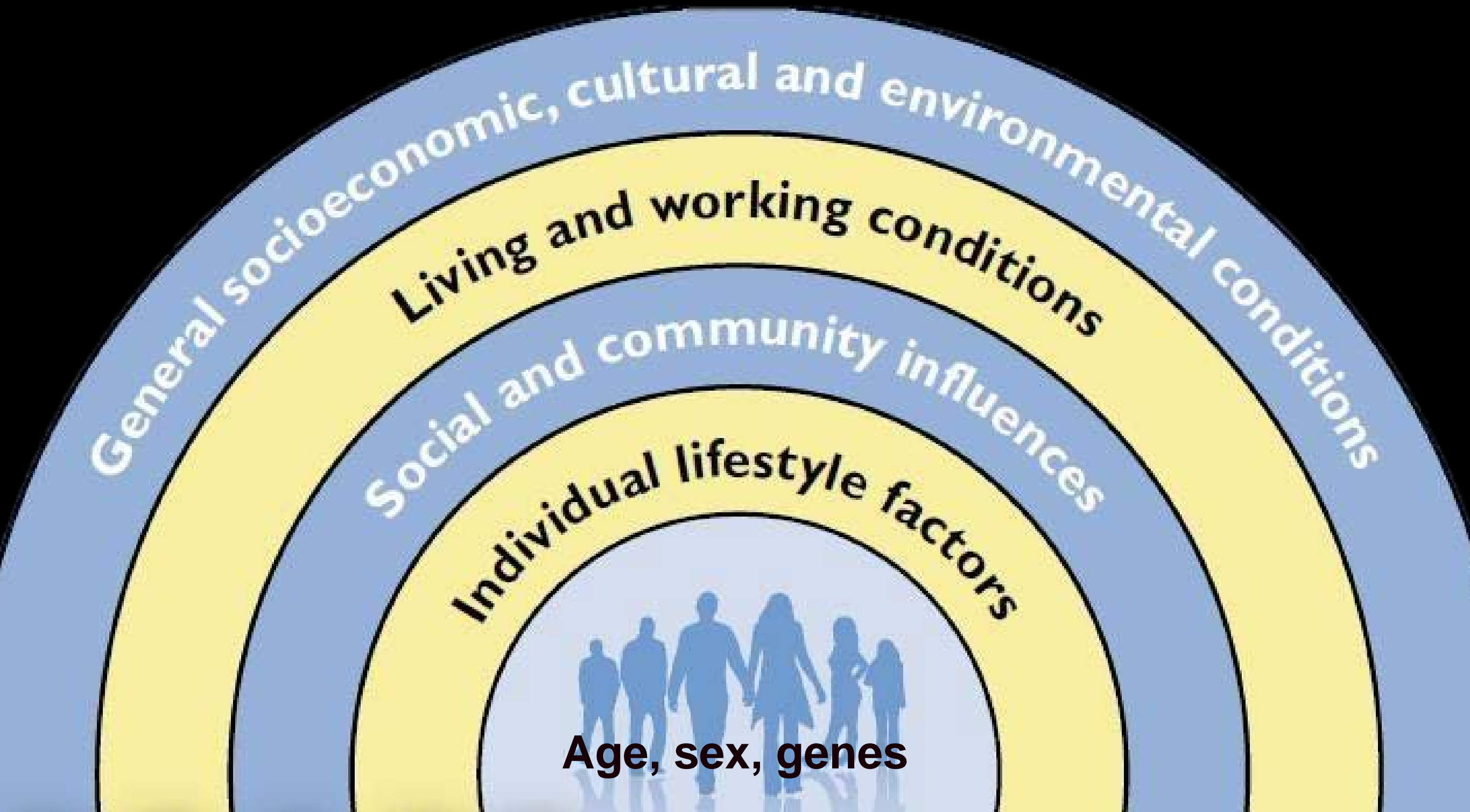


Multiple chronic conditions
Lives with son and his family
Does not speak English
Contact by phone
Bland diet



What is best for me?
What is best for my family?

Is our care the answer?



