



Care that Fits In Practice

The ICAN Discussion Aid and Evolution of Practice

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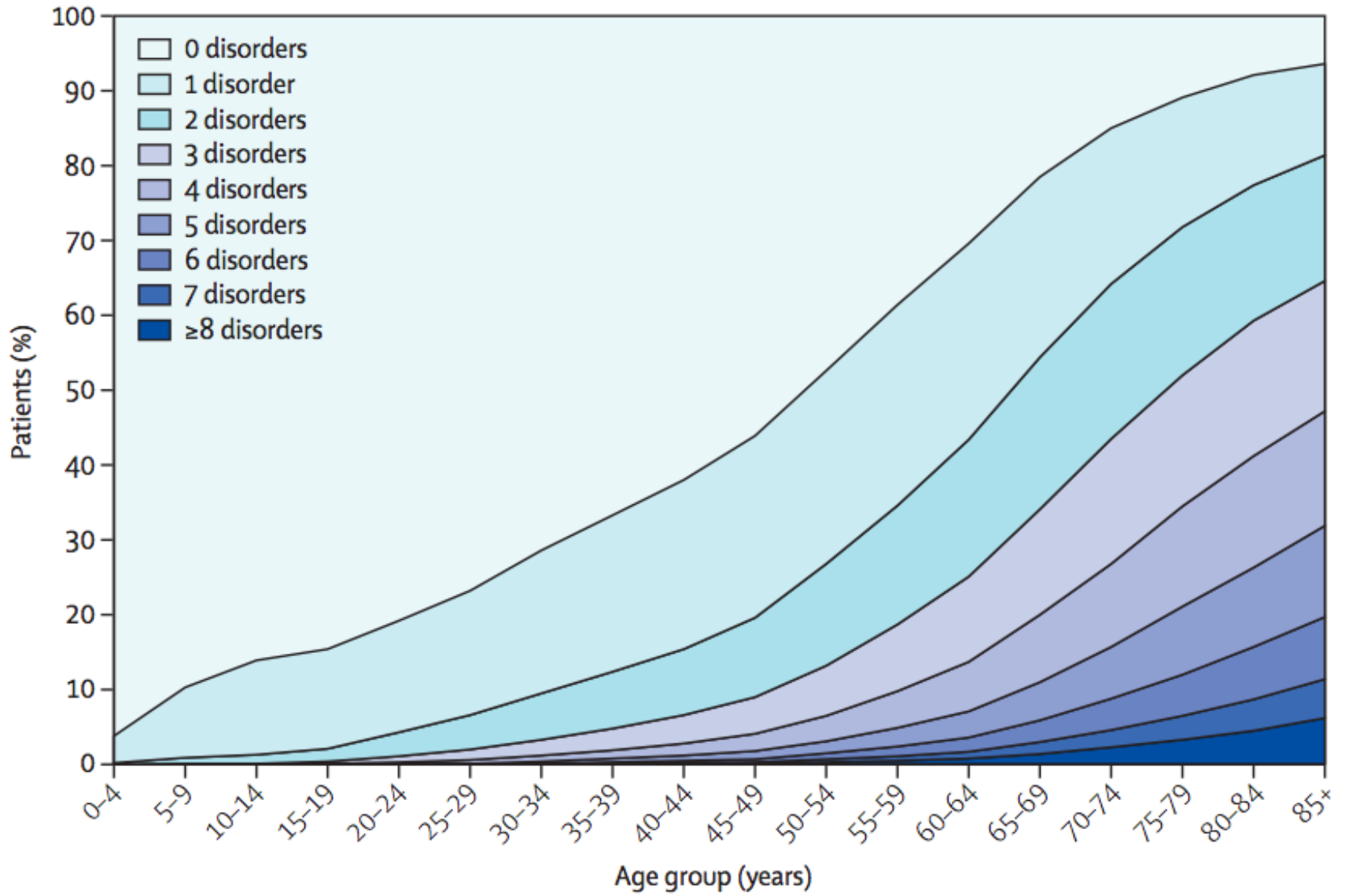
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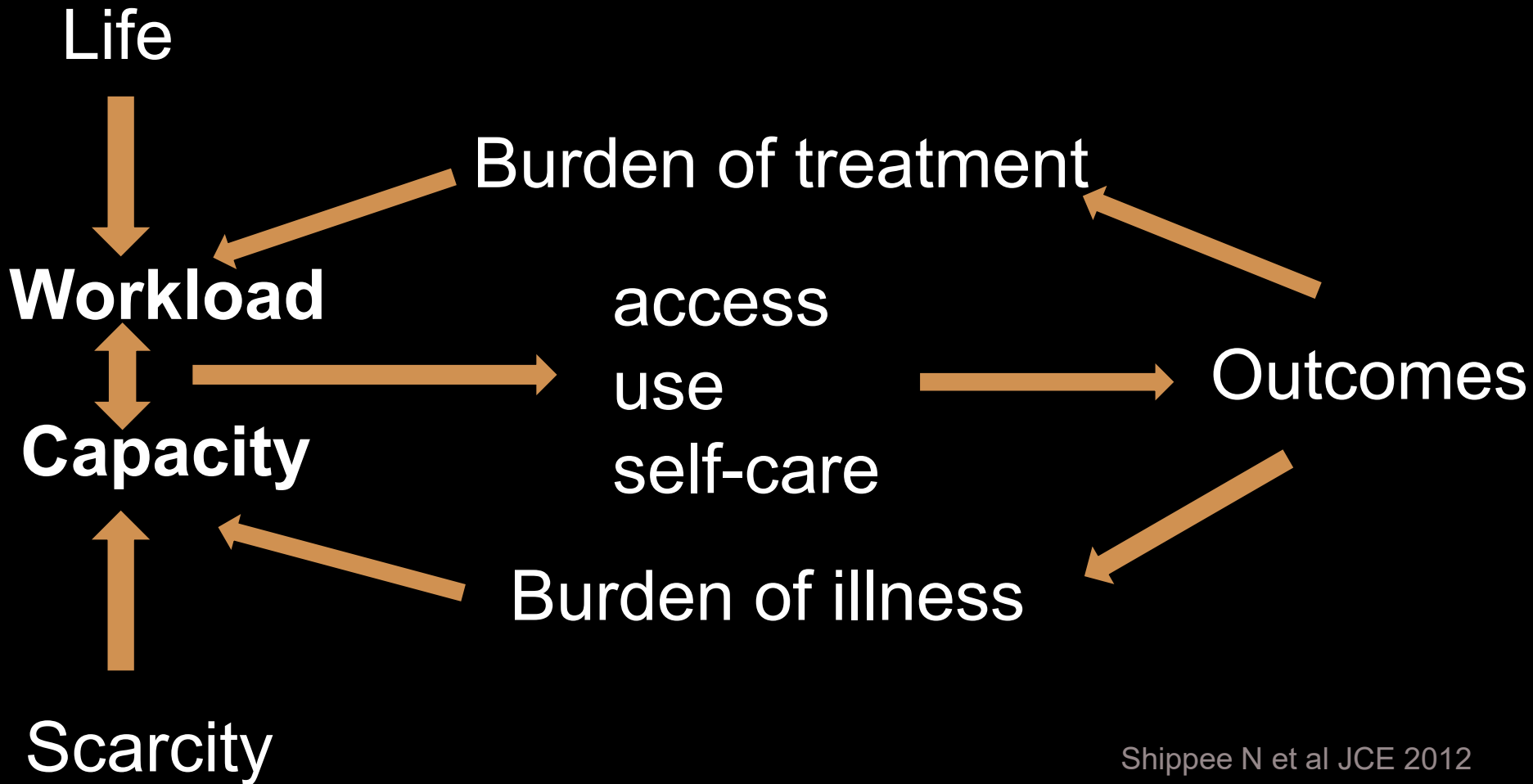
 [@krboehmer](https://twitter.com/krboehmer)  [@kaseyrebekah](https://www.instagram.com/kaseyrebekah)

