



Care that Fits Care that's Fit to Care

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Disclosures

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



30,000 journals

29,000,000 articles

14 years training

\$3,800,000,000,000






A photograph of an elderly woman, Maria Luisa, sitting at a table in a home setting. She is wearing a light-colored sweater and has her hand near her face in a contemplative pose. On the table in front of her is a clear plastic tray containing several small white pill bottles with colorful caps (blue, yellow, green). There is also a single orange pill bottle on the table. The background shows a wooden cabinet and a framed picture on the wall. The overall lighting is dim, creating a somber atmosphere.

Maria Luisa has care


but is it

fit to care?



Care that fits Maria Luisa's life

Care that's fit to
serve Maria Luisa
and her life

A photograph of an elderly woman, Maria Luisa, sitting at a table. She is wearing a light-colored, textured sweater and a watch on her left wrist. She is looking down at a tray of pills on the table. The tray contains several small, round pills in different colors (blue, yellow, green). There are also some larger bottles of pills on the table. The background is slightly blurred, showing a framed picture on the wall.

Care that fits
Maria Luisa's life

**Care that's fit to
serve Maria Luisa
and her life**

?

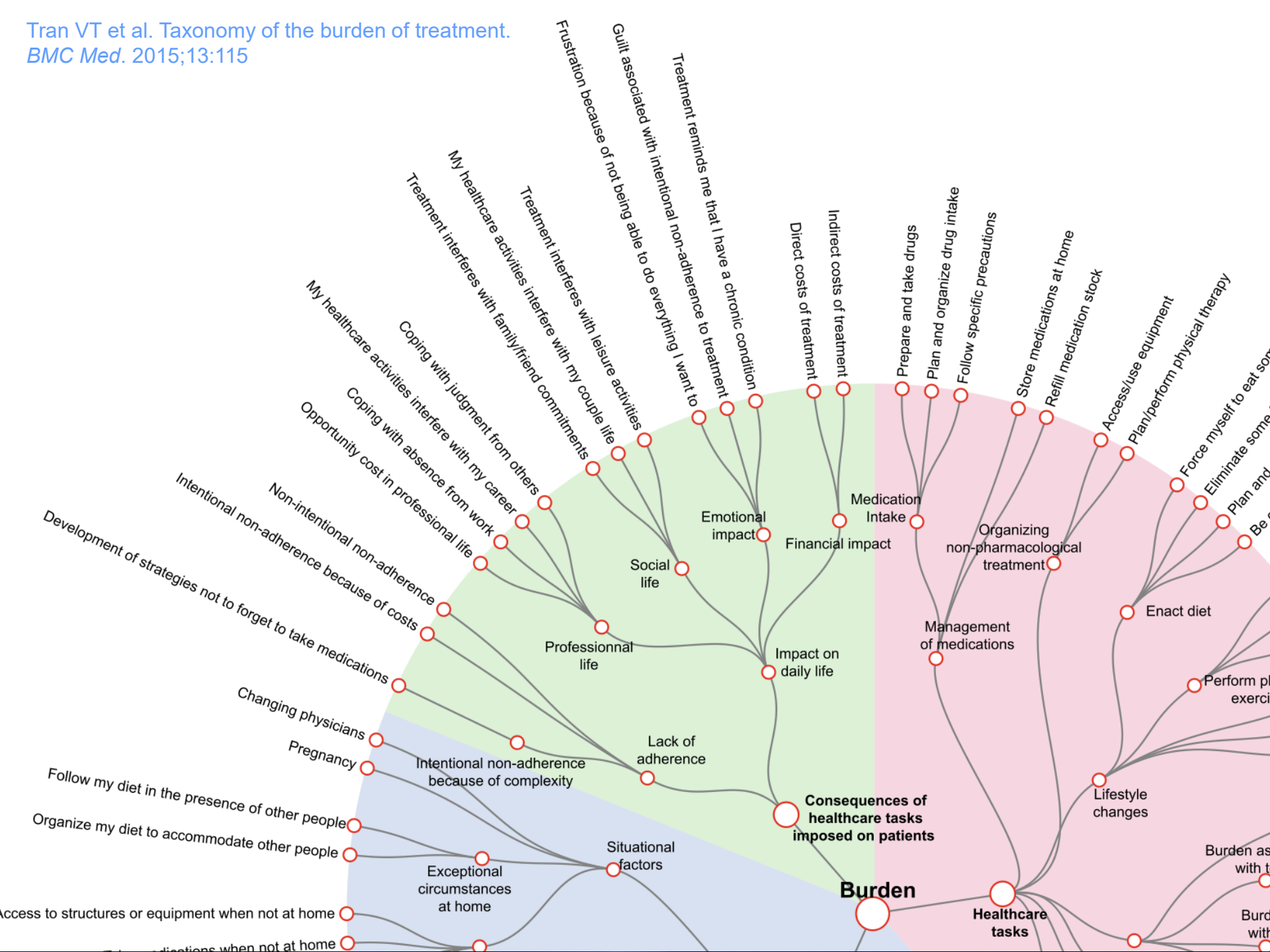


as if **care** were
something warehoused
within care facilities,
taken off shelves, and
delivered by delivery
agents (providers) and
applied to patients



Workload

Capacity



Capacity





*providing care that is respectful of and responsive to individual patient **preferences, needs, and values**, and ensuring that patient values guide all clinical decisions*

Institute of medicine, 2001



Capacity Person / preferences



Problems Experience Suffering



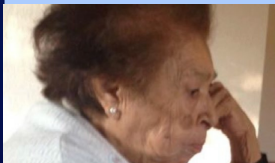
Problems Experience Suffering



*providing care that is respectful of and responsive to individual patient **preferences, needs, and values**, and ensuring that patient values guide all clinical decisions*

Institute of medicine, 2001

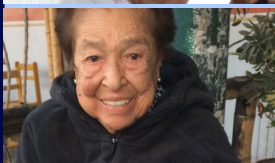
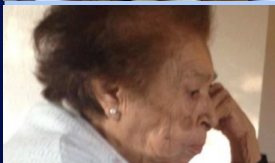
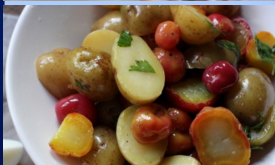
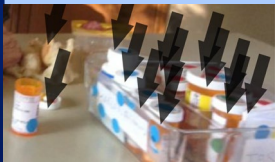
Capacity
Person / preferences
Problem / experience







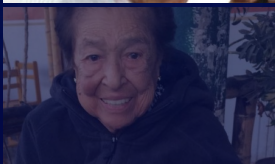
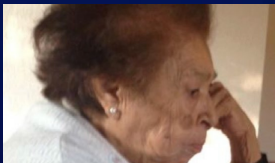
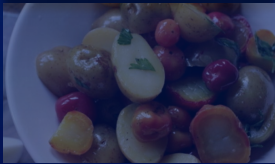
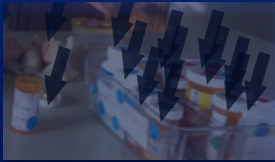
Capacity
Person / preferences
Problem / experience
Humanity