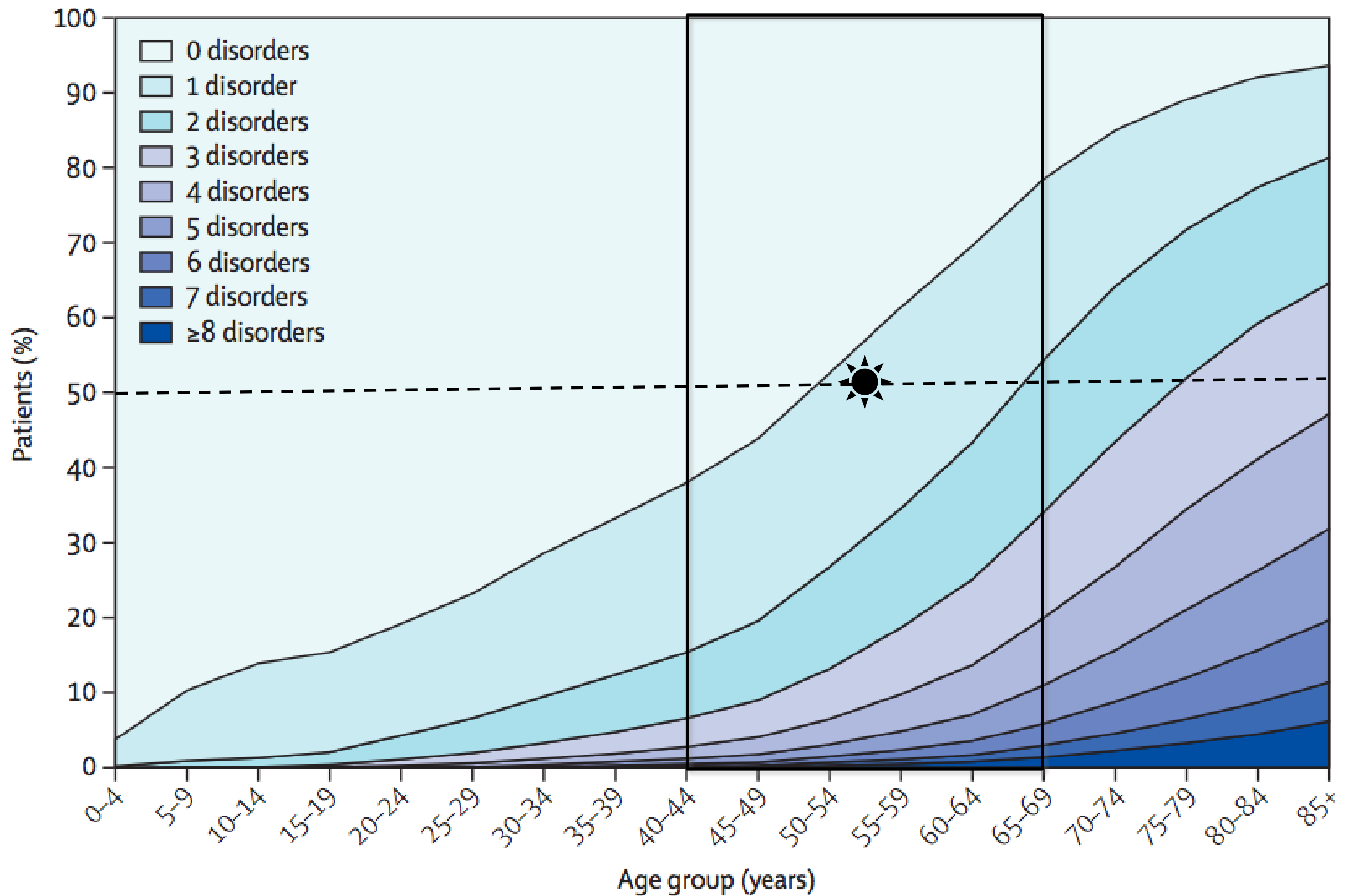
Violence
Pollution

Chronic
stress

Multi
morbidity

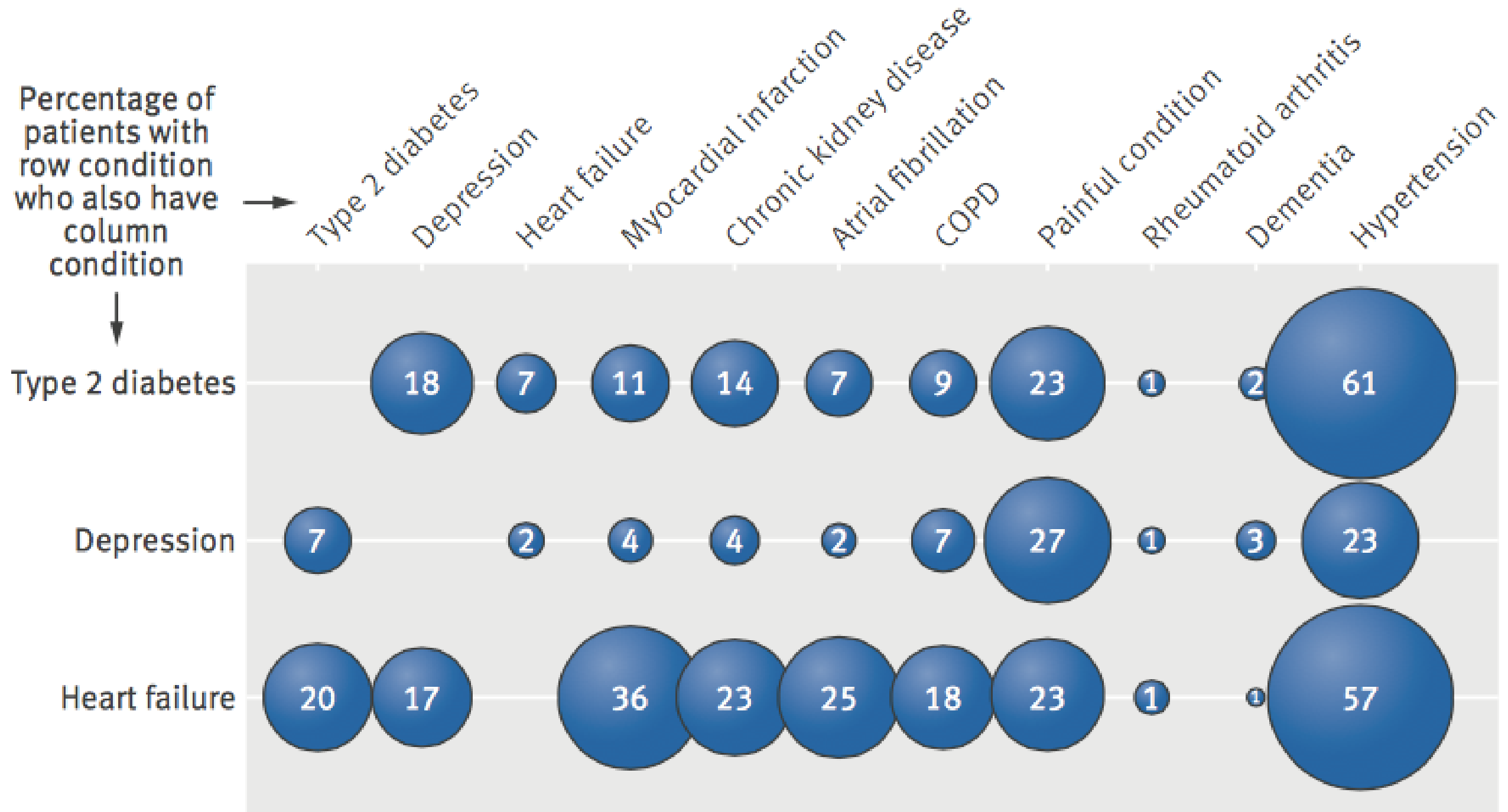
Loneliness
Obesity

Poverty
Alienation