ICAN Development





Barnett et al. Lancet 2012



The work of being a patient



Sense-making work



Organizing work and enrolling others



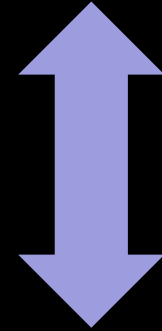
Doing the work



Reflection, monitoring, appraisal

Biography
Resources
Environment
Work
Social

Workload



Capacity

Evidence
synthesis

Observation
clinical encounters

Initial prototype

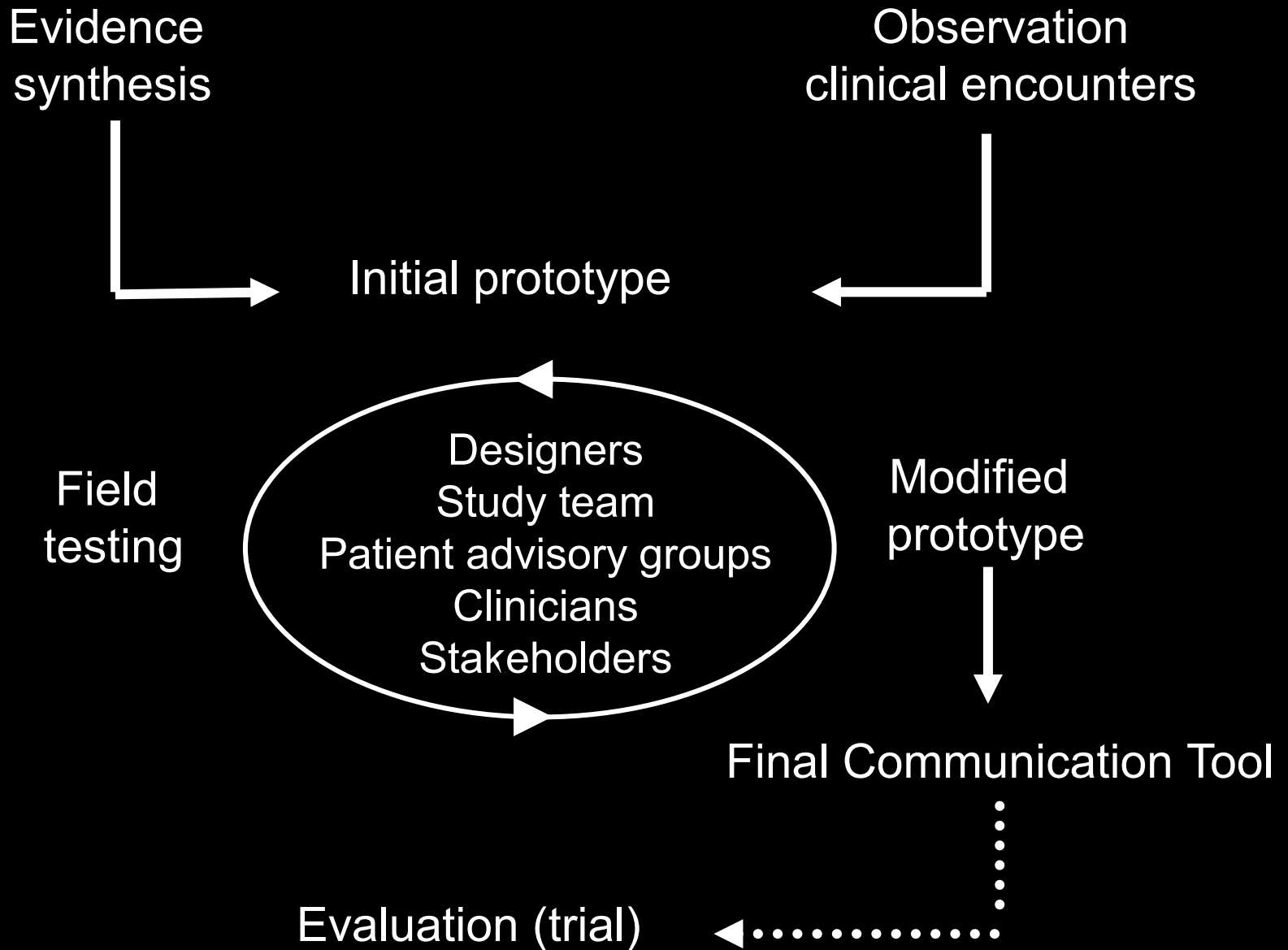
Field
testing

Designers
Study team
Patient advisory groups
Clinicians
Stakeholders

Modified
prototype

Final Communication Tool

Evaluation (trial)







WRONG

RIGHT

— ORIGIN ME: 'come or go out' (or 'who')

resound /rɪ'zaʊnd/
booming, or echoing