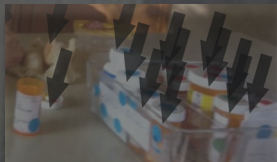
fitting

problems



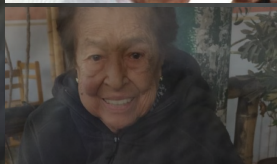
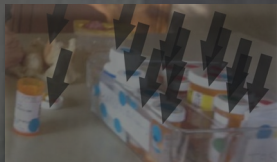
diagnosis
prognosis
problem list
complexity
need

no
problem



diagnosis
prognosis
problem list
complexity
need

no
problem
experience





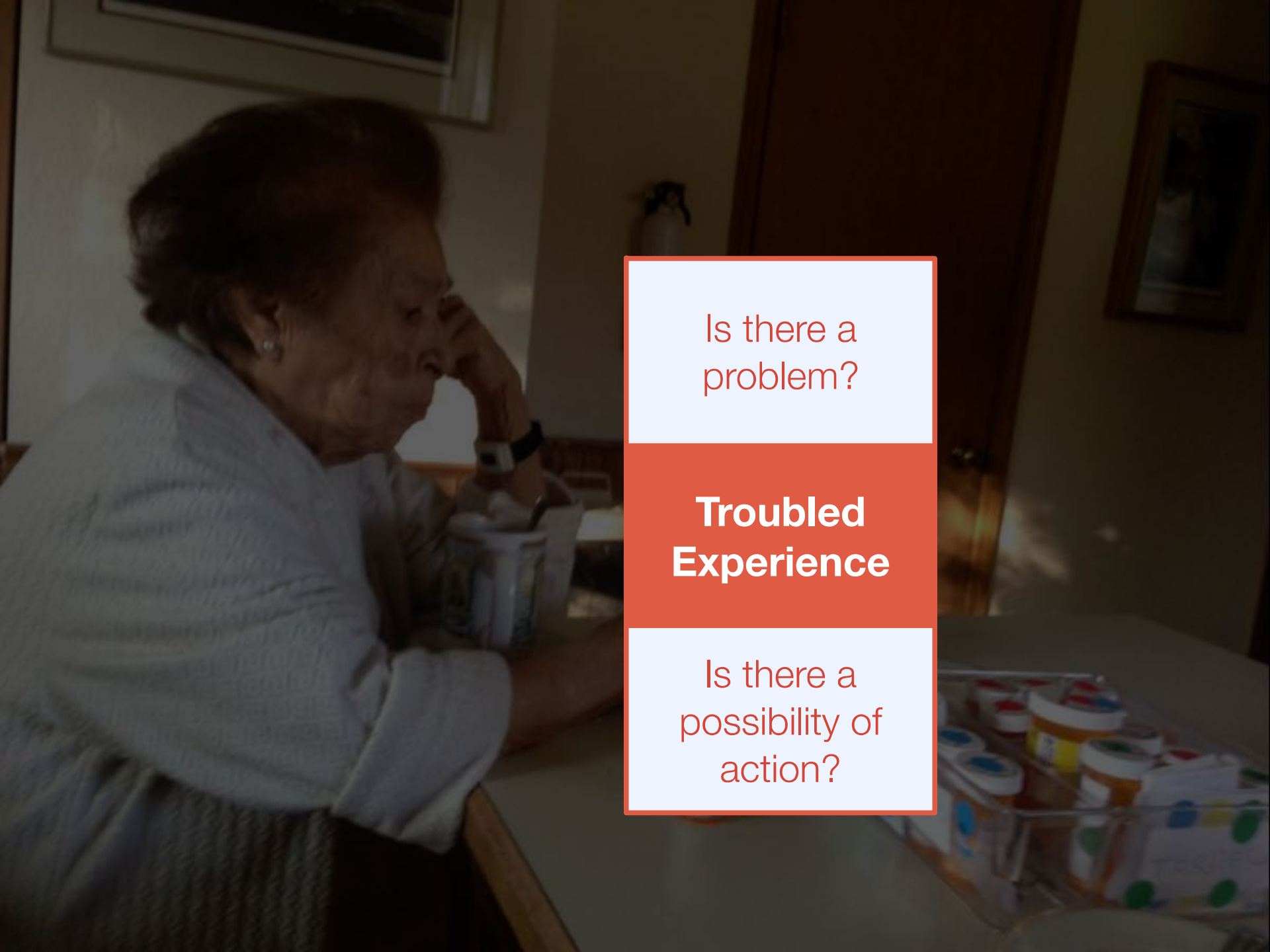
Conversational Inquiry

Beginning from a Troubled Human Situation ...

What is the situation that demands care?



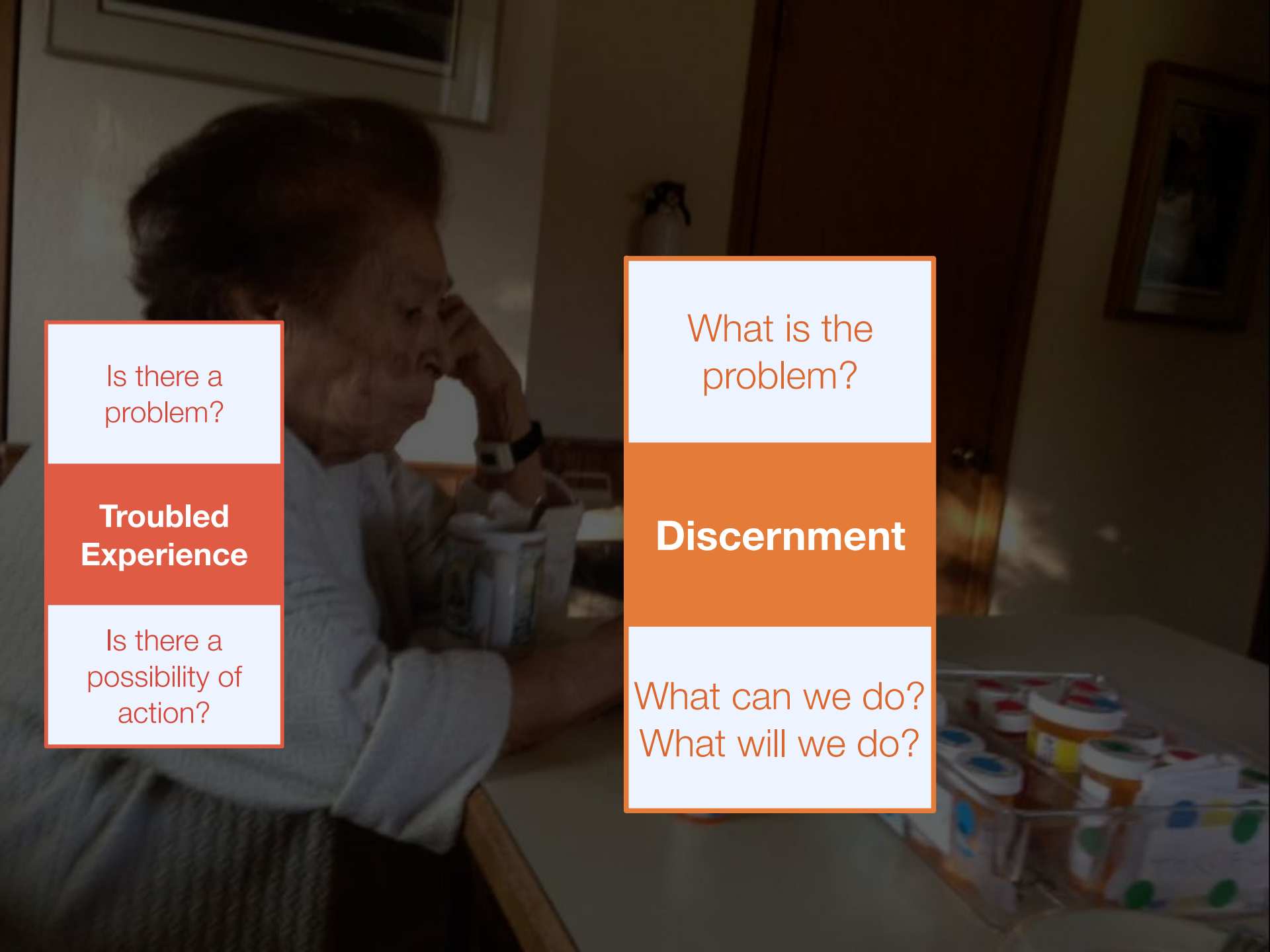
What is the care the situation demands?