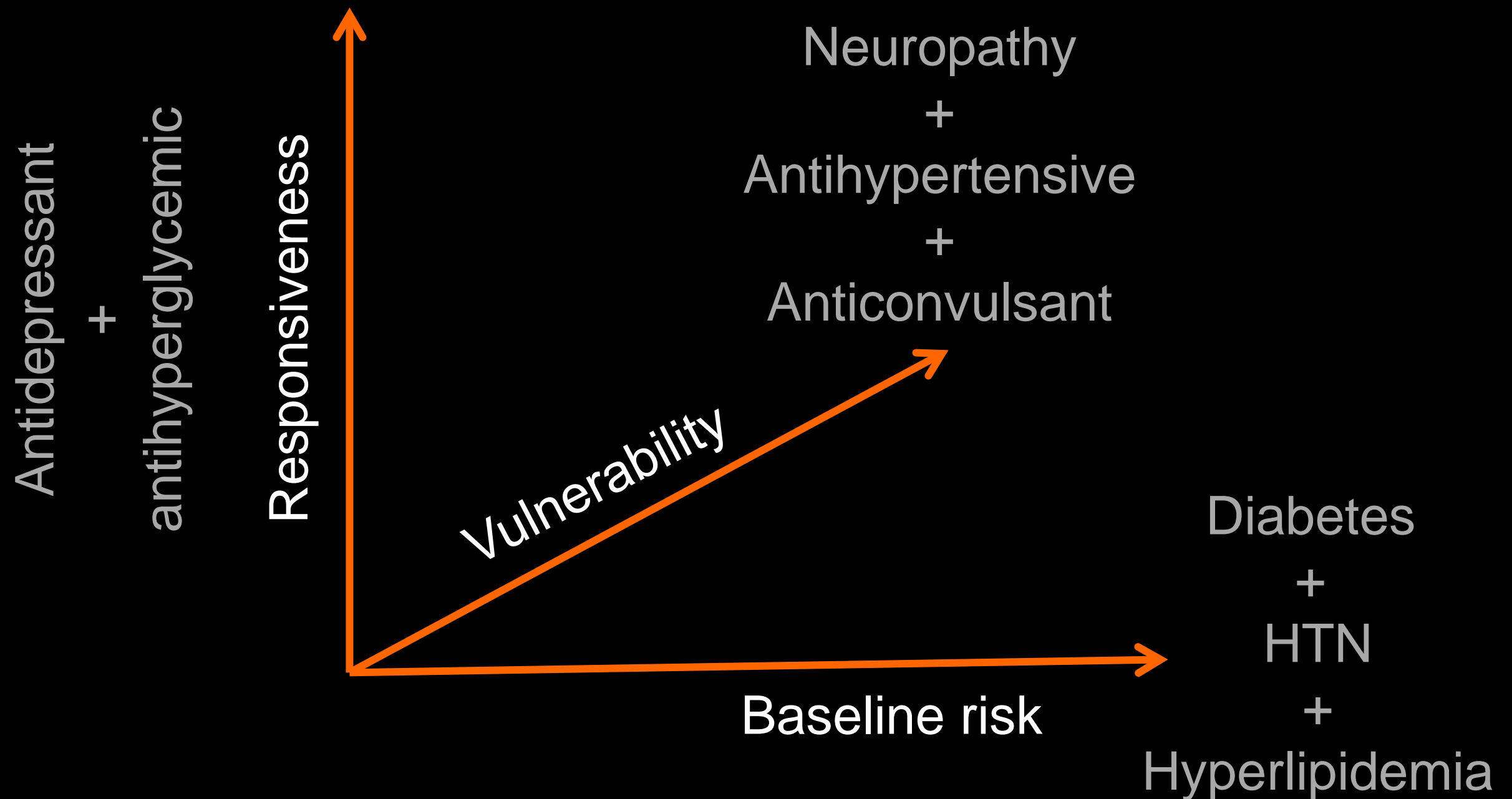


Barnett et al. Lancet 2012

Comorbidities are common



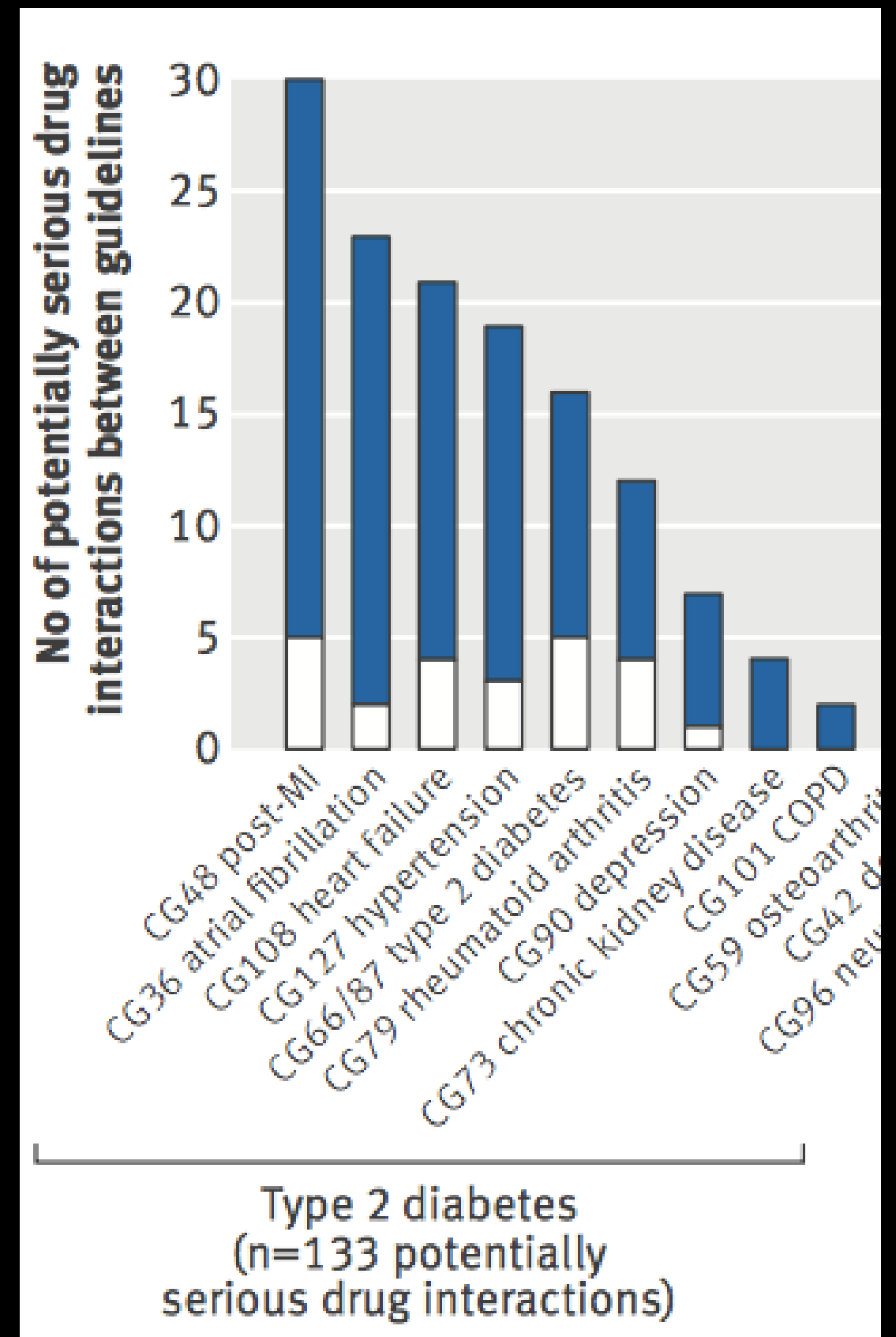
Do the other conditions and their management impact...