much talked of. ➤ [as a verb] be filled with a ring of fame, success, etc.

— DERIVATIVES **resounding**
— ORIGIN ME: from RE- + **resound**

resource /rɪ'sɔ:s, rɪ'zɔ:s/
or supply of materials or
adopted in adverse circumstances.
sonal attributes and caring aid. ● v.
resources.

— DERIVATIVES **resource**
— ORIGIN C17: from **resource** (as n.) of OFr

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use “✓” to indicate your answer)

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3

SOCIAL



?

FAMILY?

FRIENDS?

?

?

PEOPLE WHO
CAN HELP?

PHYSICAL



PAIN?

?

TIREDNESS?

?

?

GETTING
THINGS
DONE?

PERSONAL



?

HOBBIES?

OVERWHELMED?

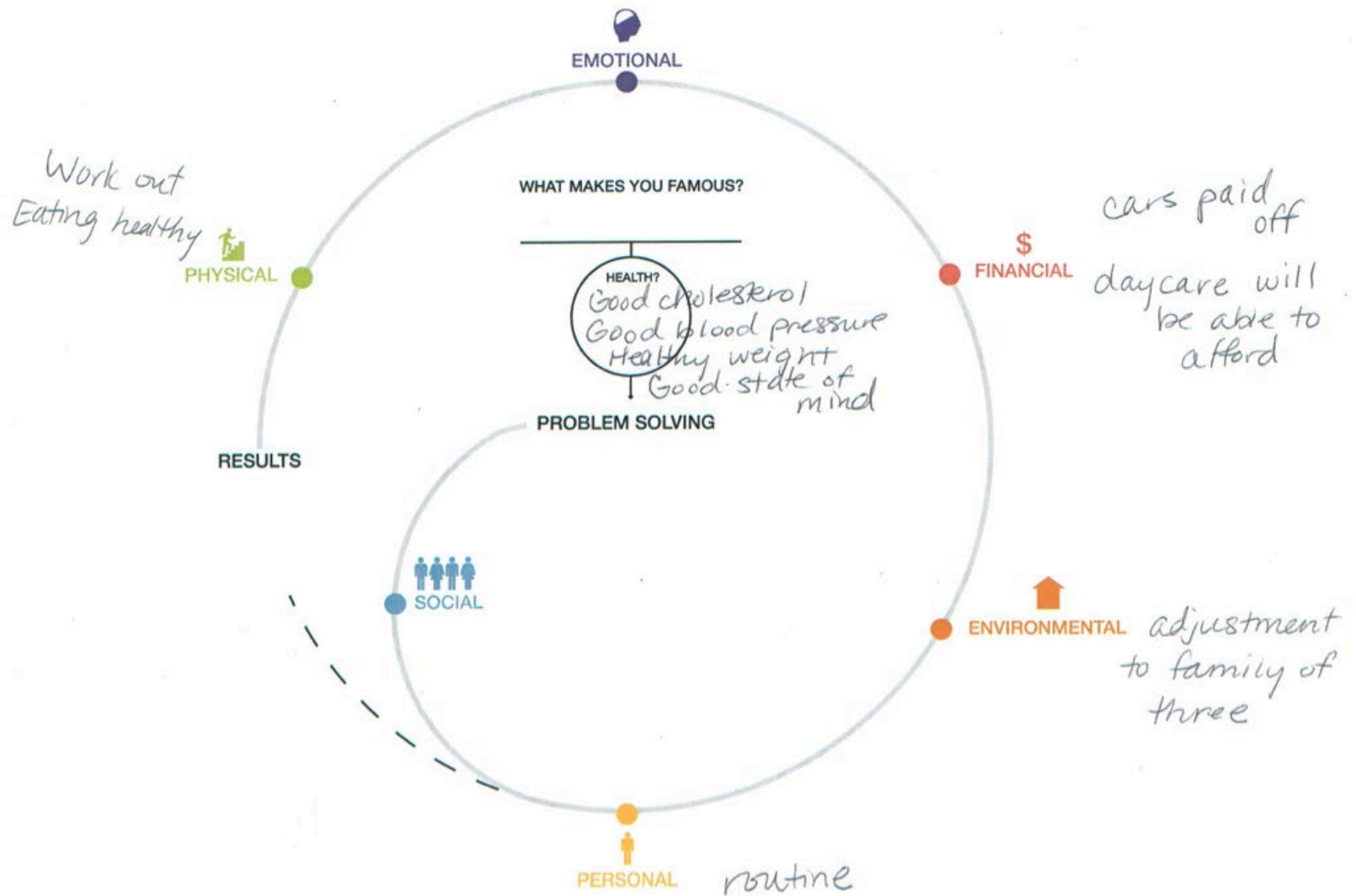
?

