TODAY’S WEBINAR

• **Together 2 Goal® Updates**
  – Webinar Reminders
  – Goal Post March Newsletter Highlights

• **Minimally Disruptive Medicine & Diabetes**
  – Dr. Victor Montori of Mayo Clinic

• **Q&A**
  – Use Q&A or chat feature
WEBINAR REMINDERS

- Webinar will be recorded today and available the week of March 20th
  - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
  - Email distribution

- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen
March 22-25: AMGA 2017 Annual Conference

March 31: Blinded, comparative data reports sent to participating organizations

- Note: date has changed to accommodate Annual Conference activities
GOAL POST NEWSLETTER: MARCH CAMPAIGN SPOTLIGHT

Campaign Spotlight

- Together 2 Goal® measure leaders
- C.O.R.E. Program selections
- 2017 AMGA Foundation stars
GOAL POST NEWSLETTER:
TOGETHER 2 GOAL® MEASURE LEADERS

90th percentile in one or more campaign measures

- Aurora Health Care
- Baton Rouge Clinic
- Central Virginia Family Physicians
- Coastal Carolina Health Care, PA
- Columbia St. Mary’s Physicians – Ascension Health
- Exela Health Medical Group
- Geisinger Health System
- Harbin Clinic, LLC
- Hattiesburg Clinic, P.A.
- Mountain View Medical Group, P.C.
- Olmsted Medical Center
- Premier Medical Associates, P.C.
- PriMed Physicians
- ProHealth (NY)
- ProHealth Physicians, Inc.
- Scripps Medical Foundation
- Sharp Community Medical Group
- Sharp Rees-Stealy Medical Group, Inc.
- The Polyclinic
- ThedaCare Physicians
- University of Michigan Medical Group
- USMD Health System
- Wellmont Medical Associates
- WESTMED Medical Group, P.C.

Congrats!
GOAL POST NEWSLETTER:
C.O.R.E. PROGRAM SELECTIONS

Selected to participate in C.O.R.E. (Changing Outcomes with Resources and Engagement) training program

- Mercy East Communities
- Mercy Medical Group/Dignity Health
- Norton Medical Group
GOAL POST NEWSLETTER:
2017 AMGA FOUNDATION STARS

- Advocate Medical Group
- Carle Physician Group
- Cleveland Clinic
- Crystal Run Healthcare
- Kelsey-Seybold Clinic
- Mercy
- Mercy Medical Group (CA)
- Ochsner Health System
- Park Nicollet HealthPartners Care Group
- Premier Medical Associates, P.C.
- Prevea Health
- Riverside Medical Group
- Sharp Rees-Stealy Medical Group
- Summit Medical Group, P.A.
- Sutter Medical Foundation
- The Iowa Clinic
- UPMC Susquehanna Health Medical Group

- USMD Health System
- Wake Forest Baptist Health (formerly Cornerstone Health Care)
- WESTMED Medical Group
- Wilmington Health
GOAL POST NEWSLETTER:
MARCH RESOURCE OF THE MONTH

March 2017 Edition
Welcome to your next GOAL POST newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

This month, we are celebrating the first anniversary of the Together 2 Goal campaign launch. We are thrilled to announce the following developments:

- New website: Together2Goal.Blogspot.com
- New campaign materials available on the website
- Upcoming events: Check the website for details

Highlights of our first year include:

- Improved website: Enhanced website with interactive features and improved navigation
- Expanded social media presence: More engagement with followers
- Increased community involvement: More volunteers and supporters

Credits:
- Website design and development by (company name)
- Content management by (individual name)

Questions about Together 2 Goal®? Please reach out to your regional liaison or email Together2Goal.Blogspot.com

Best,
The Together 2 Goal® Team

Upcoming events:
- March 10, 2017: Monthly campaign meeting in your area
- March 20, 2017: Annual conference in Denver (Learn more)
- March 27-29, 2017: National conference in Chicago (Learn more)

Campaign spotlight:
- The campaign focuses on empowering patients with diabetes to make healthier choices.
- Target population: Adults and children with diabetes

Resource of the Month:
- Improve your knowledge about living with diabetes.
- Stay up-to-date with the latest trends in diabetes management.

Together 2 Goal
- Educate others about living with diabetes.
- Promote healthy lifestyle choices.

Together 2 Goal"
Goal Getter!

Scoring Big with EHR Point-of-Care Tools

**Team Stats**
Geisinger Health System (Geisinger) is an integrated health services organization that:

- Serves more than three million residents throughout 48 counties in central, south-central, and northeastern Pennsylvania, as well as southern New Jersey at AtlanticCare, a Malcolm Baldrige National Quality Award recipient.
- Consists of approximately 30,000 employees (including nearly 3,600 employed physicians), 32 hospital campuses, two research centers, and a 56,000-member health plan.
- Provides care to approximately 33,000 people living with Type 2 diabetes.

**Challenge**
As a participant in AMGA Foundation’s Diabetes Together 2 Goal® campaign, Geisinger submitted baseline data to the campaign on five measures: HbA1c control, blood pressure control, lipid management, medical attention for nephropathy, and a diabetes bundle measure consisting of all five of these measures.