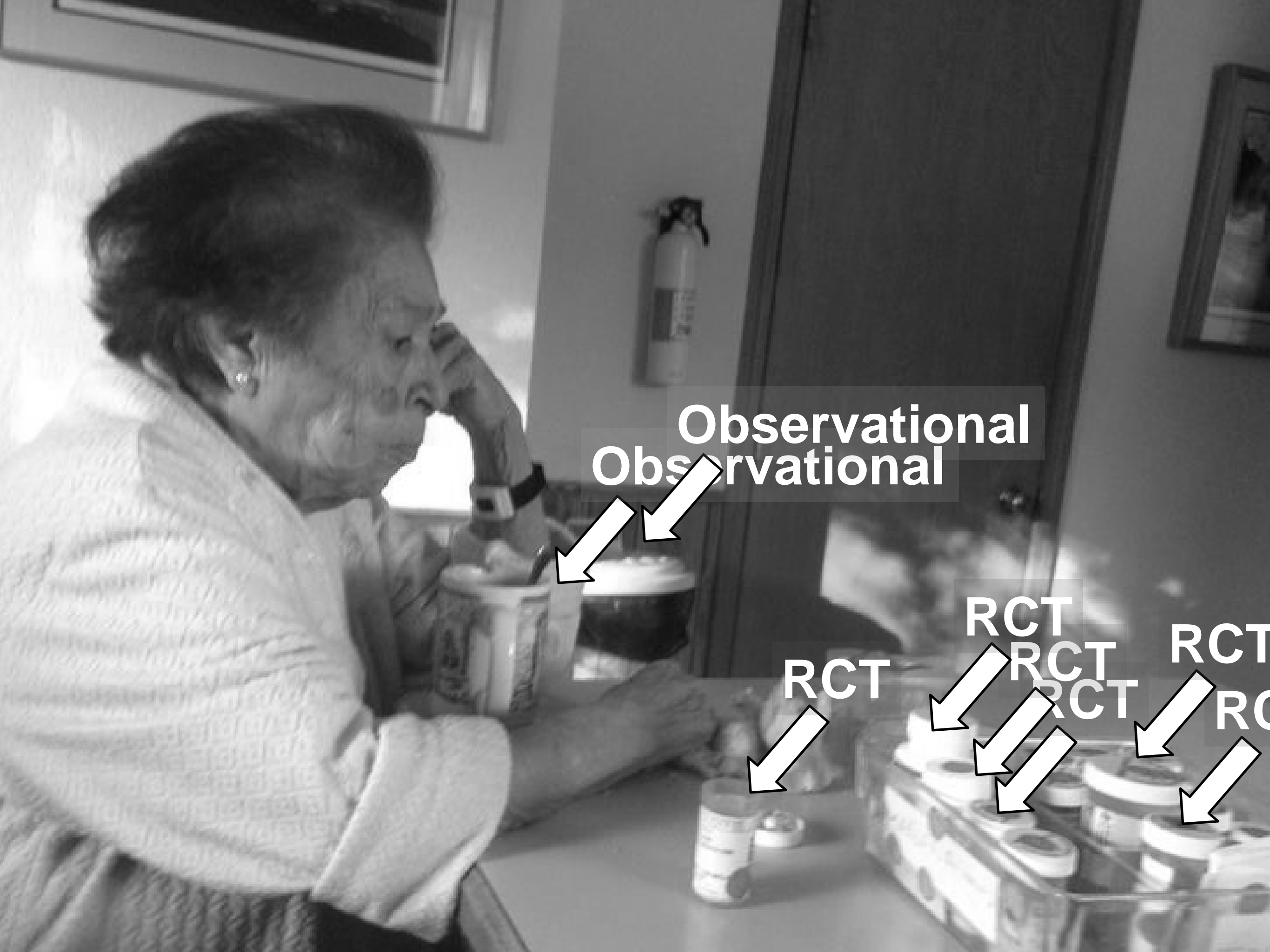


Expected interactions between guidelines

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

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

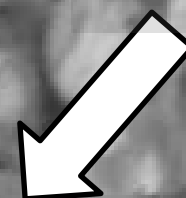




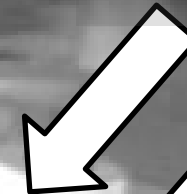
Observational
Observational



RCT



RCT



RCT



RCT

RCT



RO

Evidence-based guidelines
Care protocols
Quality measures
Specialist care
are
disease focused and context blind