?

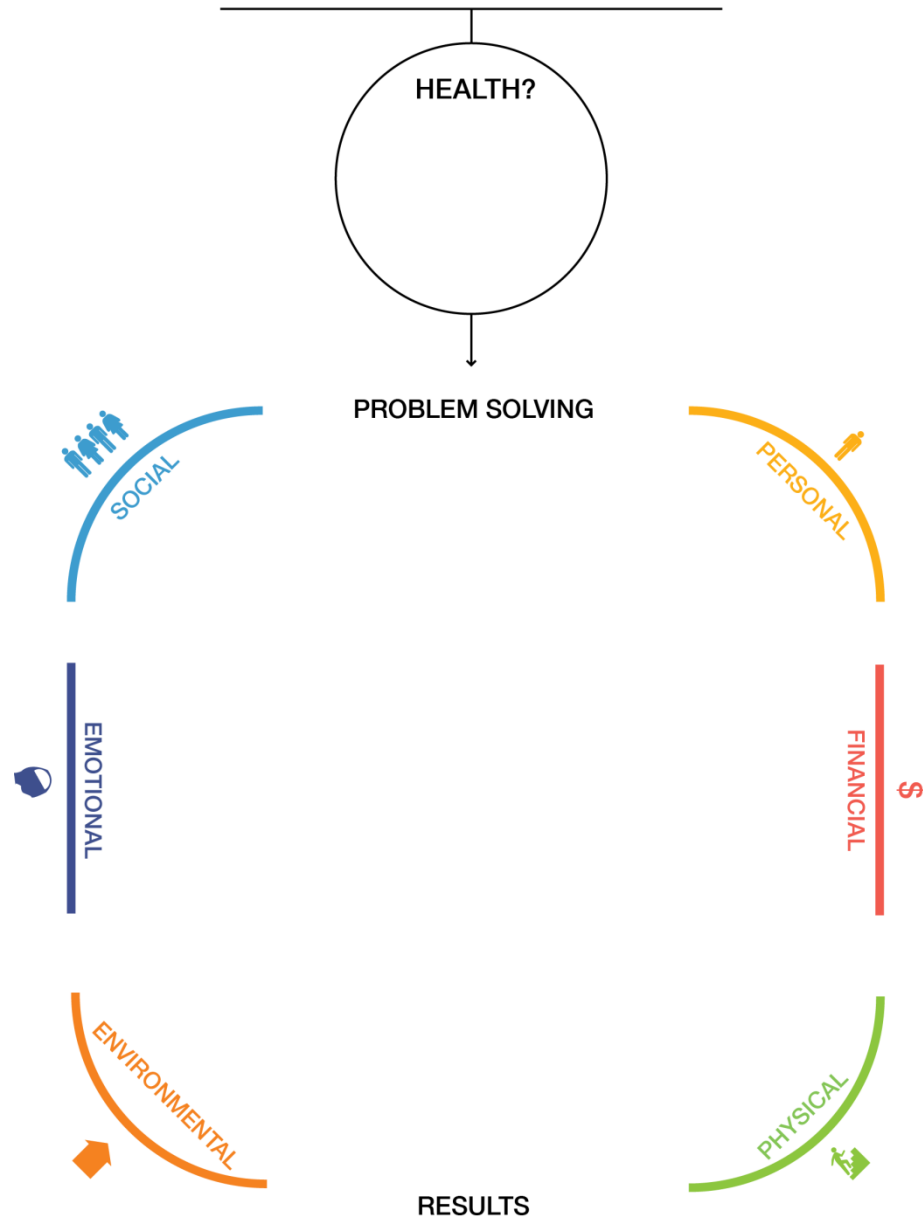
HOPEFUL?