An elderly woman with short, dark hair is seated at a table, looking down with a thoughtful expression. She is wearing a light-colored, textured sweater. In the foreground, a clear plastic tray holds several small, colorful pill containers. The background shows a dimly lit room with a framed picture on the wall and a doorway.

Is there a
problem?

**Troubled
Experience**

Is there a
possibility of
action?



Is there a
problem?

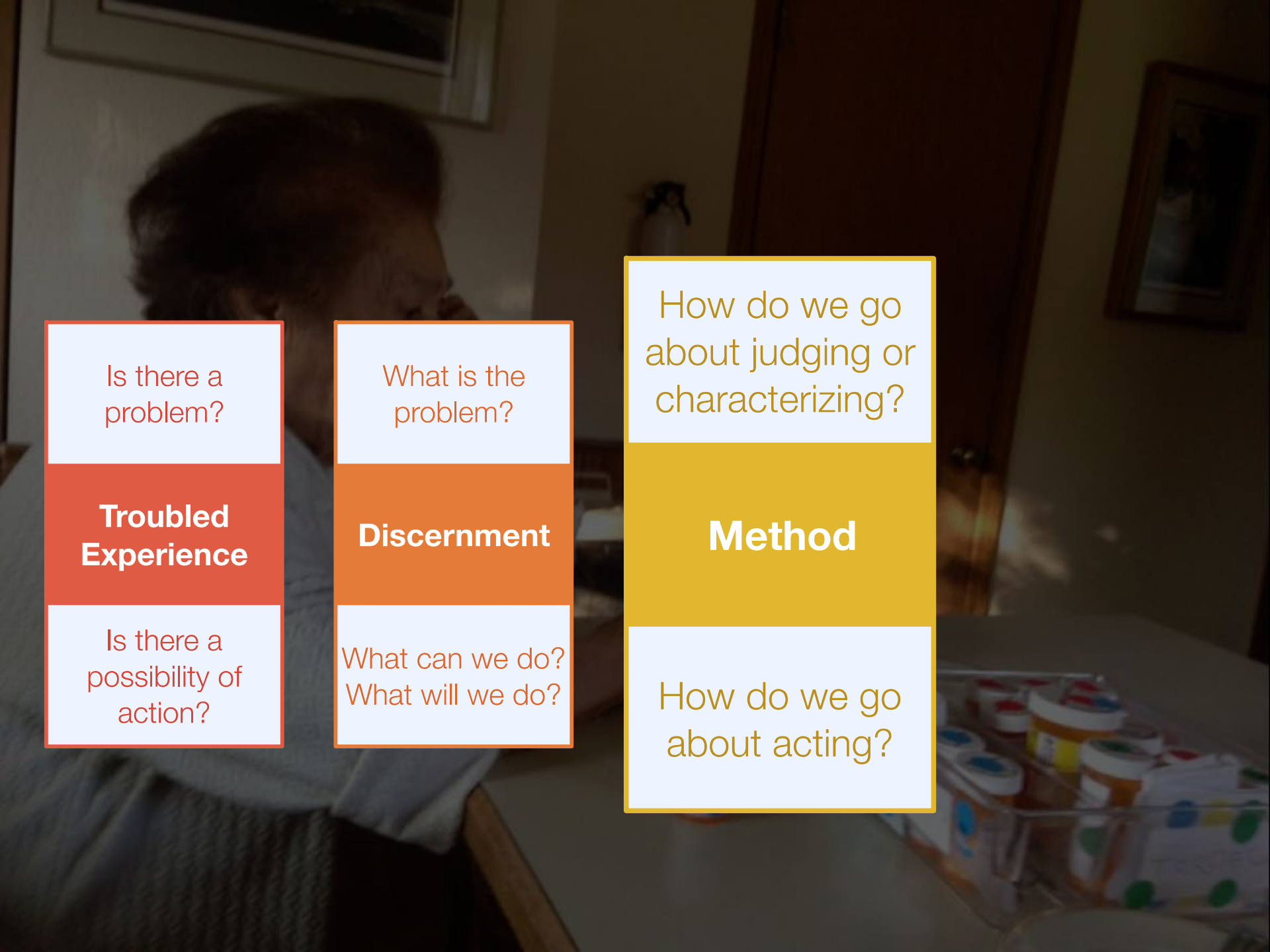
**Troubled
Experience**

Is there a
possibility of
action?

What is the
problem?

Discernment

What can we do?
What will we do?

A person with dark, curly hair is lying in a hospital bed, looking down. In the foreground, a clear plastic tray holds several small, colorful pill containers. The background shows a hospital room with a window and a framed picture on the wall.

Is there a
problem?

**Troubled
Experience**

Is there a
possibility of
action?

What is the
problem?

Discernment

What can we do?
What will we do?

How do we go
about judging or
characterizing?

Method

How do we go
about acting?

Is there a problem?

Troubled Experience

Is there a possibility of action?

What is the problem?

Discernment

What can we do?
What will we do?

How do we go about judging or characterizing?

Method

How do we go about acting?

Why, or on what basis do we judge?