Increasingly complex regimens

No prioritization
No 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

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

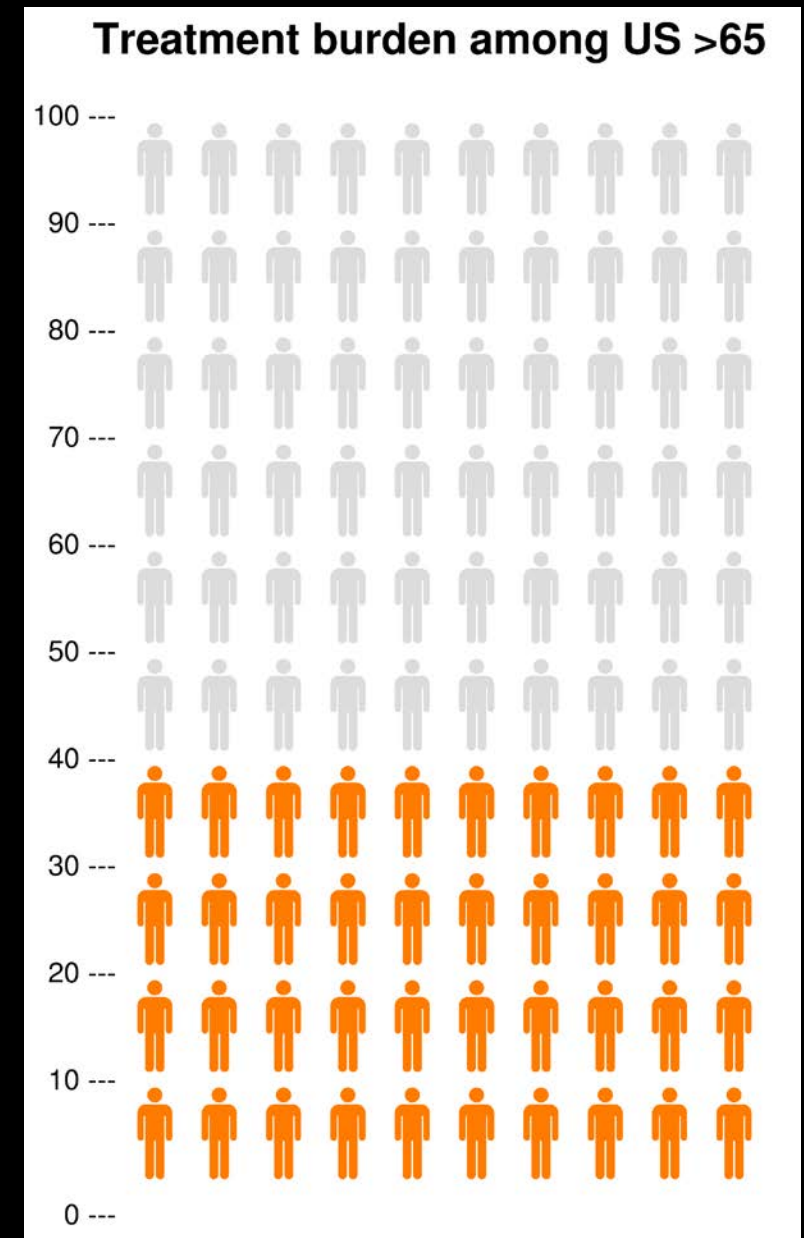
Take care of significant other

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.



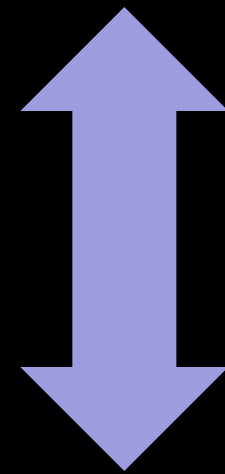
Nationally representative survey of 2040 >65 Americans
Wolff JL, Boyd CM. JGIM 2015 30: 1497-504

NONCOMPLIANCE



Purpose
Resilience
Literacy
Bandwidth
Health
Financial
Social
Environmental

Workload



Capacity

**Imbalance
workload
+
capacity**



Statin Choice

Back

Current Risk

Select Risk Calculator

ACC/AHA ASCVD Framingham Reynolds

Do you have a history of events such as prior heart attack or stroke, acute coronary syndromes, history of angioplasty or stents, etc?

☐ Yes ☒ No

These figures are used to calculate my risk of having a heart attack in the next 10 years:

Age

Gender ☒ M ☐ F

Population Group

Smoker ☐ Yes ☒ No

Diabetes ☐ Yes ☒ No

Treated SBP ☐ Yes ☒ No

Systolic Blood Pressure mmHg

HDL Cholesterol mg/dL

Total Cholesterol mg/dL

Select Current Intervention

Statins ☒ No ☐ Std Dose ☐ High Dose

Aspirin ☒ No ☐ Low Dose

Statin/Aspirin Choice Decision Aid

Prevention Issues Notes Document

Benefits vs Downsides according to my personal health information
Using ACC/AHA ASCVD Risk Calculator

3. View Issues

Current Risk of having a heart attack

Risk for 100 people like you who **do not** take medicine for heart problems

Future Risk of having a heart attack

Risk for 100 people like you who do take **standard dose statins**

Over 10 years

6 people will have a heart attack

92 people will have no heart attack

2 people will be saved from a heart attack by taking medicine

Weight Change

Low Blood Sugar (Hypoglycemia)

Blood Sugar (A1c Reduction)

Daily Routine

Daily Sugar Testing (Monitoring)

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. Under some plans name brands may be comparable in cost to generics.