P011



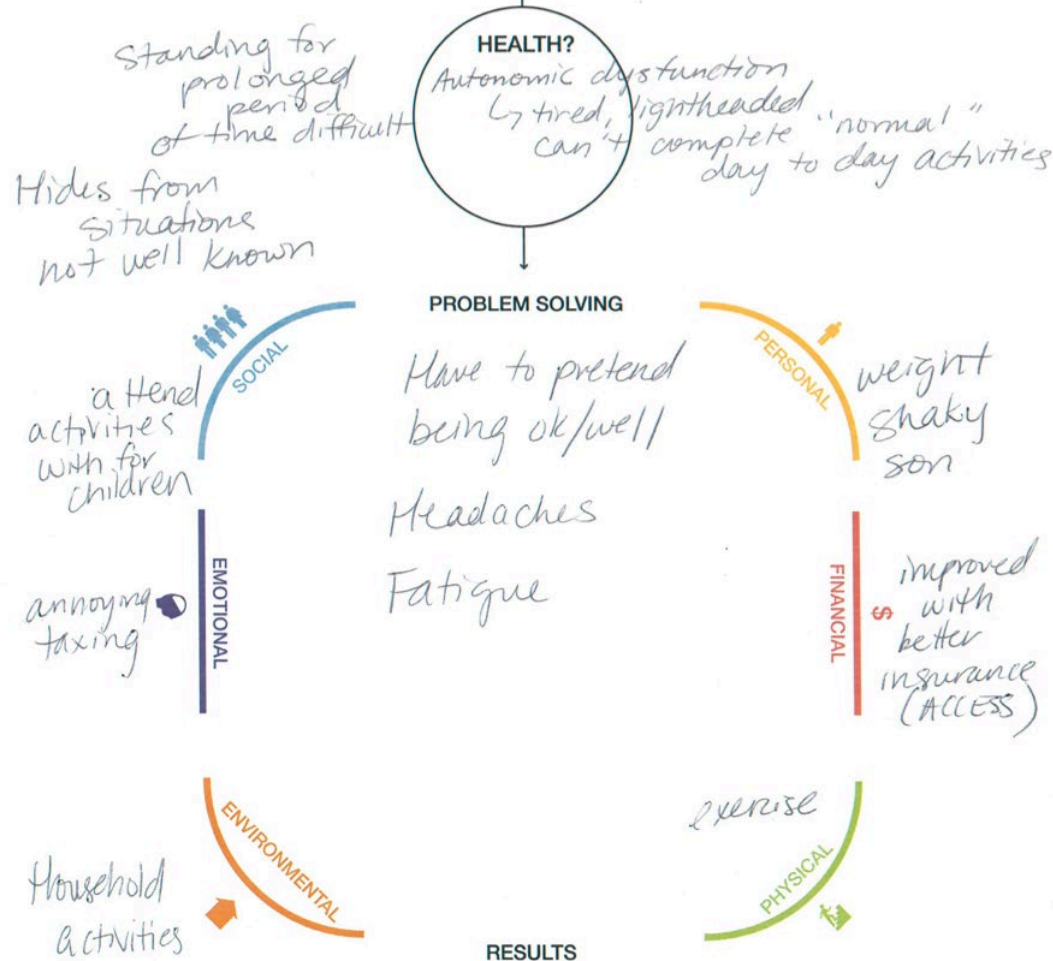
WHAT MAKES YOU FAMOUS?



WHAT MAKES YOU FAMOUS?

Being a mom and wife

P014





25

I'm concerned about

Does this have costs
or consequences?

Are there are obstacles
to addressing this?

My Energy Level

Having Time

Family Demands

Finances

How I'm Feeling

My Home or
Neighborhood

Pain or Rest

Getting Around

Stigma

Healthcare

My Social Life

Eating Well

Understanding
my Situation

✓ Diabetes

Kidneys can fail!
(stones in past)