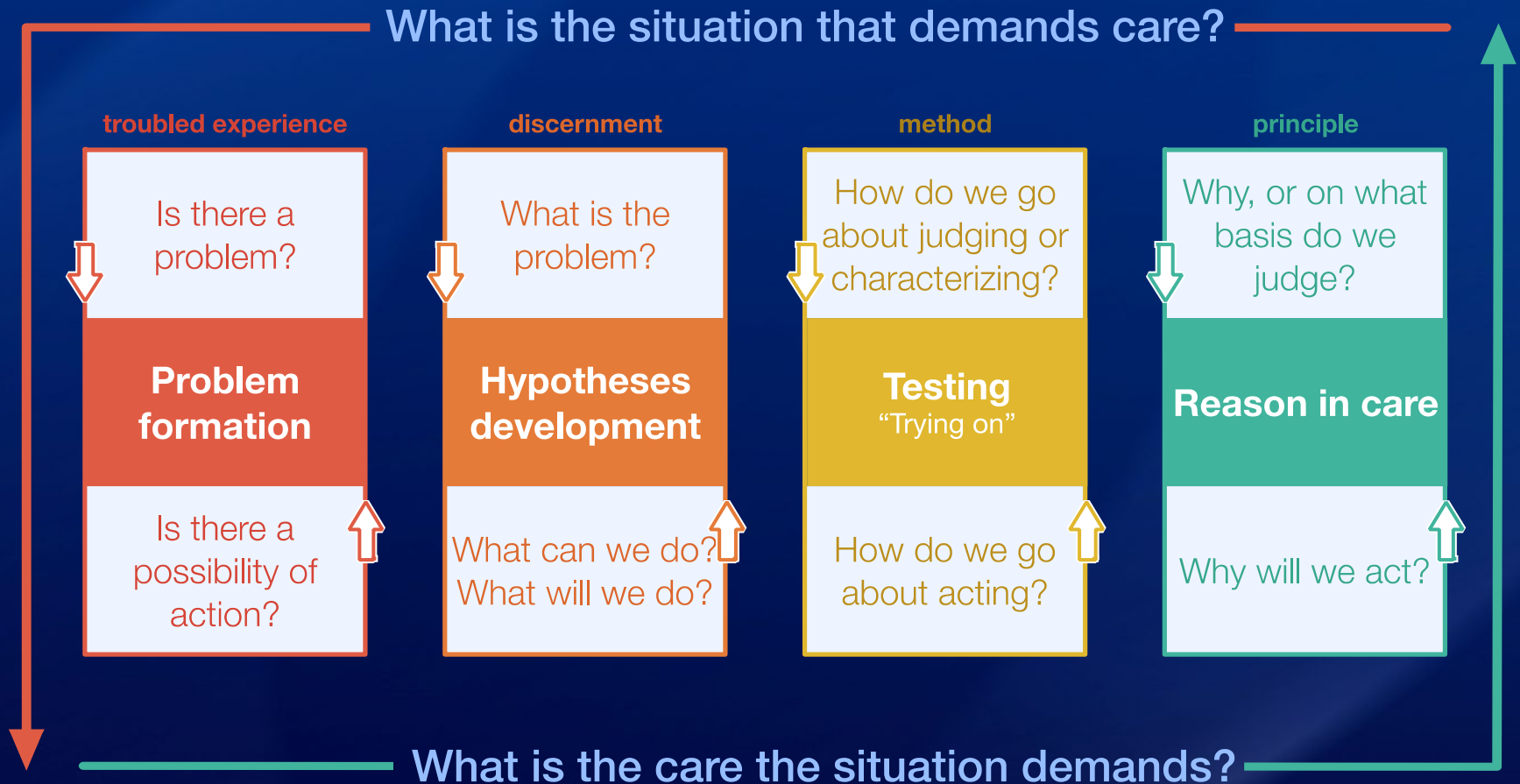
Principle

Why will we act?



Conversational Inquiry

Beginning from a Troubled Human Situation ...



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

	Satisfaction	Burden
My family and friends	<input type="checkbox"/>	<input type="checkbox"/>
My work	<input type="checkbox"/>	<input type="checkbox"/>
Free time, relaxation, fun	<input type="checkbox"/>	<input type="checkbox"/>
Faith or personal meaning	<input type="checkbox"/>	<input type="checkbox"/>
Where I live	<input type="checkbox"/>	<input type="checkbox"/>
Getting out and transportation	<input type="checkbox"/>	<input type="checkbox"/>
Being active	<input type="checkbox"/>	<input type="checkbox"/>
My rest and comfort	<input type="checkbox"/>	<input type="checkbox"/>
My emotional life	<input type="checkbox"/>	<input type="checkbox"/>
My senses and memory	<input type="checkbox"/>	<input type="checkbox"/>
Eating well	<input type="checkbox"/>	<input type="checkbox"/>

What are the things that your doctors or clinic have asked you to do to care for your health?

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

	Help	Burden
<i>example: come in for appointments</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>example: take aspirin</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



Current Risk

Intervention

Issues

Notes

Document

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

3. View Issues

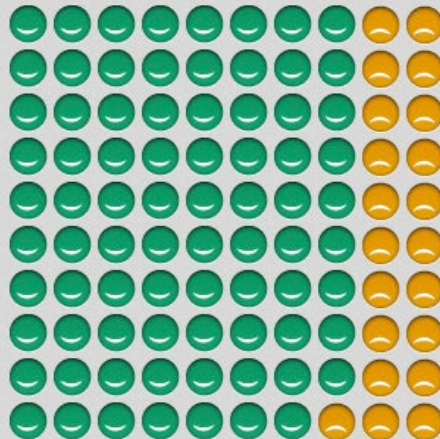
Current Risk of having a heart attack

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

Over 10 years

21 people
will have a
heart attack

79 people
will have no
heart attack



Future Risk of having a heart attack

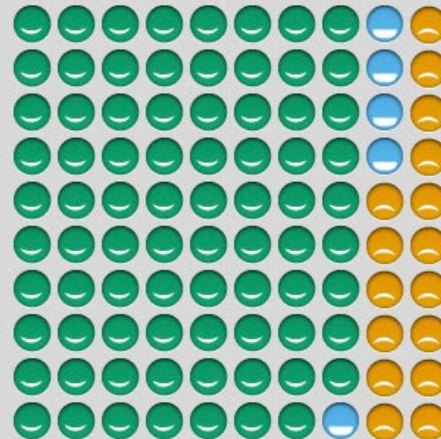
Risk for 100 people like you who do take
standard dose statins

Over 10 years

16 people
will have a
heart attack

79 people
will have no
heart attack

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



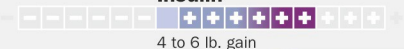
Learn how to embed Statin Choice in my EMR/Organization

Weight Change

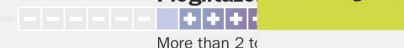
Metformin



Insulin



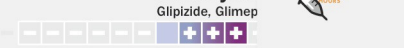
Pioglitazone



Liraglutide



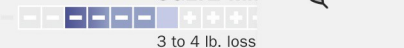
Sulfonylureas



Gliptins



SGLT2 Inhibitors



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Mullan et al
Arch Intern Med 2009