Metformin *(Generic available)*

\$0.10 per day \$10 / 3 months

Insulin *(No generic available – price varies by dose)*

Lantus: Vial, per 100 units: \$10
Pen, per 100 units: \$43

NPH: Vial, per 100 units: \$6
Pen, per 100 units: \$30

Short acting analog insulin: Vial, per 100 units: \$10
Pen, per 100 units: \$43

Pioglitazone *(Generic available)*

\$10.00 per day \$900 / 3 months

Liraglutide/Exenatide *(No generic available)*

\$11.00 per day \$1,000 / 3 months

Sulfonylureas

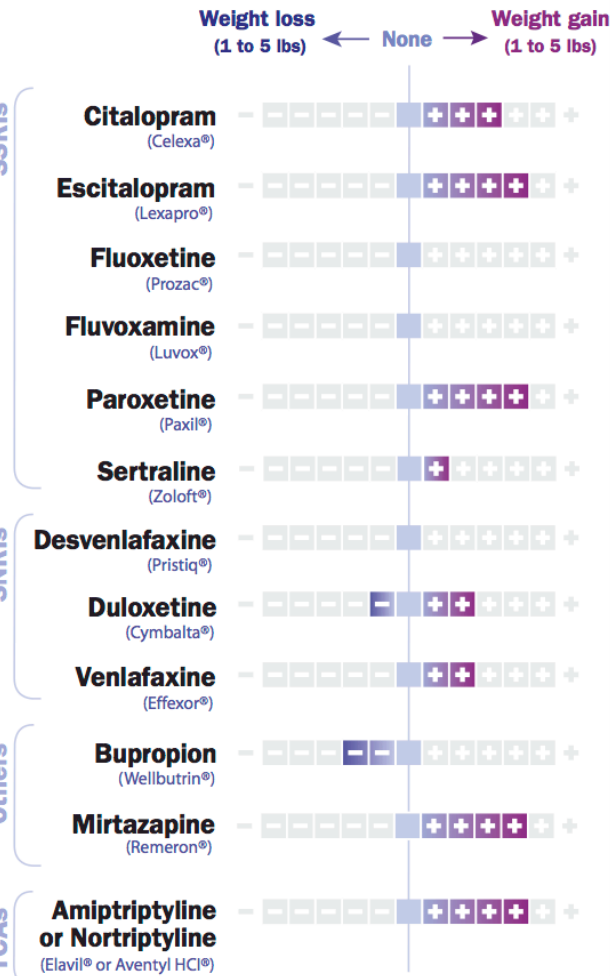
Glipizide, Glimepiride, Glyburide

\$0.10 per day \$10 / 3 months

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

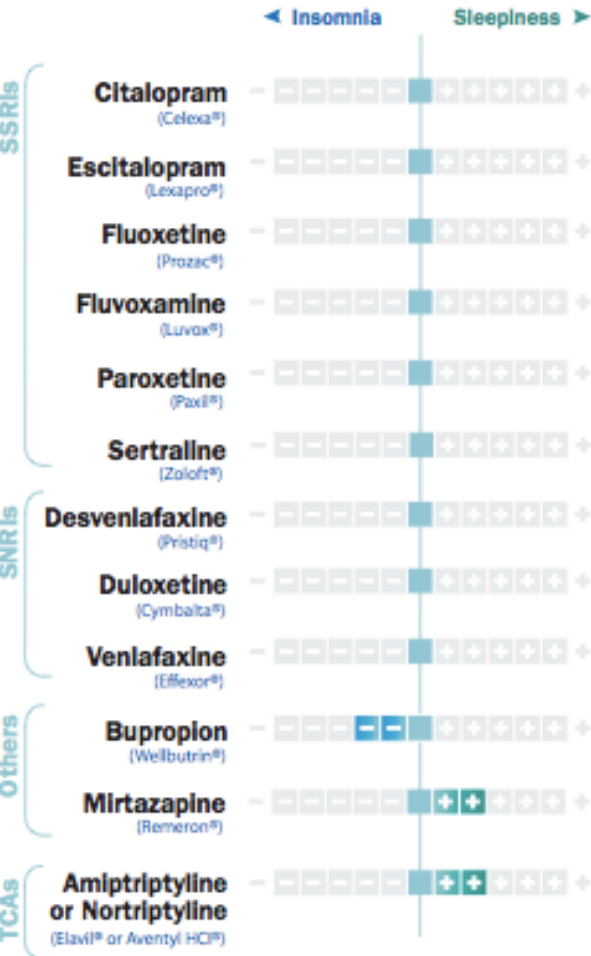
These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage.

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 behaviors (18- to 24-year-olds)
 - harm to an unborn child
 - risk of developing serotonin syndrome, a potentially life-threatening condition
 - possible drug-drug interactions

Additional considerations	
SSRIs	
Citalopram (Celexa®)	Can cause problems with your heart
Escitalopram (Lexapro®)	Currently no other issues
Fluoxetine (Prozac®)	More likely to interact with other drugs you are taking
Fluvoxamine (Luvox®)	More likely to cause constipation, diarrhea or nausea Not officially recognized as a treatment for Major Depressive Disorder
Paroxetine (Paxil®)	If you are pregnant, this medicine is more likely to cause problems with your unborn child
Sertraline (Zoloft®)	More likely to cause diarrhea
SNRIs	
Desvenlafaxine (Pristiq®)	Tell your doctor if you have high blood pressure
Duloxetine (Cymbalta®)	Can help with pain Tell your doctor if you have high blood pressure
Venlafaxine (Effexor®)	More likely to cause nausea and vomiting Can cause problems with your heart Tell your doctor if you have high blood pressure
Others	
Bupropion (Wellbutrin®)	Higher risk of seizures
Mirtazapine (Remeron®)	Starts to work more quickly
TCAs	
Amitriptyline or Nortriptyline (Elavil® or Aventyl HCl®)	More likely to cause constipation, diarrhea or nausea Can help with pain If you are elderly, this medication may not be the best option

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.

Makers of this aid have no financial relationships with pharmaceutical or device manufacturers. © 2011 Mayo Foundation for Medical Education and Research. All rights reserved. MC5733-43

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

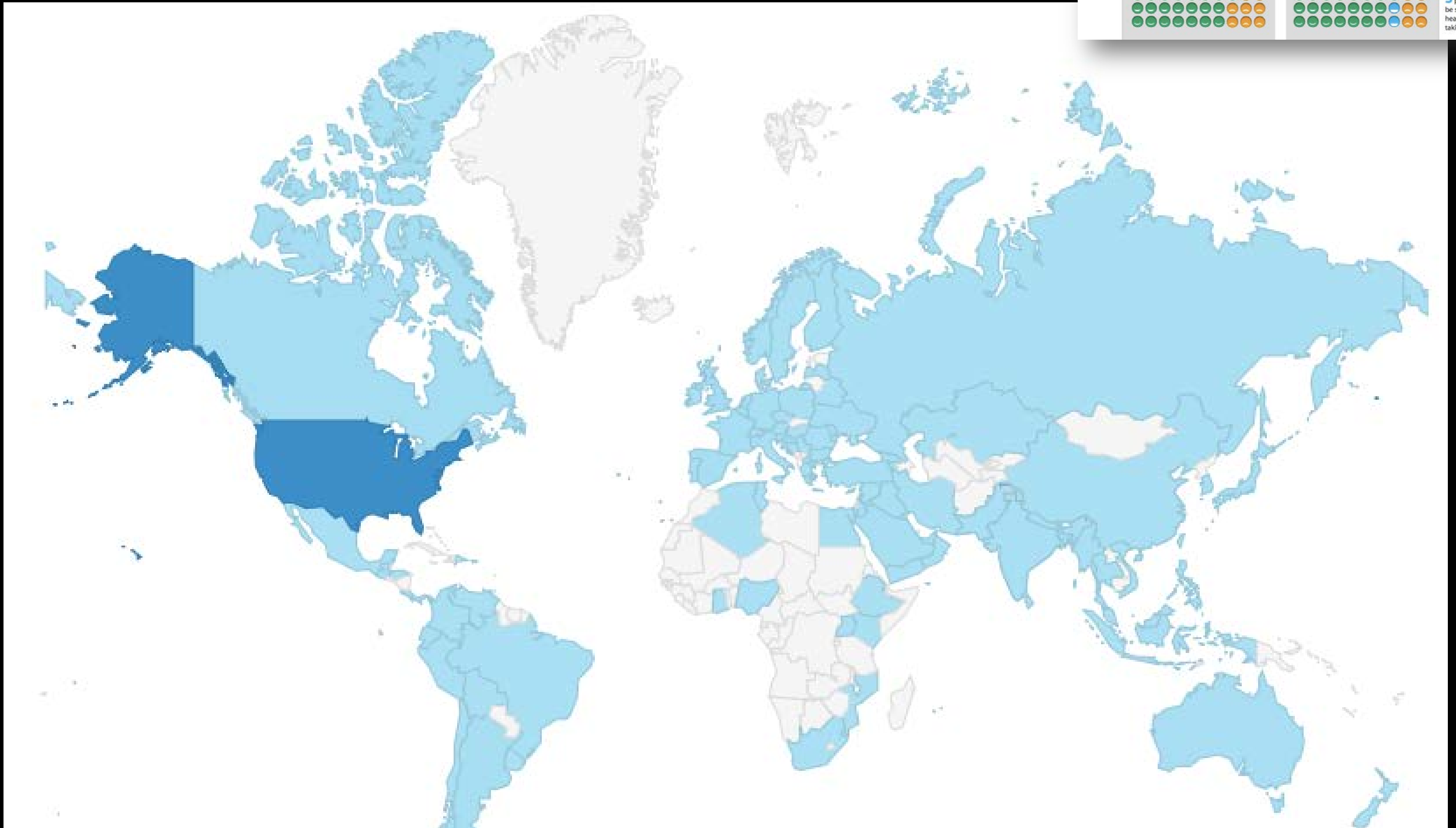
Effects on SDM are similar in vulnerable populations