eating ~~to~~ Her

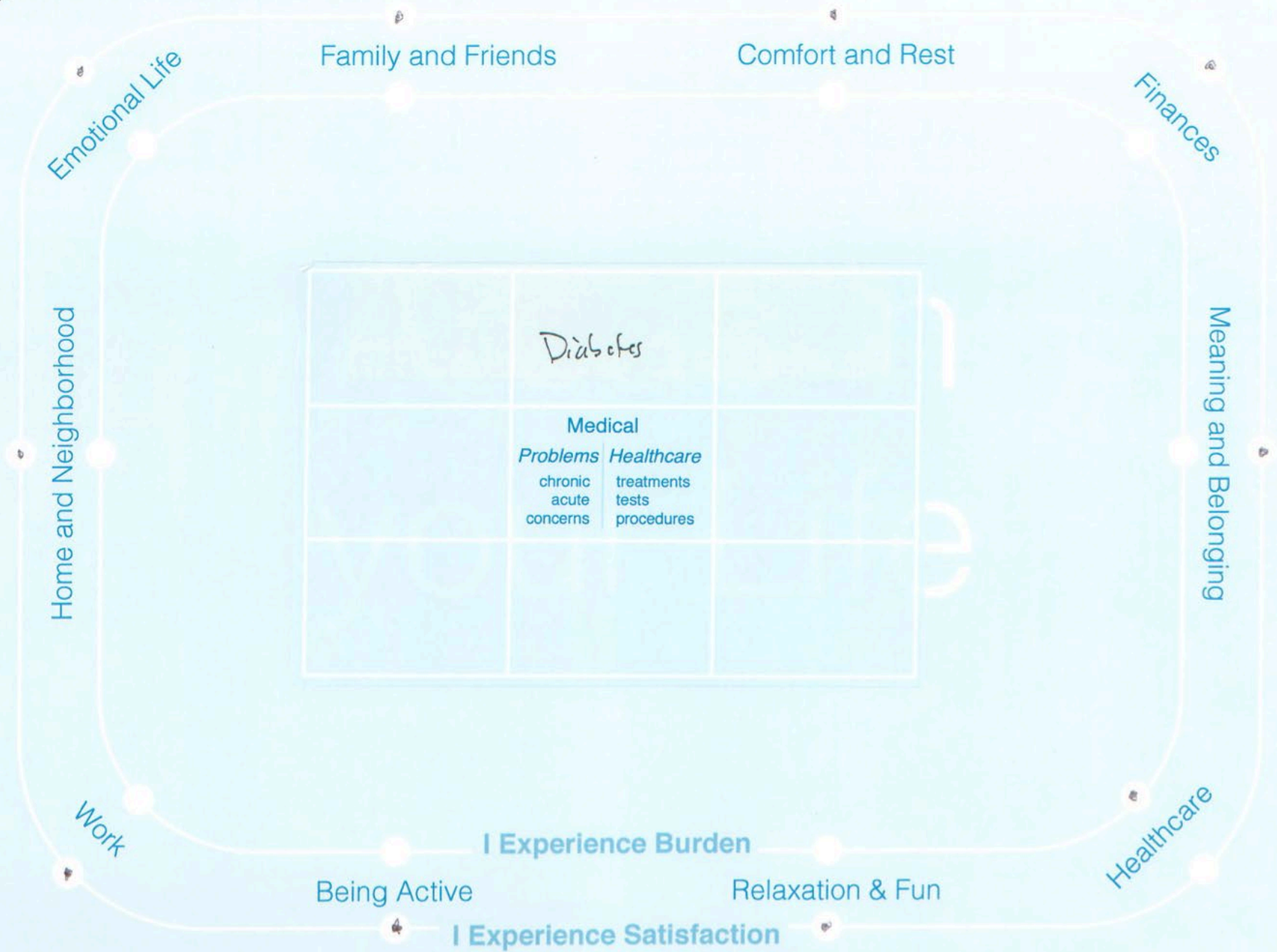
Areas in your Life



Find these areas of my life a source of...

	Satisfaction	Burden
Family and Friends	✓	✓
Work NA	✓	✓
Comfort and Rest	✓	✓
Home and Neighborhood	✓	✓
Finances	✓	✓
Emotional Life	✓	✓
Being Active	✓	✓
Healthcare	✓	✓
Free time, Relaxation, Fun	✓	✓
Meaning and Belonging	✓	✓
Eating Well	?	✓

2020



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

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

	Satisfaction	Burden
Family and Friends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comfort and Rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Home and Neighborhood	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Finances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emotional Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Being Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My Senses and Memory	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Free time, Relaxation, Fun	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meaning and Belonging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eating Well	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	A help	A burden
Zoloft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trazadone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suggested stop of marijuana	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coming into see us	<input checked="" 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"/>

Comments

2011
Are these areas of your life a source of satisfaction, burden, or both?

	Satisfaction	Burden
My Family and Friends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My Work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My House & Neighborhood	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My Finances	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Free time, Relaxation, Fun	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Faith or Personal Meaning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Being Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My Rest and Comfort	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My Emotional Life	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My Senses and Memory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eating Well	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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?

	A help	A burden
Track carb intake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Get rest	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eat 6 meals a day	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

What are you doing to manage your stress?



Where do you find the most joy in your life?

What else is on your mind today?

[http://www.mayo.edu/research/labs/knowledge-evaluation-research-unit/programs/Minimally Disruptive Medicine](http://www.mayo.edu/research/labs/knowledge-evaluation-research-unit/programs/Minimally%20Disruptive%20Medicine)

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MC5733-SS

My Life My Healthcare

How does your healthcare fit with your life?



This discussion aid will help you and your clinician talk about how your healthcare fits with your life.

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

Leave blank if not part of your life	 Satisfaction	 Burden
My family and friends	<input type="checkbox"/>	<input type="checkbox"/>
My work or finances	<input type="checkbox"/>	<input type="checkbox"/>
Free time, relaxation, fun	<input type="checkbox"/>	<input type="checkbox"/>
Spirituality or life purpose	<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"/>
Social media, TV or screen watching	<input type="checkbox"/>	<input type="checkbox"/>
My emotional life	<input type="checkbox"/>	<input type="checkbox"/>
My memory or attention	<input type="checkbox"/>	<input type="checkbox"/>
The food I eat	<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**?

Leave blank if not part of your life	 Help	 Burden
Take medications	<input type="checkbox"/>	<input type="checkbox"/>
Monitor symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Manage my diet and exercise	<input type="checkbox"/>	<input type="checkbox"/>
Get enough sleep	<input type="checkbox"/>	<input type="checkbox"/>
Come in for appointments or labs	<input type="checkbox"/>	<input type="checkbox"/>
Reduce alcohol use, smoking, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Insurance or support services	<input type="checkbox"/>	<input type="checkbox"/>
Manage stress	<input type="checkbox"/>	<input type="checkbox"/>
Write in any others	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Activity