Low Blood Sugar (Hypoglycemia)

Metformin



Insulin



Daily Routine

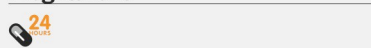
Metformin



Insulin



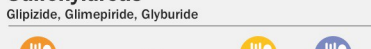
Pioglitazone



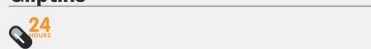
Liraglutide / Exenatide



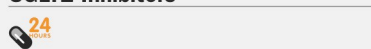
Sulfonylureas



Gliptins



SGLT2 Inhibitors



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MC5733-10rev0214

Blood Sugar (A1c Reduction)

Metformin

1 - 2%

Insulin

Unlimited %

Daily Sugar Testing (Monitoring)

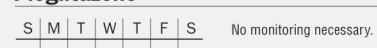
Metformin



Insulin



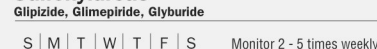
Pioglitazone



Liraglutide/Exenatide



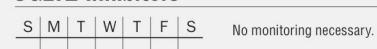
Sulfonylureas



Gliptins



SGLT2 Inhibitors



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MC5733-11rev0214

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

Gliptins (No generic available)

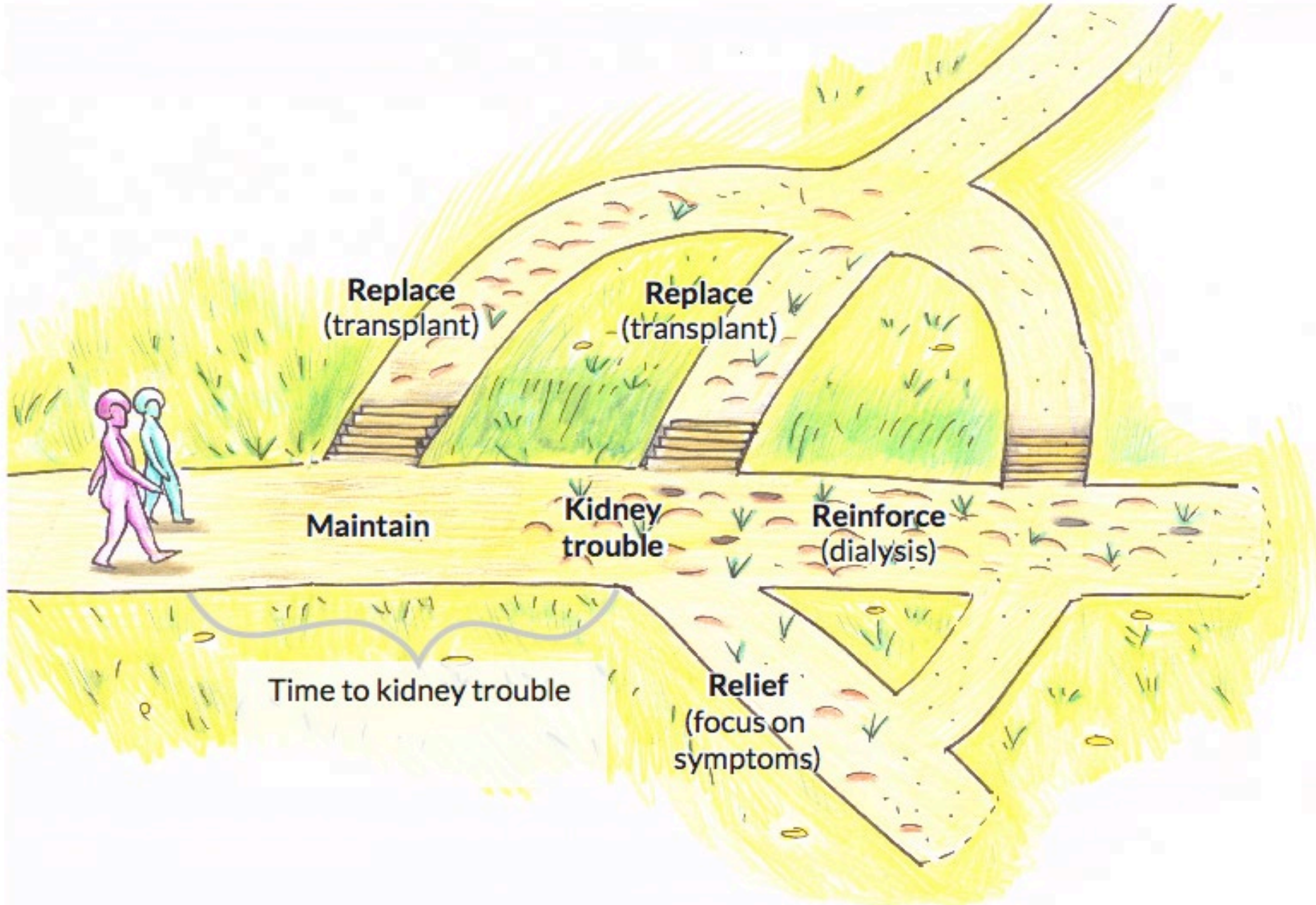
\$7.00 per day \$630 / 3 months

SGLT2 Inhibitors (No generic available)

\$8.00 per day \$750 / 3 months

<http://shareddecisions.mayoclinic.org>
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MC5733-26rev0214



Care that makes intellectual, practical, and emotional sense

- Is consistent with evidence-based practice



Care that makes intellectual, practical, and emotional sense

- Is consistent with evidence-based practice
- Can be implemented and sustained in a patient's day-to-day life



Care that makes intellectual, practical, and emotional sense

- Is consistent with evidence-based practice
- Can be implemented and sustained in a patient's day-to-day life
- Addresses, supports, and advances the emotional experience of illness and treatment