Variable effect on clinical outcomes, cost



Adoption

12,000/month



Google Analytics

Shared decision making

Care in which clinicians and patients work together to discover how to respond to the patient situation.

Conversation

Care that makes intellectual, emotional and practical sense

Are these areas
of

Satisfaction Burden




✓ ✓

☒ ☐

✓



✓

☐ ☒

For example:

For example:
Come in for appointments

Take aspirin

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

A burden
A help \



✓ ✓

✓ ✓



Workload-capacity imbalance?

Treatment burden

Prioritize (SDM)
De-prescribe

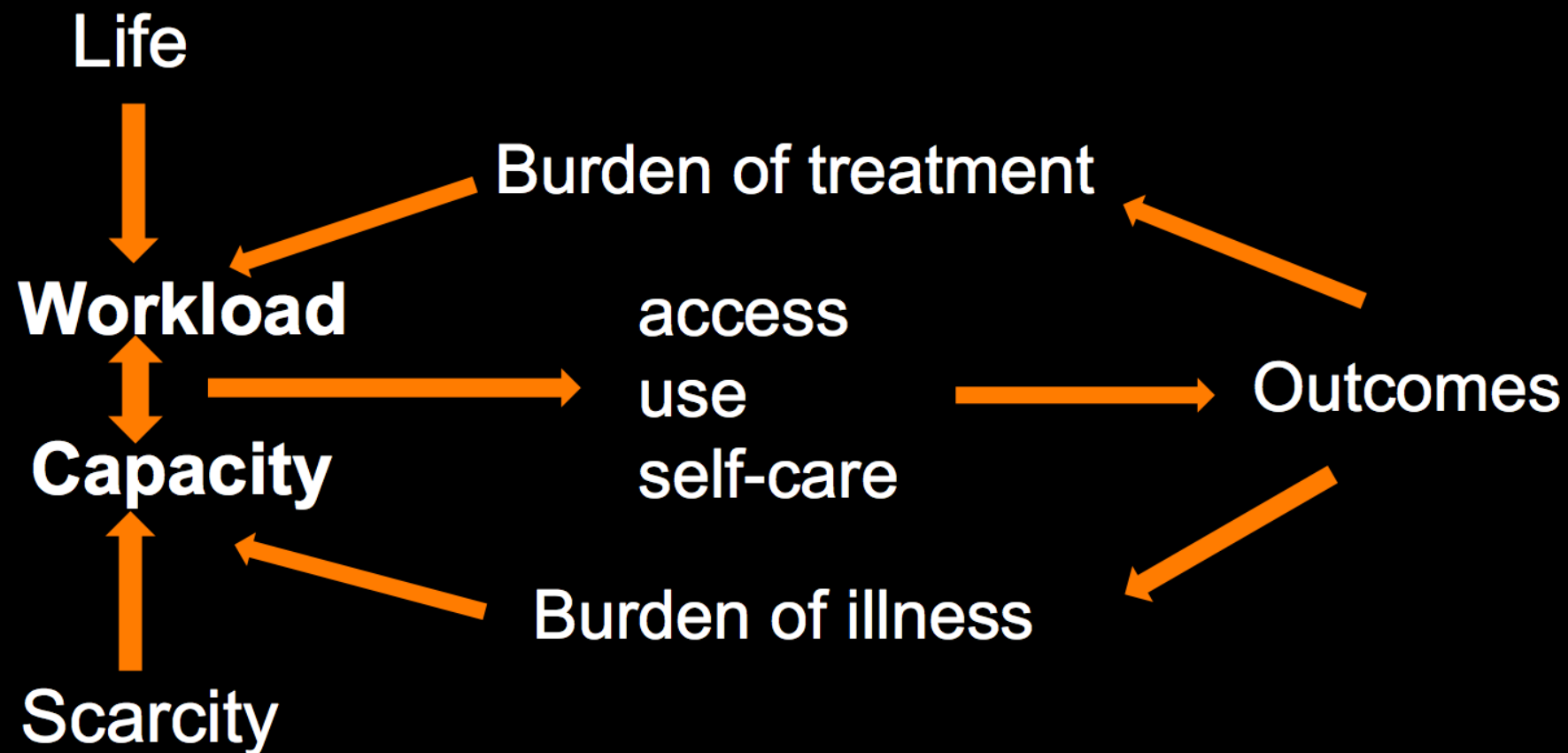
Capacity



Coaching
Self management training

Palliative care
Mental health
Physical and occupational therapy