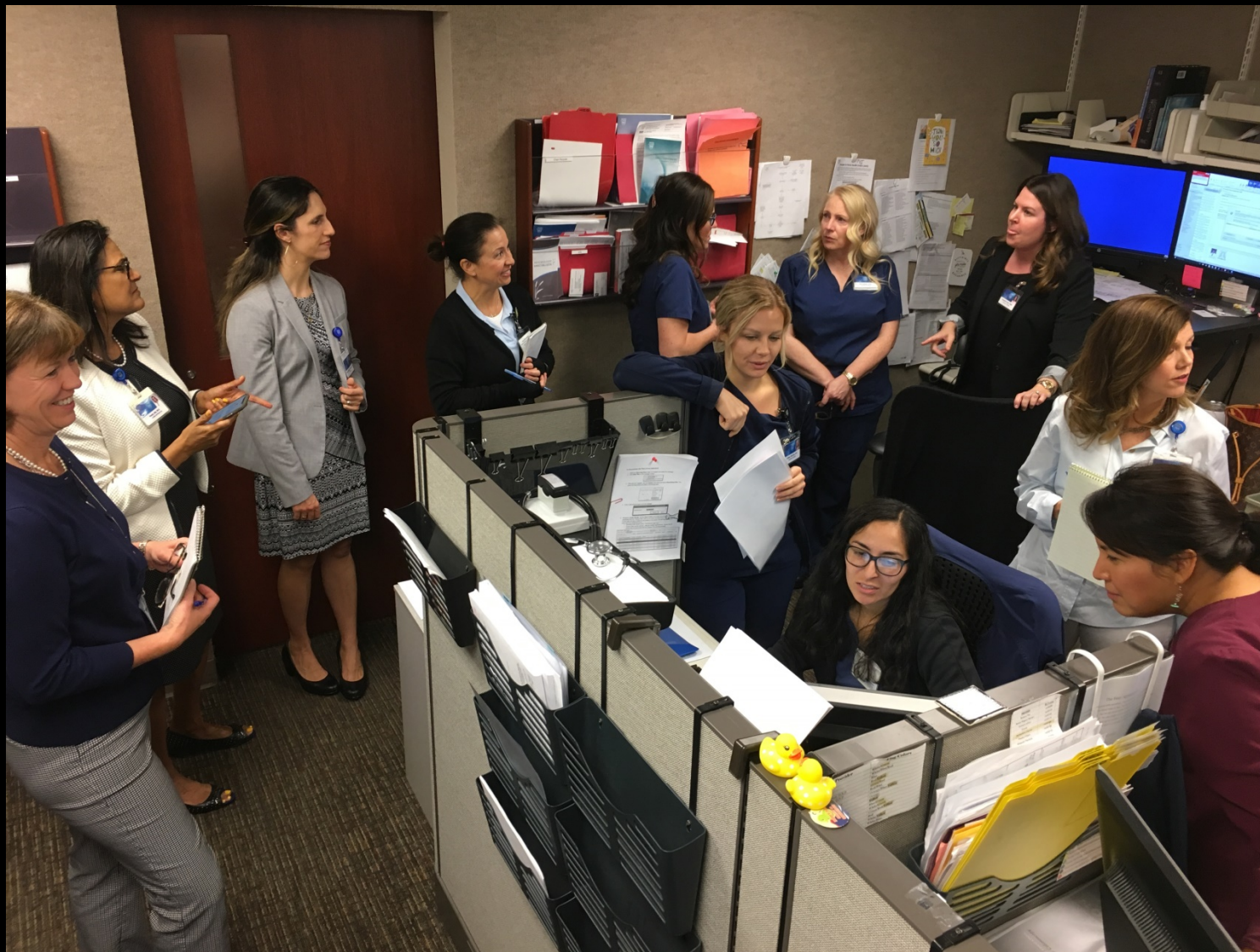


ICAN in Real-World Clinical Practice

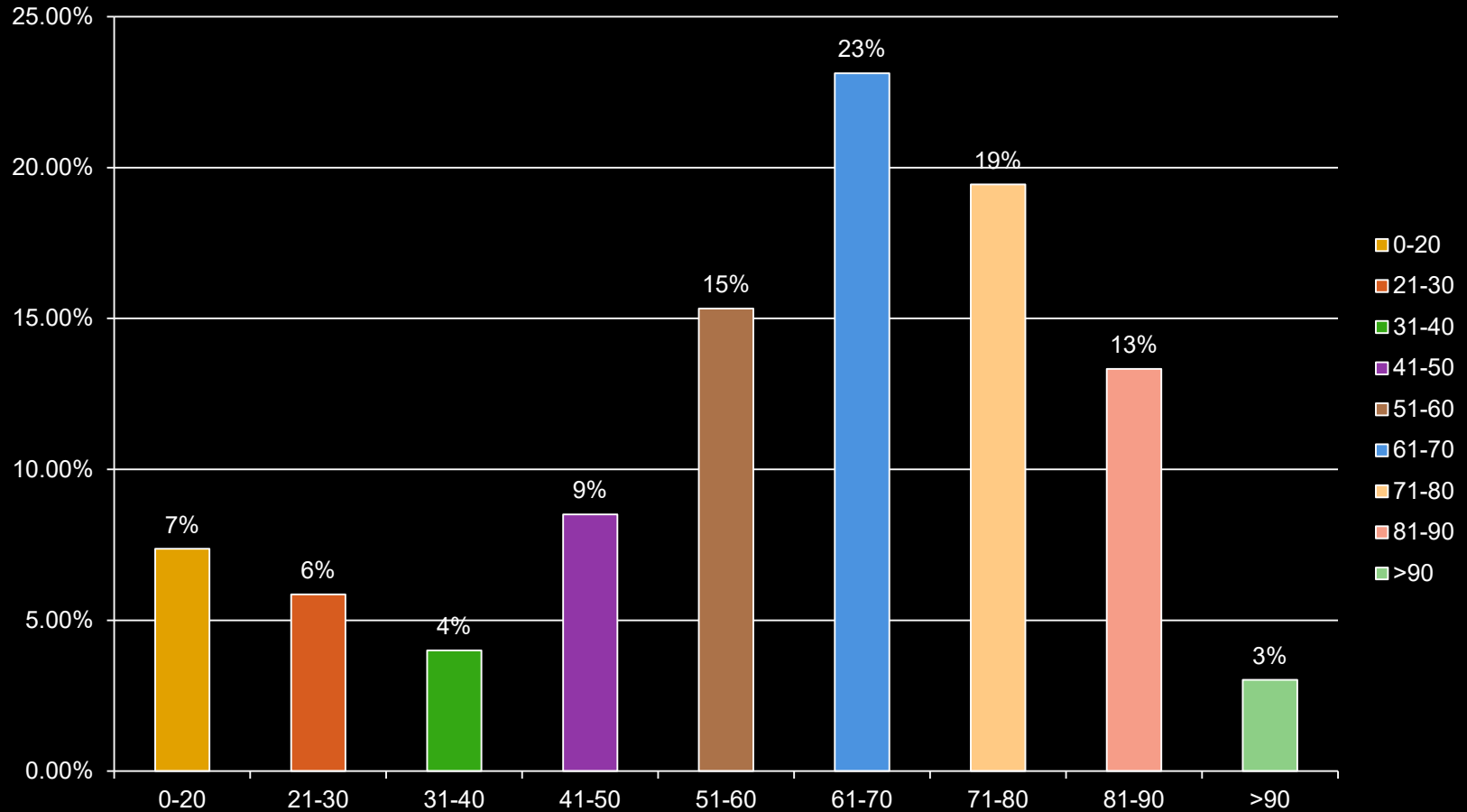


Mayo Clinic Arizona Family Medicine

- 4 clinics
- Thunderbird Clinic
- Our TEAM: 3 physicians, 2 NP's, 5 LPN's/MA's, 1 team RN, 1 RN care coordinator, 1 IBH specialist, panel manager (0.3 FTE) and MTM pharmacist (0.4 FTE), psychiatrist (.4 FTE).
- We look after 5K patients



Thunderbird Paneled Patients by Age Range (%)



Frank June 2018

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

Leave blank if not part of your life	 Satisfaction	 Burden
My family and friends	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My work or finances	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Free time, relaxation, fun	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spirituality or life purpose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Where I live	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Getting out and transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Being active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social media, TV or screen watching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My emotional life	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My memory or attention	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The food I eat	<input checked="" 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**?

Leave blank if not part of your life	 Help	 Burden
Take medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitor symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Manage my diet and exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Get enough sleep	<input type="checkbox"/>	<input type="checkbox"/>
Come in for appointments or labs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reduce alcohol use, smoking, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insurance or support services	<input type="checkbox"/>	<input type="checkbox"/>
Manage stress	<input type="checkbox"/>	<input type="checkbox"/>
Write in any others	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Frank June 2018

What are you doing to manage your stress?

EAT, sleep, Cuss + the Cat
Drink Coffee
Feed the Birds

Where do you find the most joy in your life?

FRANK'S Family
Church, Mayo
Eating - Coffee

What else is on your mind today?

Getting Home Safely
Calling friends

Frank Oct 2018

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

Leave blank if not part of your life	 Satisfaction	 Burden
My family and friends	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My work or finances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Free time, relaxation, fun	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spirituality or life purpose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Where I live	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Getting out and transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Being active	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Social media, TV or screen watching	<input type="checkbox"/>	<input type="checkbox"/>
My emotional life	<input type="checkbox"/>	<input checked="" type="checkbox"/>
My memory or attention	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The food I eat	<input type="checkbox"/>	<input checked="" 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?**