fit for purpose



shared decision making

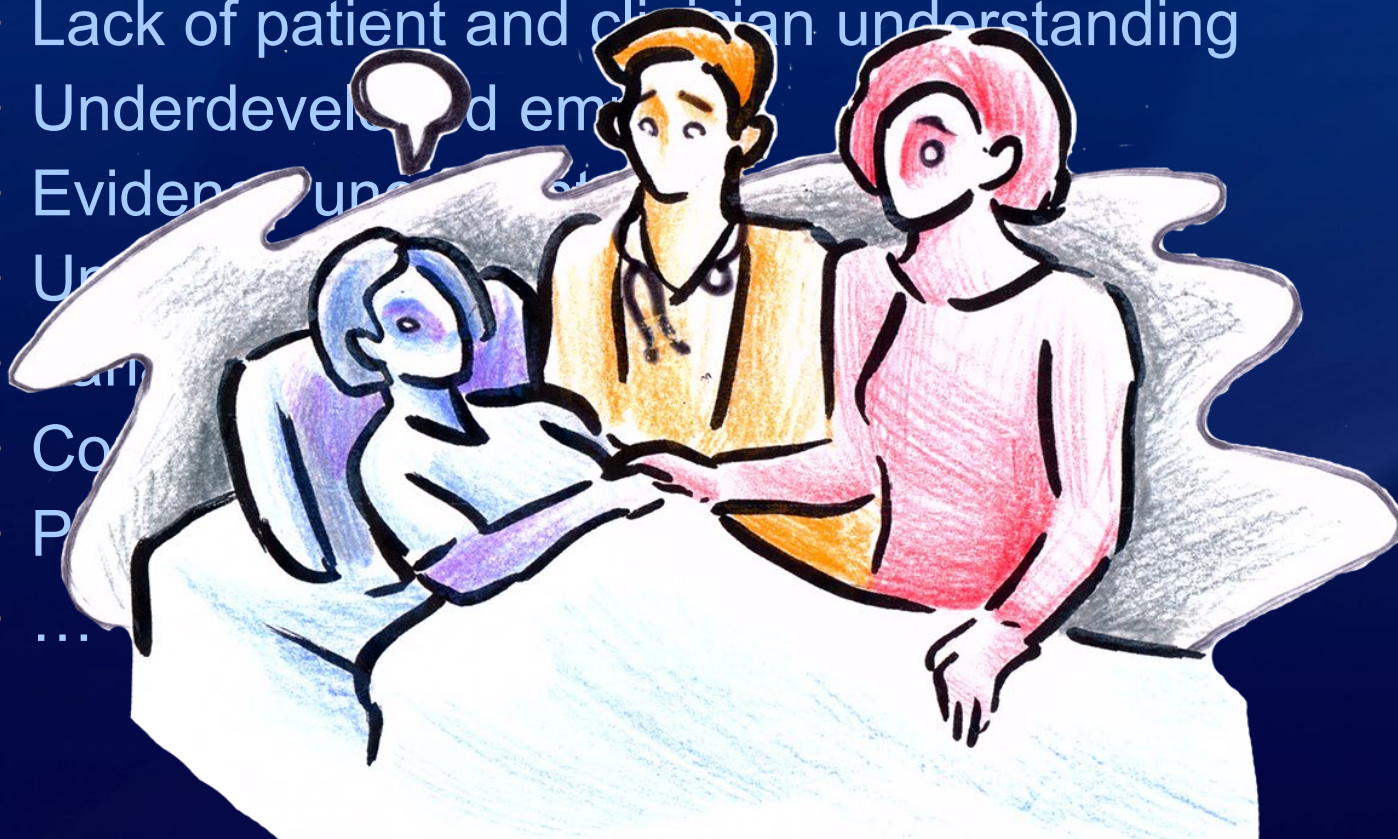


What is the problem to which SDM is the solution?

- Poor clinician behavior
- Insufficient patient involvement
- Uncaring Interpersonal communication
- Lack of patient and clinician understanding
- Underdeveloped empathy
- Evidence uncertainty
- Unclear information
- Variation of patient preference and values
- Compromised ethical principles
- Practice variation
- ...

What is the problem to which SDM is the solution?

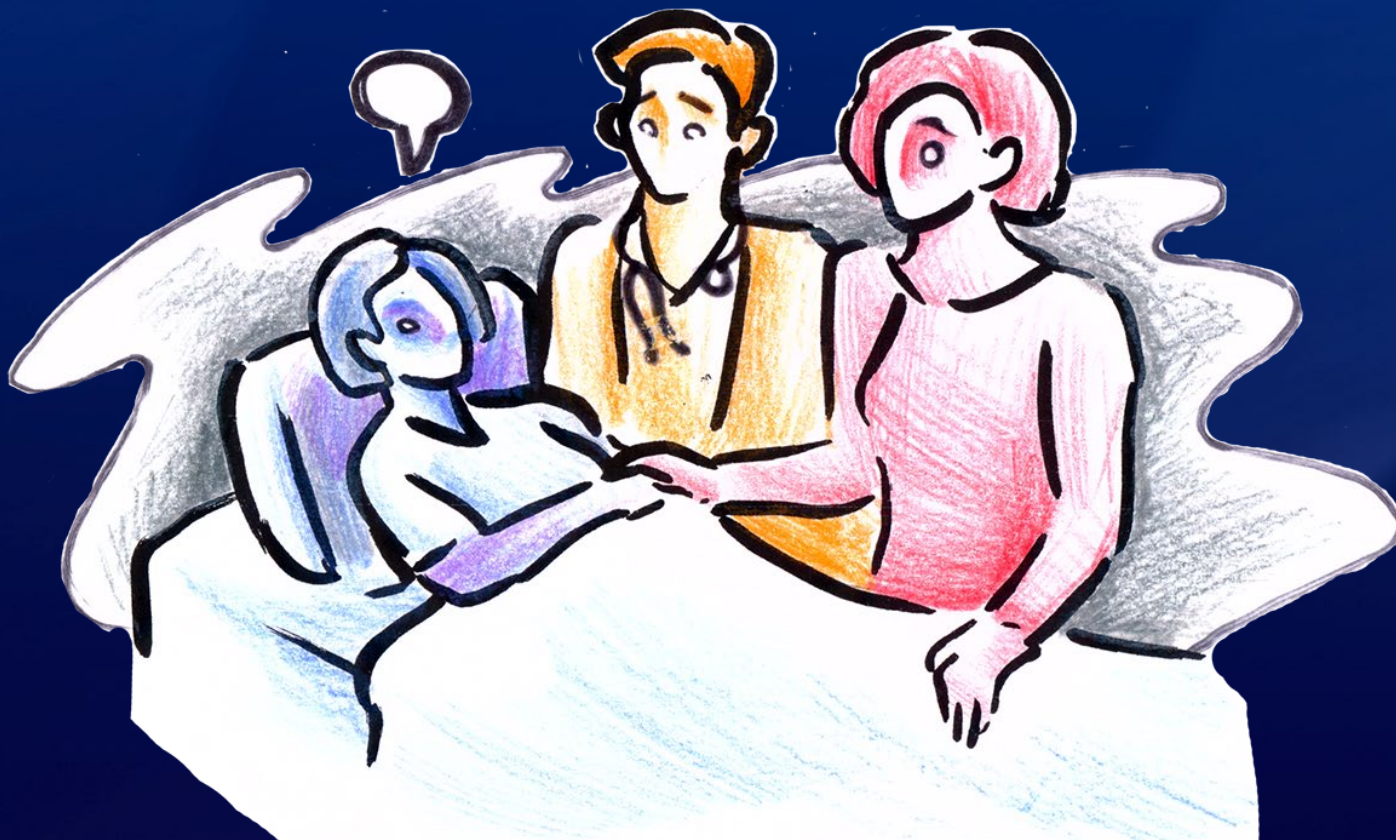
- Poor clinician behavior
- Insufficient patient involvement
- Uncaring Interpersonal communication
- Lack of patient and clinician understanding
- Underdeveloped emotional skills
- Evidence of uncertainty
- Unmet patient needs
- Unclear roles
- Communication barriers
- Patient dissatisfaction
- ...





