



# Patient-centered care

## A revolution for careful and kind care

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# Disclosures

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



A patient revolution for  
careful and kind care

Why We  
**Revolt**

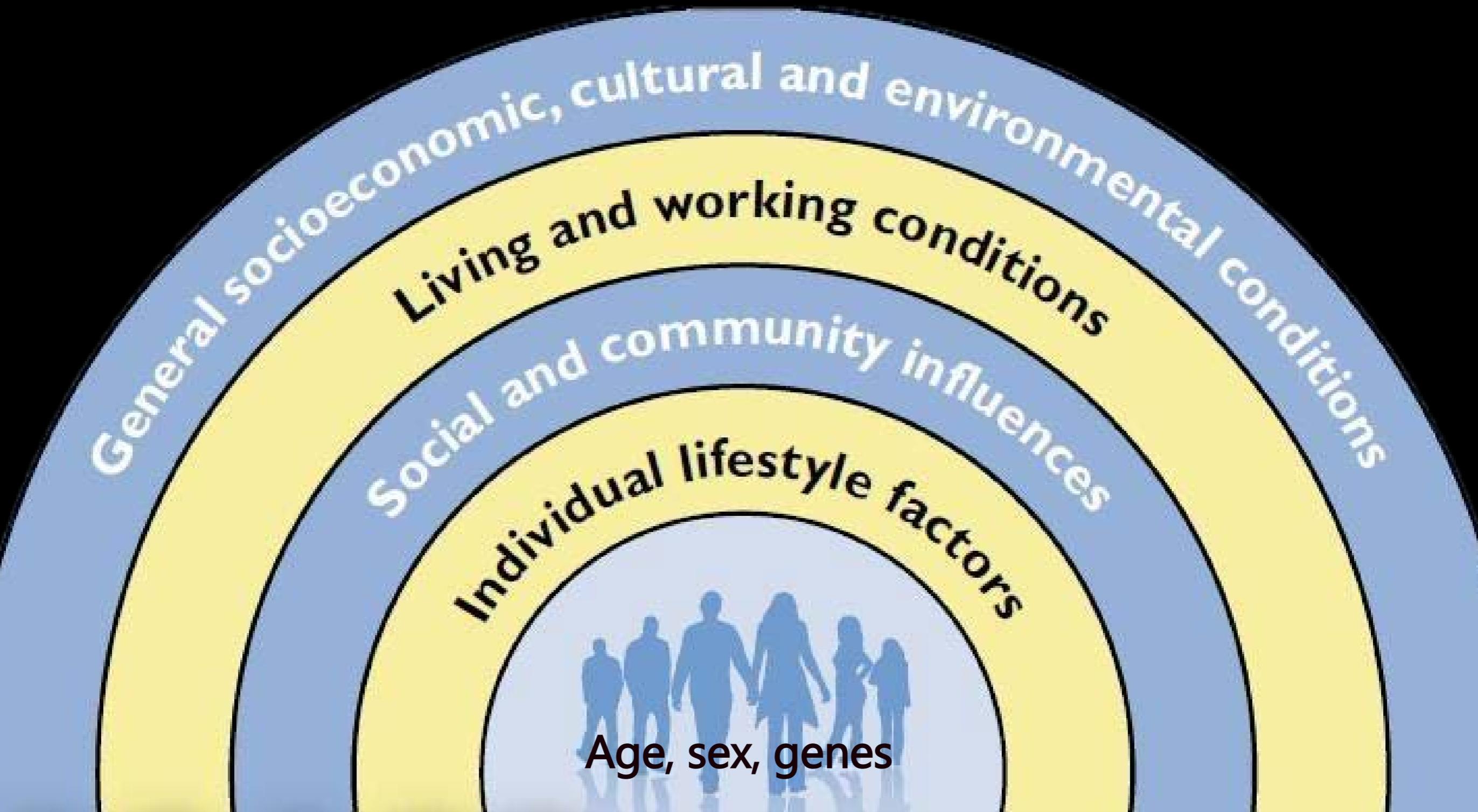
Victor Montori





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

**Is our care the answer?**



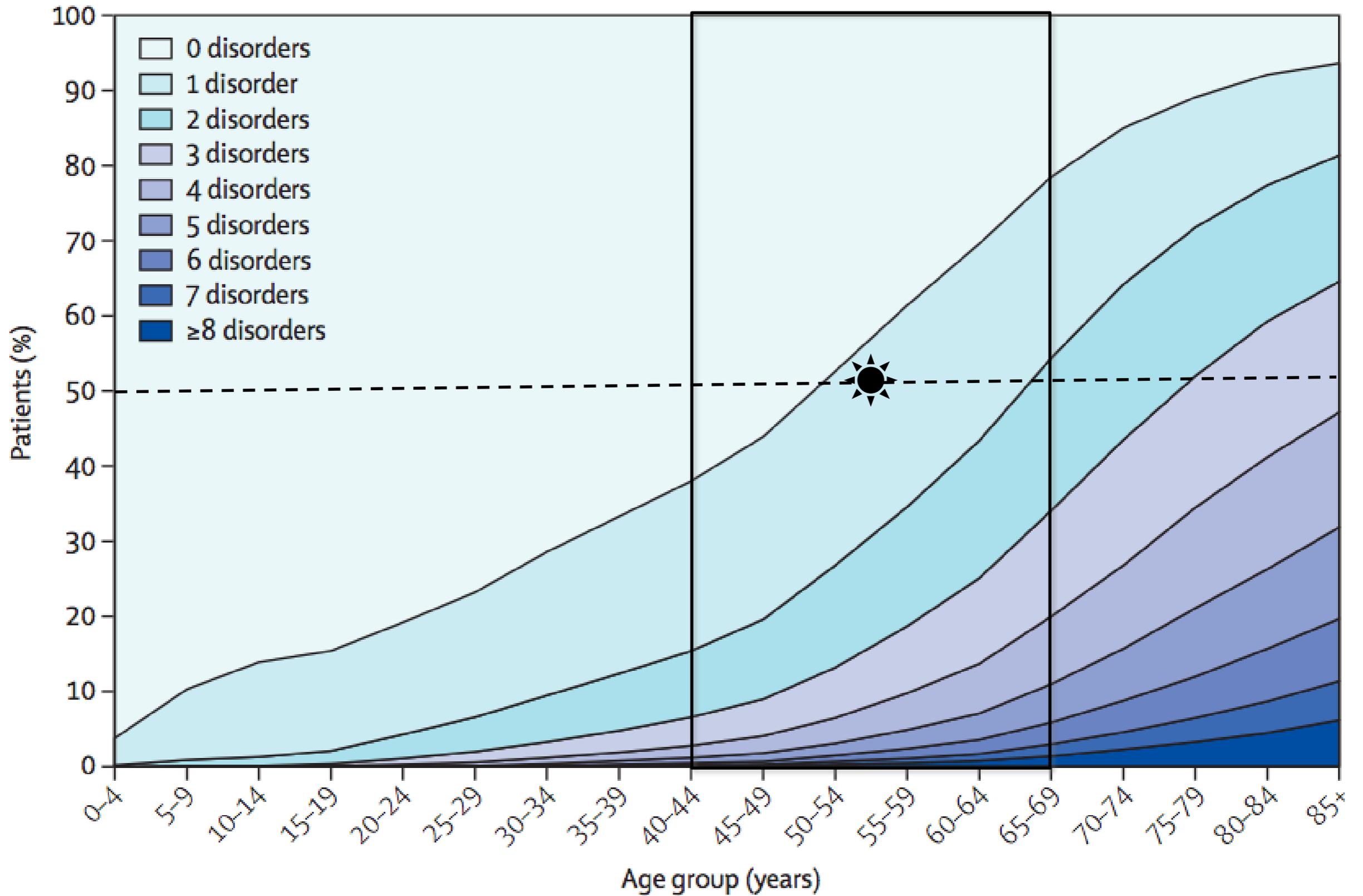
Violence  
Pollution

Chronic  
stress

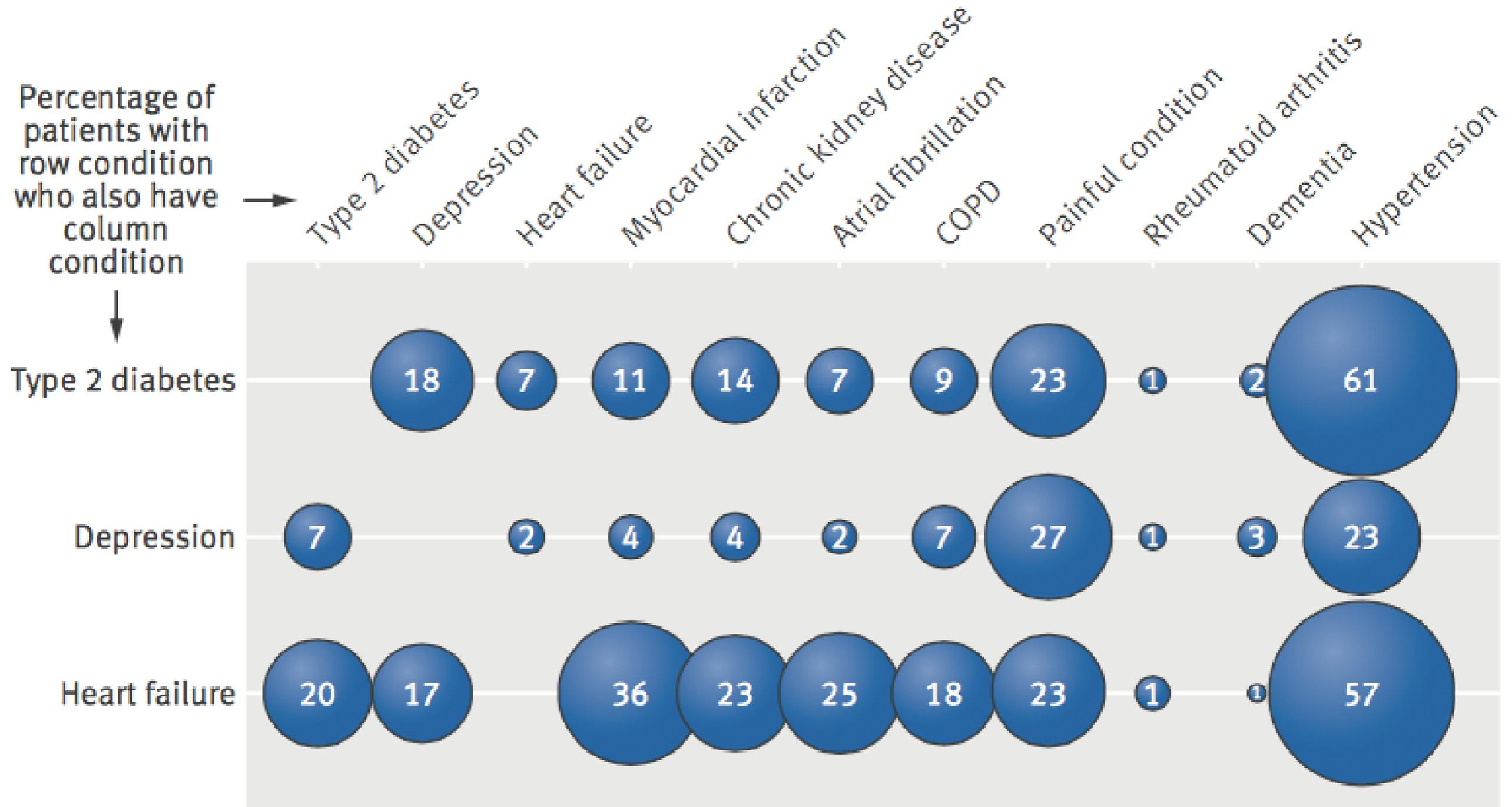
Multi  
morbidity

Loneliness  
Obesity

Poverty  
Alienation



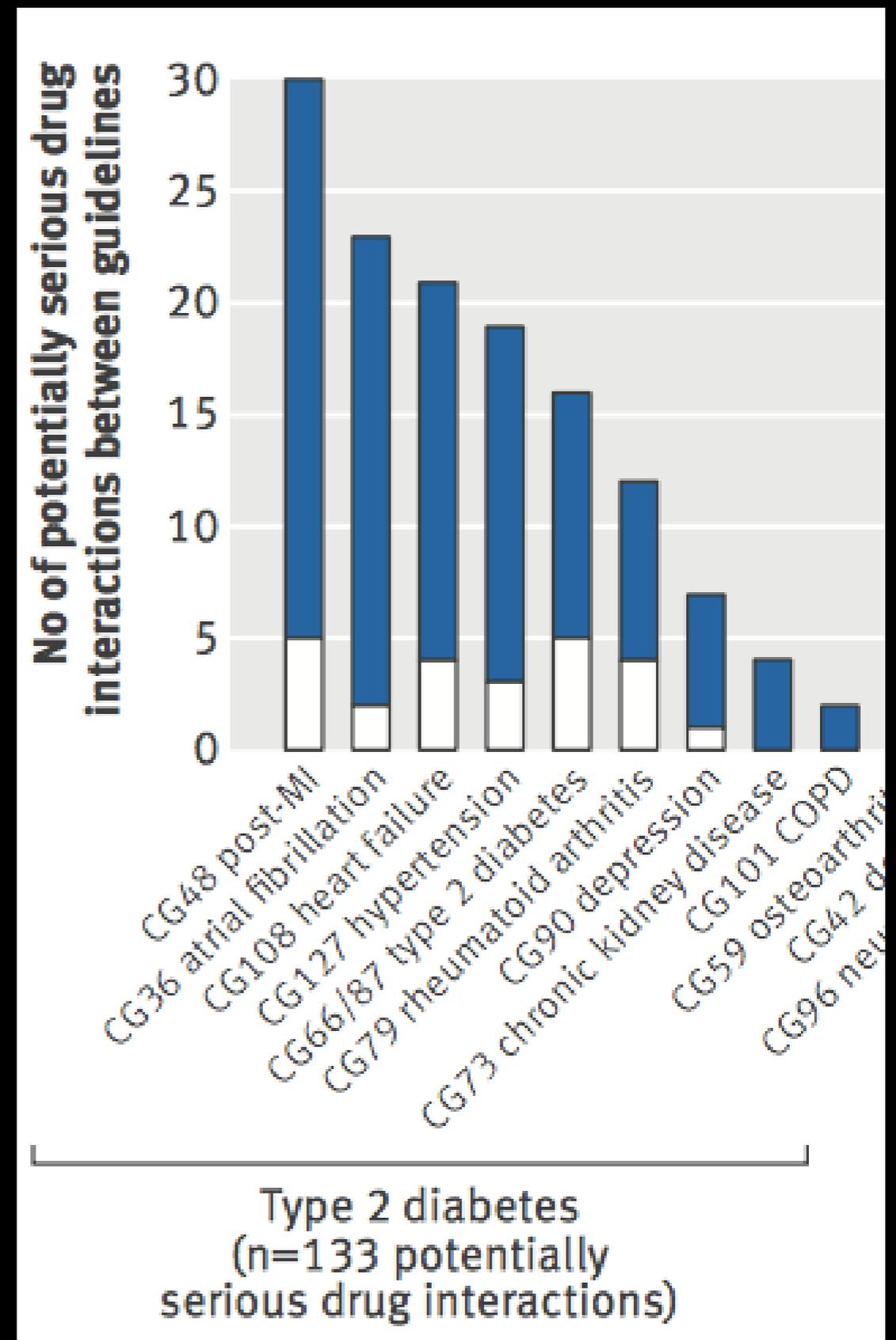
# Comorbidities are common



# 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

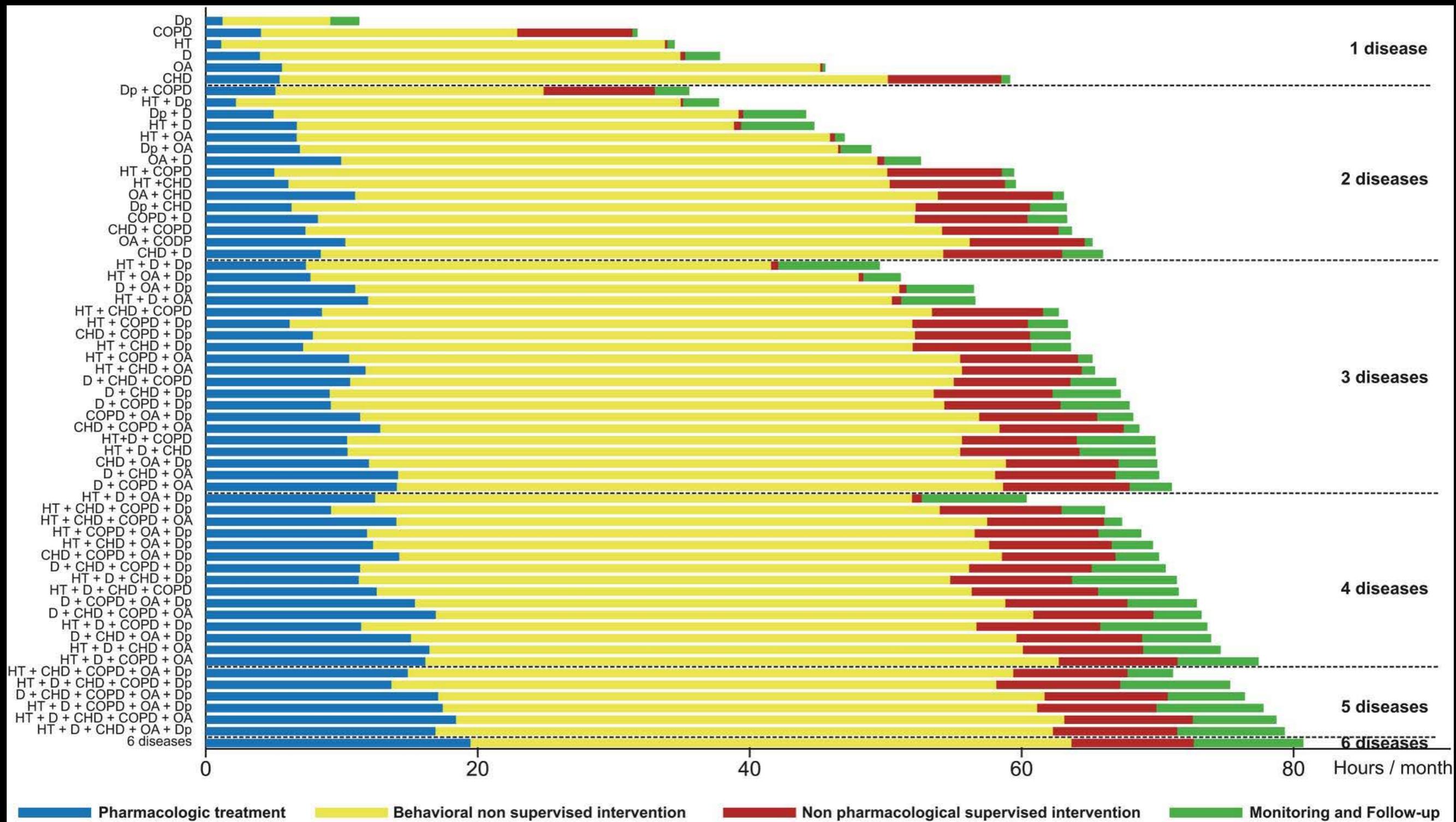