Financial and resource security services
Community and governmental resources

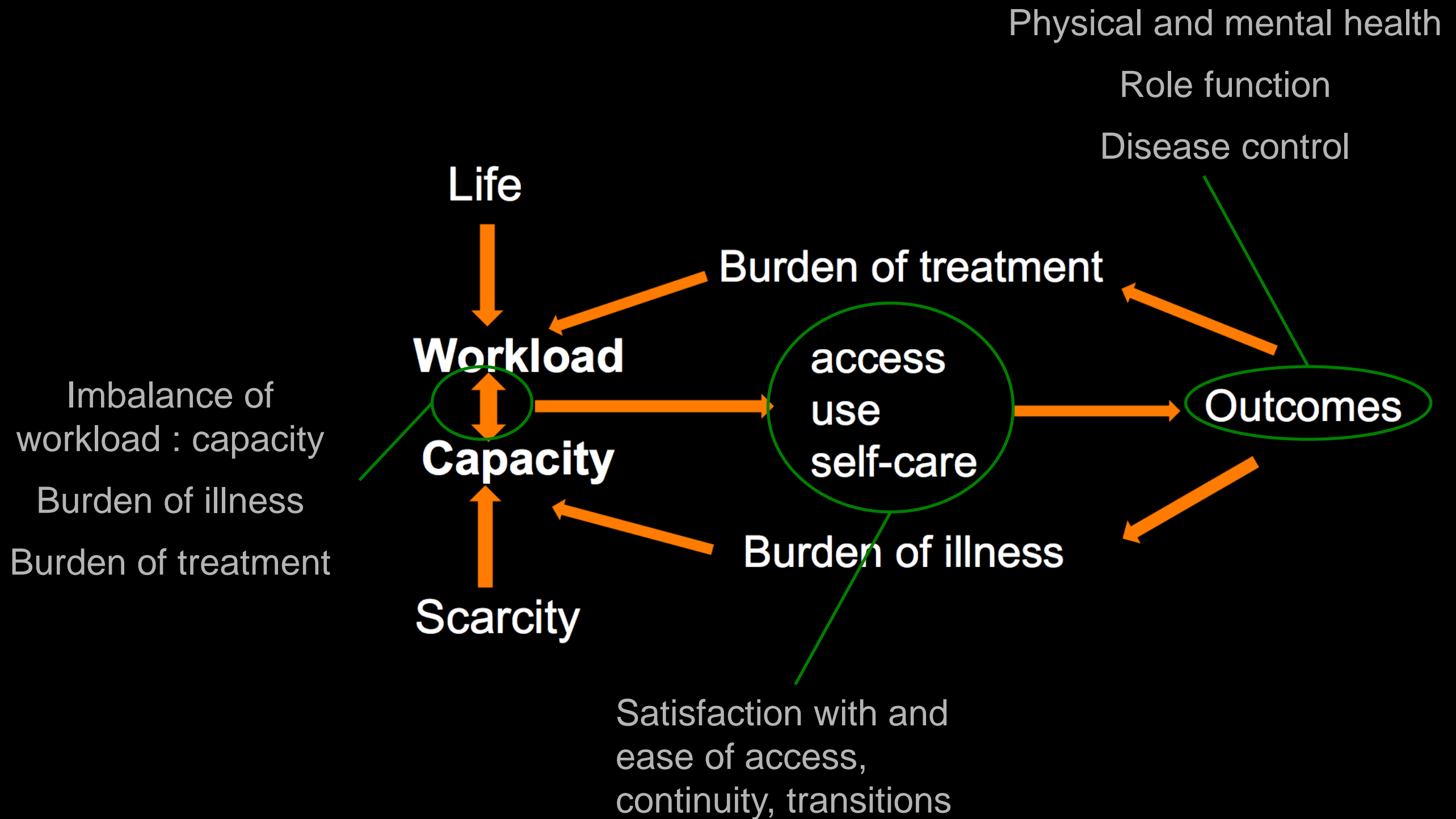


Shippee N et al JCE 2012

25 yrs and 42 RCTs
30-day readmission
Interventions supporting capacity
30% more effective

Leppin A et al. JAMA Intern Med 2014

Accountability



WORKLOAD



CAPACITY



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



What is best for me?
What is best for my family?

Is our care the answer?





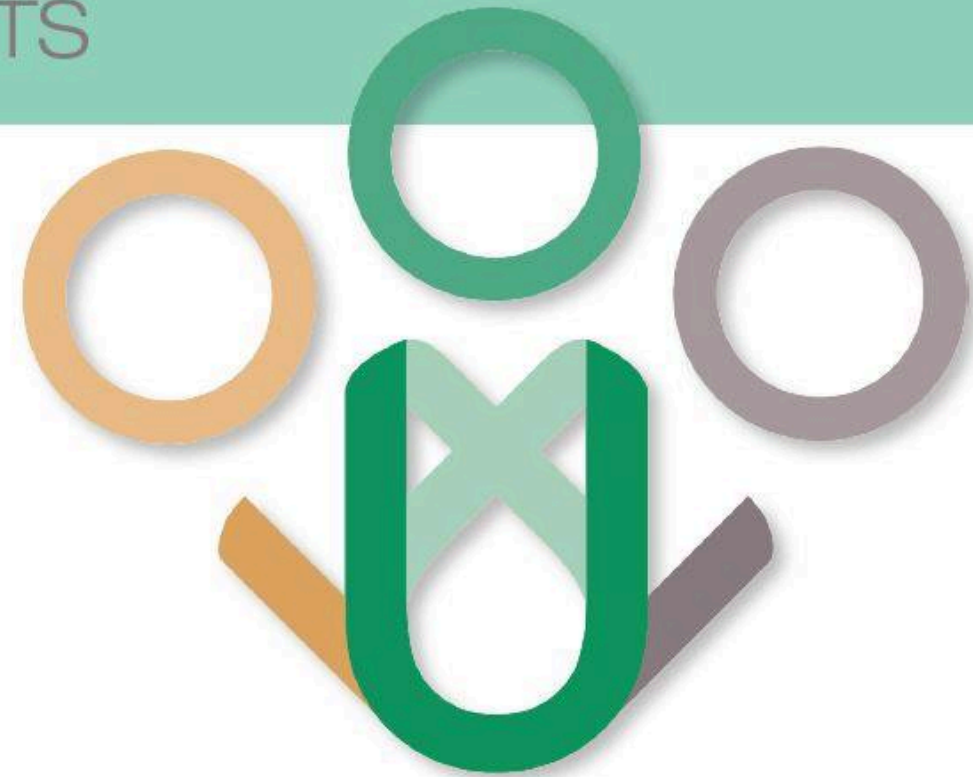


MINIMALLY DISRUPTIVE MEDICINE

EFFECTIVE CARE THAT FITS

JOIN US!
OCTOBER 23-24, 2017
MAYO CLINIC, ROCHESTER, MN

KERUNIT
KNOWLEDGE AND EVALUATION RESEARCH



<http://minimallydisruptivemedicine.org>



montori.victor@mayo.edu



@vmontori