What is the purpose of SDM?

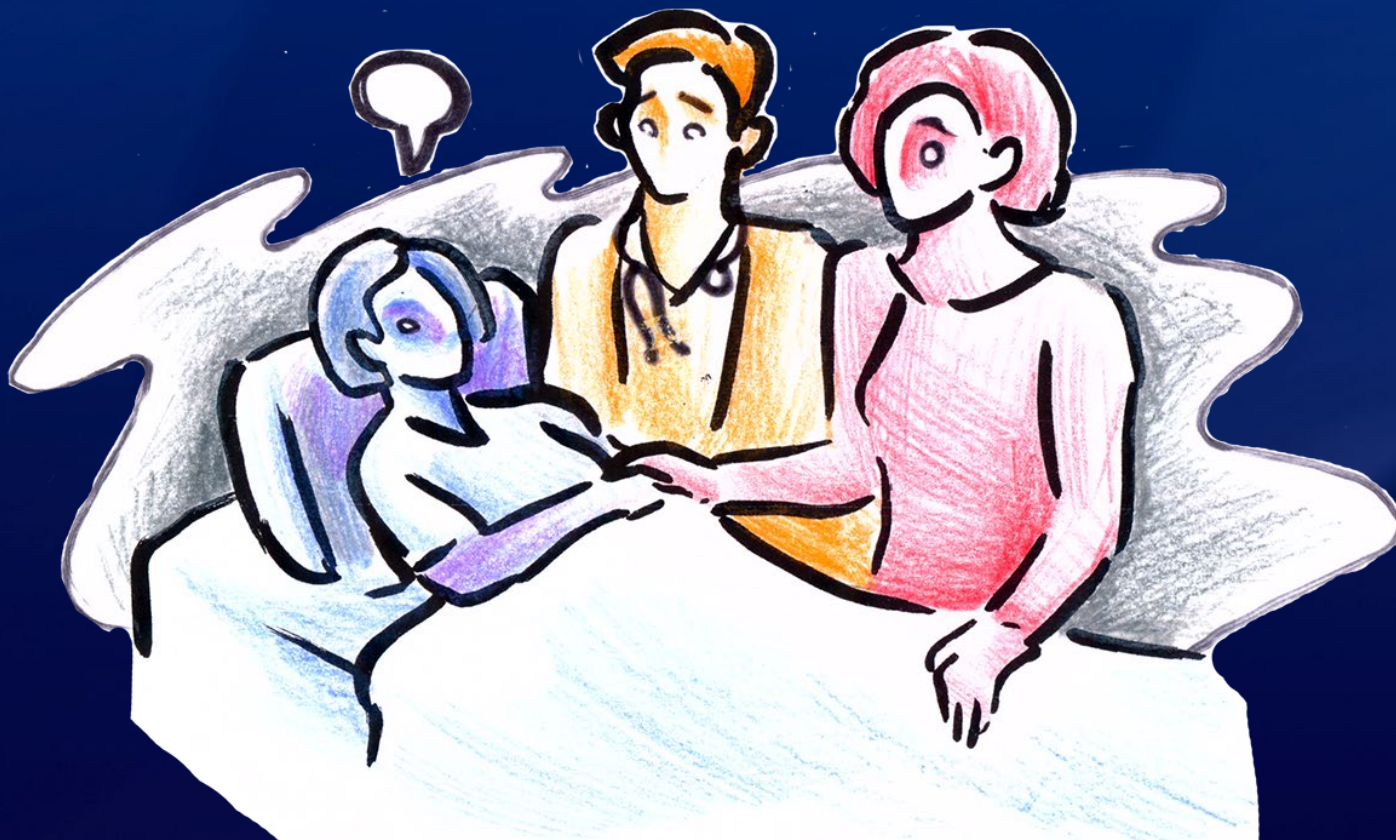
The purpose of SDM, like all medical decision making is to advance patient problems

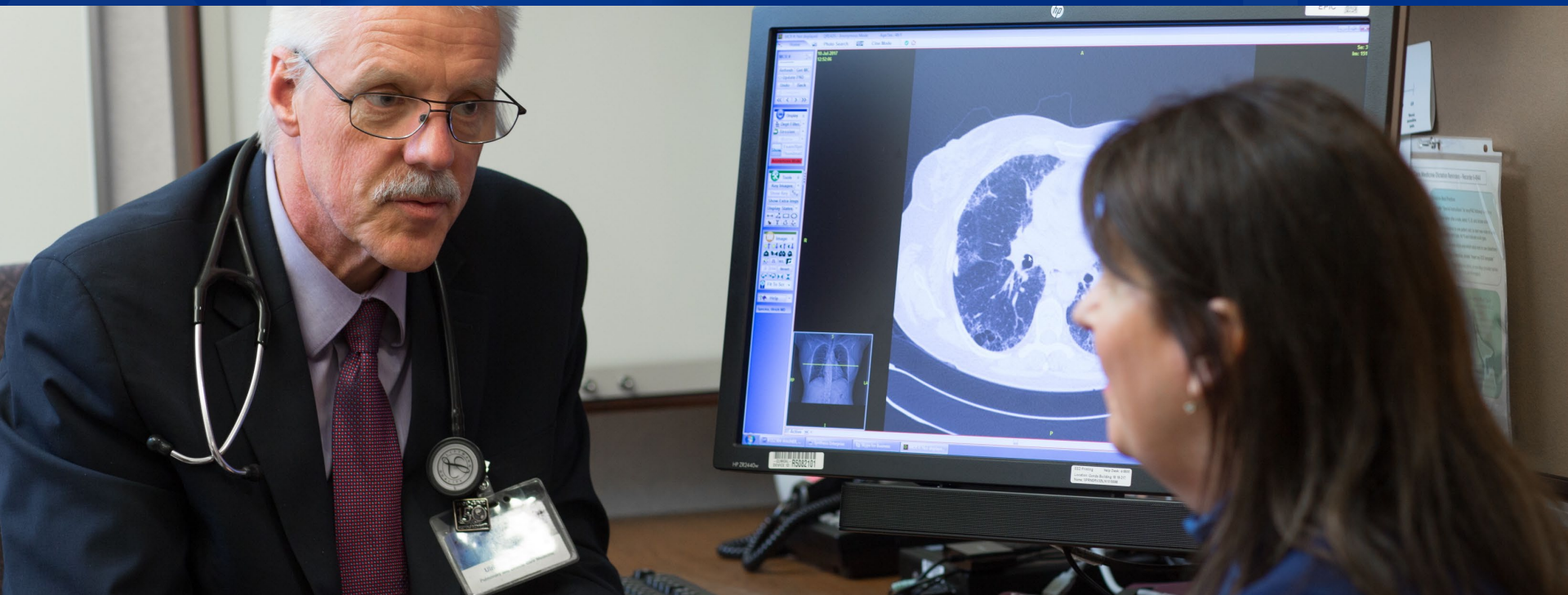




What is the purpose of SDM?