disease focused and context blind

Increasingly complex regimens

No prioritization

No coordination

**Overwhelmed patients and families**



Dp : Depression HT : Hypertension COPD : Chronic Obstructive Pulmonary Disease + tobacco use OA : Osteoarthritis + overweight D : Diabetes CHD : Coronary heart Disease + tobacco use

NOVEMBER 2014 check to see if

| SUNDAY                           | MONDAY   | TUESDAY                       | WEDNESDAY                    |
|----------------------------------|--|-------------------------------|------------------------------|
| 2                                | 30W, the Hospital Higher Ground                | 4TBI CCC                      | 5 Salvation Army started     |
| 9 (call) 6:15 at G.A. about Rent | 10 6 day (G.M.) Marissa 8:30a                  | 11 H.C.M.C. Rheumatology 9 AM | 12 Dr. Schlegel 2:40 pm      |
| 16                               | 17 H.C.M.C. DT-1PM SLP-KRC-1PM speech Lang 2pm | 18 H.C.M.C. CCC 2 PM          | 19 Susannah AM in at 7:30 AM |
| 23                               | 24   | 25                            | 26                           |
| 30                               | work   | work                          | work                         |

Get copy of rent amount from & internet started

DAYLIGHT SAVING TIME ENDS

ELECTION DAY (US)

REMEMBRANCE DAY (CAN)

Mpl. 2100 Plym Minn.

call to confirm Dr. Scheslenger appointment tomorrow the Tuesday with