In reviewing the campaign’s blended comparative baseline data report at all Together 2 Goal® participants, Geisinger learned it underperformed the average of fellow participants on nearly all measures. However, Geisinger identified an important area for improvement—the organization underperformed on the medical attention for nephropathy measure, reporting 1.5% lower than the group-weighted average of 84.4%.

This realization motivated Geisinger to improve performance of this measure. The organization set out to identify and adopt approaches to help care teams across 56 clinics in 45 counties adopt a protocol to more consistently provide medical attention for nephropathy among those with Type 2 diabetes.
TODAY'S SPEAKER

Victor M. Montori, MD
Mayo Clinic
Minimally Disruptive Medicine
Toward careful and kind diabetes care

Victor M. Montori, MD, MSc
Professor of Medicine
KER UNIT
Center for Clinical and Translational Sciences
Mayo Clinic

montori.victor@mayo.edu
@vmontori
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?
Barnett et al. Lancet 2012
Comorbidities are common

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

Baseline risk

Responsiveness

Vulnerability

Diabetes

HTN

Hyperlipidemia

Neuropathy

Antihypertensive

Anticonvulsant

Antidepressant + antihyperglycemic
Drug-disease interactions rare, but for chronic kidney disease.

Drug-drug interactions are common, and ~20% serious
Increasingly complex regimens
Limited to no prioritization
Poor care coordination

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
Imbalance workload + capacity
Workload-capacity imbalance?

↑ Workload
  Life
  Treatment burden

↓ Capacity
  Sick
  Personal
  Functional
  Socio-economical
Statin Choice

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?

- No

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

- Age: 55
- Gender: Male (M)
- Population Group: White or other
- Smoker: No
- Diabetes: No
- Treated SBP: No

Conv. Unit: SI Unit

Systolic Blood Pressure: 140 mmHg
HDL Cholesterol: 40 mg/dL
Total Cholesterol: 200 mg/dL

Select Current Intervention

- Statins: No (Std Dose, High Dose)
- Aspirin: No (Low Dose)

Current Risk of having a heart attack

Risk for 100 people like you who do not medicate for heart problems

Future Risk of having a heart attack

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

Benefits vs Downsides according to my personal health information

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

- **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**
- Glibizide, Glimepiride, Glyburide
- $0.10 per day
- $10 / 3 months
### 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.

<table>
<thead>
<tr>
<th>Weight Loss (1 to 5 lbs)</th>
<th>Weight Gain (1 to 5 lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citalopram (Celexa®)</td>
<td></td>
</tr>
<tr>
<td>Escitalopram (Lexapro®)</td>
<td></td>
</tr>
<tr>
<td>Fluoxetine (Prozac®)</td>
<td></td>
</tr>
<tr>
<td>Fluvoxamine (Luvox®)</td>
<td></td>
</tr>
<tr>
<td>Paroxetine (Paxil®)</td>
<td></td>
</tr>
<tr>
<td>Sertraline (Zoloft®)</td>
<td></td>
</tr>
<tr>
<td>Desvenlafaxine (Pristiq®)</td>
<td></td>
</tr>
<tr>
<td>Duloxetine (Cymbalta®)</td>
<td></td>
</tr>
<tr>
<td>Venlafaxine (Effexor®)</td>
<td></td>
</tr>
<tr>
<td>Bupropion (Wellbutrin®)</td>
<td></td>
</tr>
<tr>
<td>Mirtazapine (Remeron®)</td>
<td></td>
</tr>
<tr>
<td>Amitriptyline or Nortriptyline (Elavil® or Aventyl® HCl)</td>
<td></td>
</tr>
<tr>
<td>TCA s</td>
<td></td>
</tr>
<tr>
<td>SNRIs</td>
<td></td>
</tr>
<tr>
<td>SS Rls</td>
<td></td>
</tr>
</tbody>
</table>

### 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
- 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.

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LeBlanc A et al. JAMA Int Med 2015
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
12,000/month
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
Are these areas of your life a source of satisfaction, burden, or both?

<table>
<thead>
<tr>
<th>Area</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 Rest and Comfort</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>My House &amp; Neighborhood</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>My Finances</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>My Emotional Life</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Being Active</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>My Senses and Memory</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Free time, Relaxation, Fun</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Faith or Personal Meaning</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Eating Well</td>
<td></td>
<td>✔️</td>
</tr>
</tbody>
</table>

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?

- Take medications
- Quit Drinking
- Find support groups
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

Satisfaction with and ease of access, continuity, transitions

Life

Scarcity

Workload

Capacity

Burden of treatment

Outcomes

Physical and mental health
Role function
Disease control

Access, use, self-care

Adapted from NQF: MCC Measurement Framework 2012
WORKLOAD

CAPACITY
Capacity |
---
Workload

Coping threshold

Resilience
Medications
Information seeking

Fragmented healthcare provision

Coping threshold

Fragmented healthcare provision
Good social support
Medications
Resilience
Information seeking

Gallacher et al. ABC of Multimorbidity 2014
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?
More about shared decision making:
http://shareddecisions.mayoclinic.org

More about MDM:
http://minimallydisruptivemedicine.org

@montori.victor@mayo.edu  @vmontori
Questions?