We make decisions in order to
act well, not to decide





A conversation made necessary by a
problem in which **patients and clinicians**
figure out **what to do**

**Many human
problems**

**Many methods
and purposes
of SDM**



Rachel

1: Dissatisfied with her birth control



Rachel

2: Conflicted by the baby's delivery





Rachel

3: Admitted to the ICU with sepsis



Rachel

4: Rachel's husband and parents fight





Which is best?



What matters?

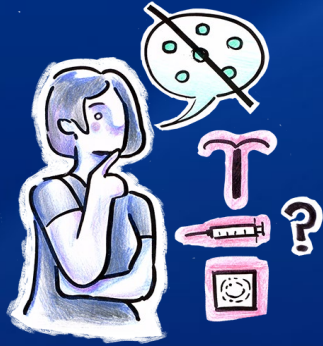
All instances where patients, families, and clinicians are making decisions together



What do we want?



How do we manage?



Which is best?



What do we want?

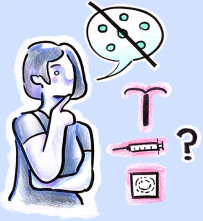
Different
Situations
Problems
Discussions
Interactions
Purposes
SDMs

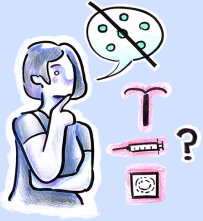



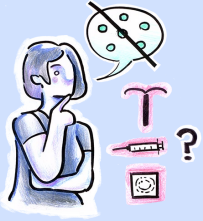


What matters?



How do we manage?

Example	Purpose: To resolve	Kind & Focus	Situation
	Which alternative is best?	Alternatives	It is uncertain what the harmful and beneficial outcomes of alternative interventions will be for a patient and their preferences

Example	Purpose: To resolve	Kind & Focus	Situation
	Which alternative is best?	Alternatives	It is uncertain what the harmful and beneficial outcomes of alternative interventions will be for a patient and their preferences
	What do we want, and can agree on?	People Choosing & Agreeing	Personal or professional concerns, interests, or agenda are ambiguous or in conflict between or within parties

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	How do we manage and resolve the current situation?	Problematic Situation	The problematic human situation and what to do about it is intellectually, practically, and emotionally fraught

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	How do we manage and resolve the current situation?	Problematic Situation	The problematic human situation and what to do about it is intellectually, practically, and emotionally fraught
	What ultimately matters?	Humanity	The humanity of an individual or community is compromised



Which is best?



What matters?

Pros and Cons

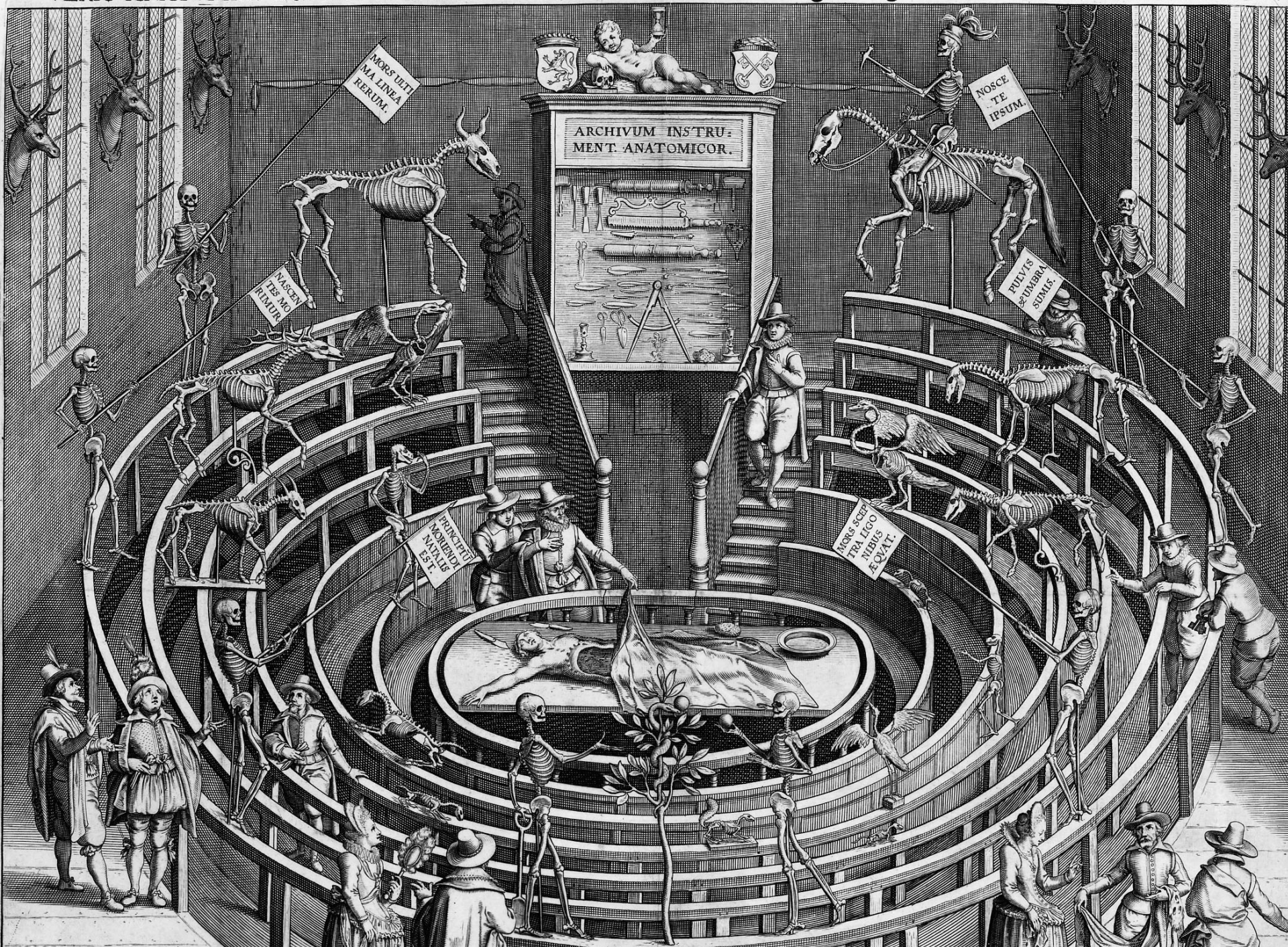
Stories





care that's
centered by
people and
their problems





PUTTING THE PATIENT AT THE CENTER



*Patient experience
encompasses the range of
interactions that patients have
with the health care system*
AHRQ



*Patient experience
encompasses the range of
interactions that patients have
with the health care system*
AHRQ



*Experience is what
care joins it is not the effect
of an interaction*



Paul Granlund Constellation Earth





With thanks to Maria Luisa and her granddaughter Ana Castañeda Guarderas

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