NOVEMBER 2014

| THURSDAY            | FRIDAY | SATURDAY       |
|---------------------|--------|----------------|
| 8 PM NA @ Sal. Army |        | 1 612-321-3429 |

OCTOBER 2014

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    | 1  | 2  | 3  | 4  |
| 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 |    |

NOVEMBER 2014

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
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| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 |    |    |    |    |    |    |

DECEMBER 2014

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |    |    |    |    |    |

JANUARY 2015

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |    |    |    |    |    |

FEBRUARY 2015

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |

Call Marcel @ Emerge 6:00

pick up 100 Tramadol Park CVS

13 8:30 AM Disinfect 1 PM Emerge Marcel

14 1 PM Dr. Bernick Purple Building Susannah 10 AM

20 Housley Authority

REVOLUTION ANNIVERSARY (MEX)

27 10 AM 28 29

worked worked

THANKSGIVING DAY (US)

ser Don't call relay just a year I am done

# 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.



# Managing diabetes takes work



Spencer G. In prep

75%

reported high treatment burden



\$



Healthcare Expenses

61%

Exhaustion

34%

Medications

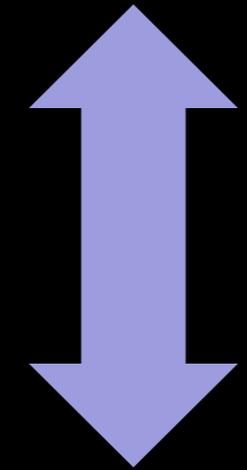
27%

# NONCOMPLIANCE



Purpose  
Resilience  
Literacy  
Bandwidth  
Health  
Financial  
Social  
Environmental

Workload



Capacity

**Imbalance  
workload  
+  
capacity**



# Healthcare today

**BLUR**

**AGENDA**

Check all boxes  
(incentives)  
Documentation  
Billing

**LOSS**



# HbA1c < 7%

## 4 Statin Benefit Groups

- Clinical ASCVD\*
- LDL-C  $\geq 190$  mg/dL, Age  $\geq 21$  years
- Primary prevention – Diabetes: Age 40-75 years, LDL-C 70-189 mg/dL
- Primary prevention - No Diabetes†:  $\geq 7.5\%$  ‡ 10-year



**Maria Luisa ≠ People like Maria Luisa**



# Healthcare today

**BLUR**

**INDUSTRIAL  
AGENDA**

**LOSS**

**Accidental care, incidental cruelty**

# Careful and kind care

**HD**  
Situation

Unhurried  
Conversation

Sensible  
resolution

**CARE**

## 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?

Mullan et al Arch Intern Med 2009

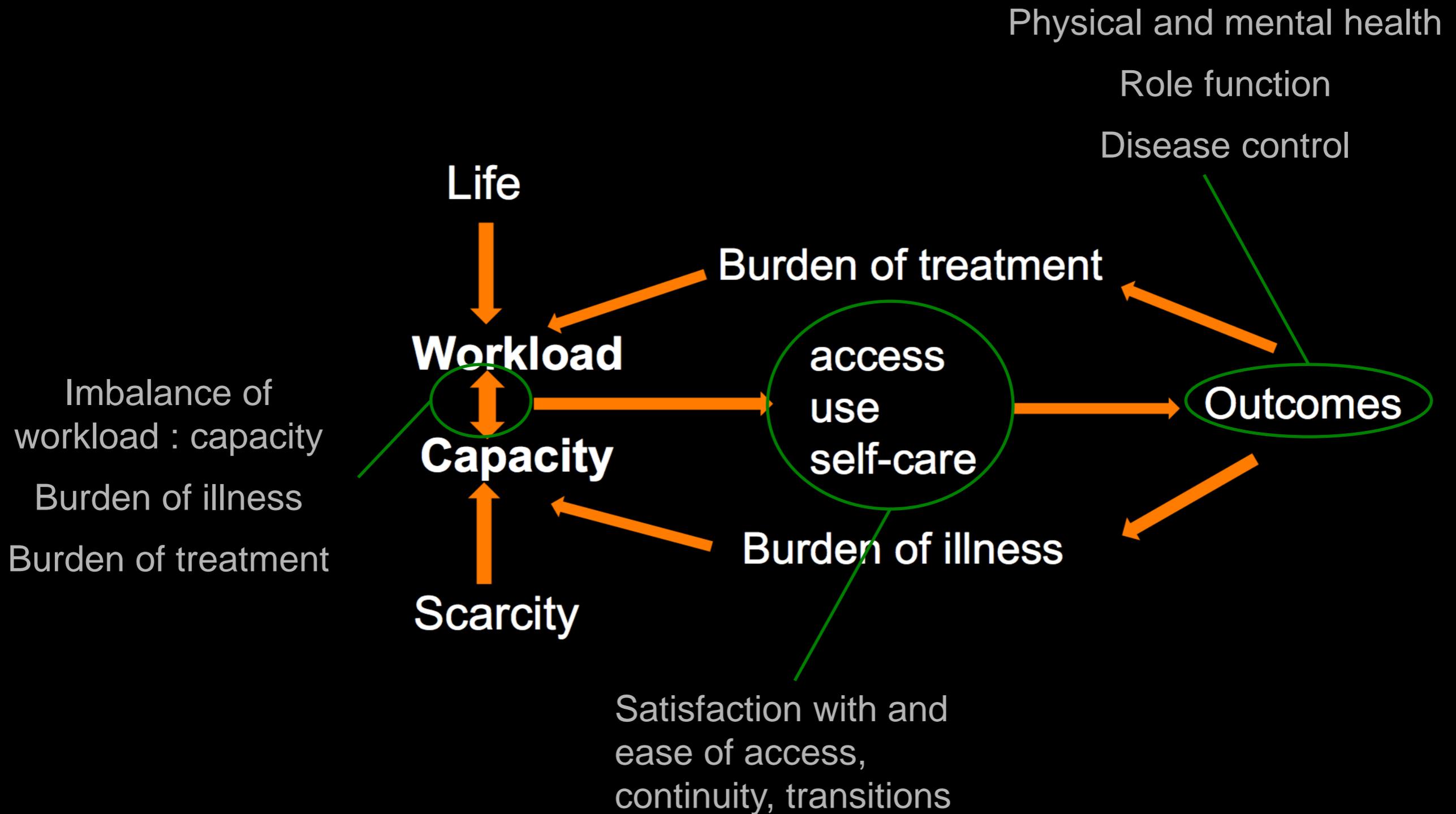
KER UNIT | Mayo Clinic [Video](#) / [Web](#)



# Workload-capacity imbalance?

|                         |   |
|-------------------------|---|
| <b>Treatment burden</b> | Prioritize (SDM)<br>De-prescribe  |
| <b>Capacity</b>         | Coaching<br>Self management training<br><br>Palliative care<br>Mental health<br>Physical and occupational therapy<br><br>Financial and resource security services<br>Community and governmental resources |

# Accountability



WORKLOAD



CAPACITY





“Tonight as I am taking all the Antiepileptic prescriptions I take everyday and I wonder if we doctors this is a full time job. But I am great at hiding it.”  
“That’s thanks to what I have in my hotel room and wonder how I keep this all organized.”

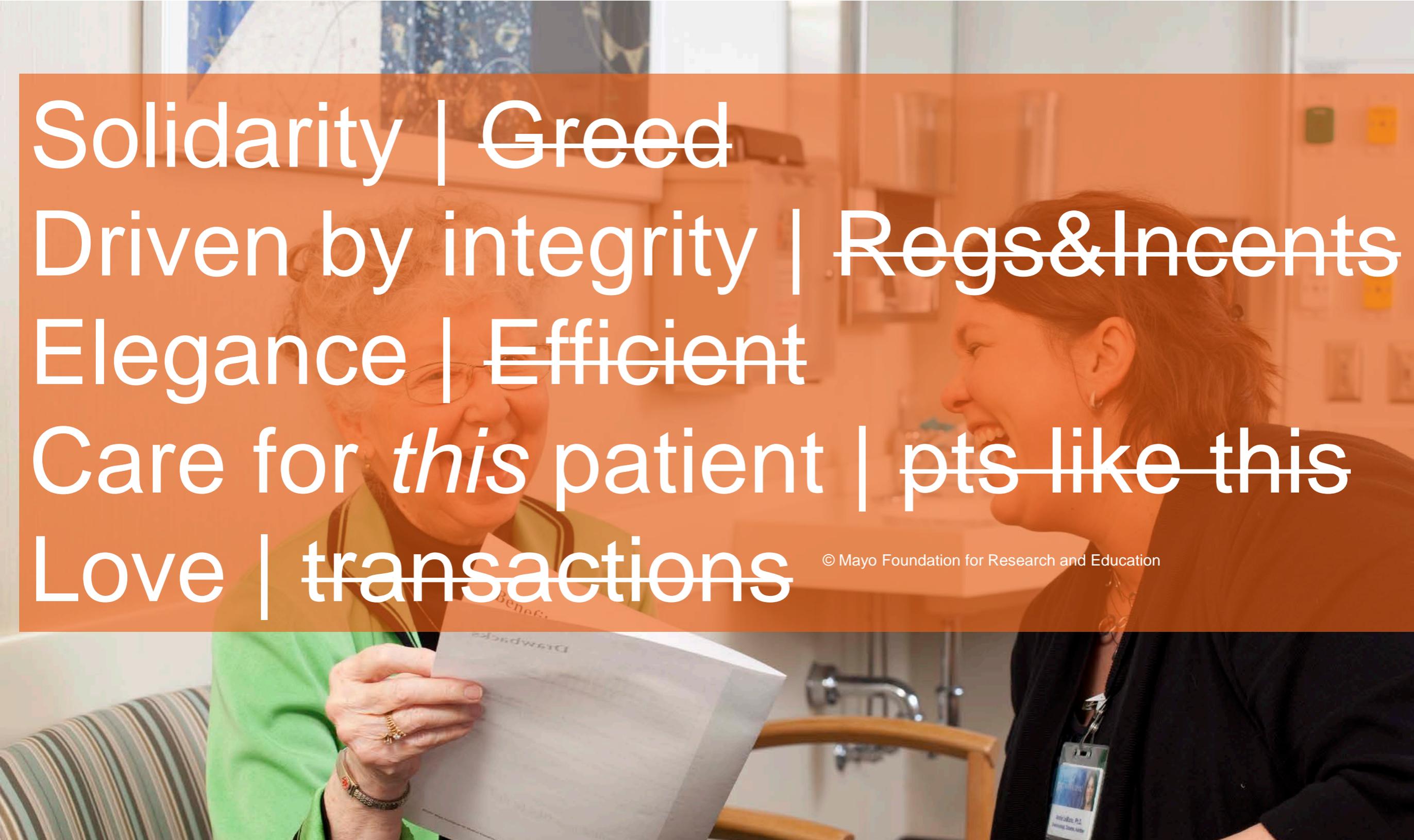
# Careful and kind care

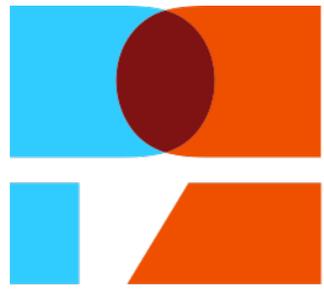


# Way forward

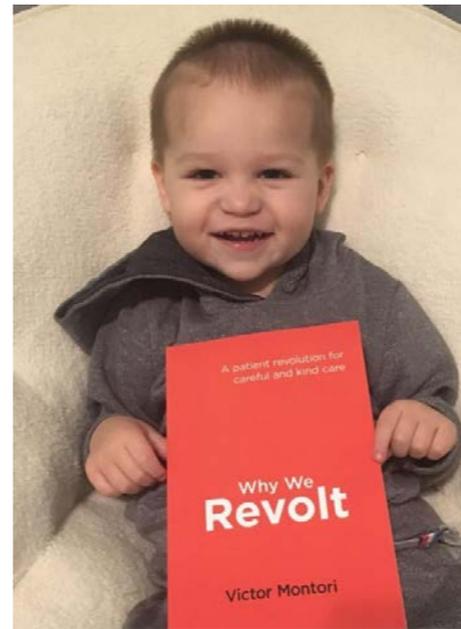
Solidarity | ~~Greed~~  
Driven by integrity | ~~Regs&Incents~~  
Elegance | ~~Efficient~~  
Care for *this* patient | ~~pts like this~~  
Love | ~~transactions~~

© Mayo Foundation for Research and Education



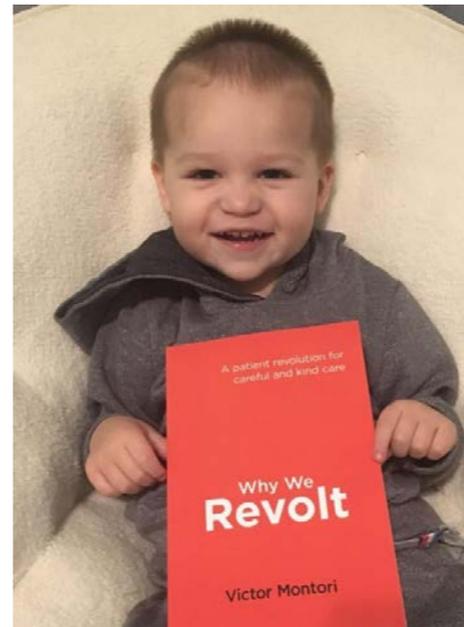


# THE PATIENT REVOLUTION





# ~~Industrial healthcare~~



Careful and Kind Care



# KER Unit Workshop

October 2-3, 2018

Mayo Clinic

Rochester, Minnesota

[CE.mayo.edu/MDM2018](http://CE.mayo.edu/MDM2018)

<http://shareddecisions.mayoclinic.org>

<http://minimallydisruptivemedicine.org>

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



# MDM at the Coordinated Care Center

| <b>MDM principle</b>   | <b>CCC practice</b>  |
|--|--|
| Achieve patient goals of care with the least possible healthcare footprint | Determine patient goals upon invitation to our center; multiple perspectives from various team members             |
| Prevent and treat workload-capacity imbalance                              | Identify drivers of over-use of the hospital, emergency department; Address these priorities/barriers aggressively |
| Use shared decision making   | Personalized shared decision making and negotiation around all medical decisions                                   |
| Use medication therapy management  | Heavy involvement of doctors of pharmacy to reduce pill burden, explore atypical regimens, and arrange pillboxes   |
| Referral to resources to support capacity                                  | Multi-disciplinary team at CCC; Coordinate/prioritize referrals to medical, social service, and community supports |