Leave blank if not part of your life	 Help	 Burden
Take medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitor symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manage my diet and exercise	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Get enough sleep	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Come in for appointments or labs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reduce alcohol use, smoking, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Insurance or support services	<input type="checkbox"/>	<input type="checkbox"/>
Manage stress	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Write in any others	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

DICTATED TO (R.E.) LPN

What are you doing to manage your stress?

I GO TO THE BASEMENT AND CRY

Where do you find the most joy in your life?

NOTHING MUCH

What else is on your mind today?

I MISS MY WIFE. WISH I WAS
WITH HER.

Frank Oct 2018

[http://www.mayo.edu/research/labs/knowledge-evaluation-research-unit/
programs Minimally Disruptive Medicine](http://www.mayo.edu/research/labs/knowledge-evaluation-research-unit/programs/Minimally%20Disruptive%20Medicine)

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

Leave blank if not part of your life	 Satisfaction	 Burden
My family and friends	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My work or finances	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Free time, relaxation, fun	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spirituality or life purpose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Where I live	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Getting out and transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Being active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social media, TV or screen watching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My emotional life	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My memory or attention	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The food I eat	<input checked="" 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?**

Leave blank if not part of your life	 Help	 Burden
Take medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Monitor symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manage my diet and exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Reduce alcohol use, smoking, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insurance or support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manage stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Write in any others	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

What are you doing to manage your stress?

Exercise
Music
Massage Chair

Where do you find the most joy in your life?

Playing Tennis
Seeing my Children grandchildren & great grandchildren
Having a husband's love

What else is on your mind today?

My heart problems

[http://www.mayo.edu/research/labs/knowledge-evaluation-research-unit/
programs Minimally Disruptive Medicine](http://www.mayo.edu/research/labs/knowledge-evaluation-research-unit/programs/Minimally%20Disruptive%20Medicine)

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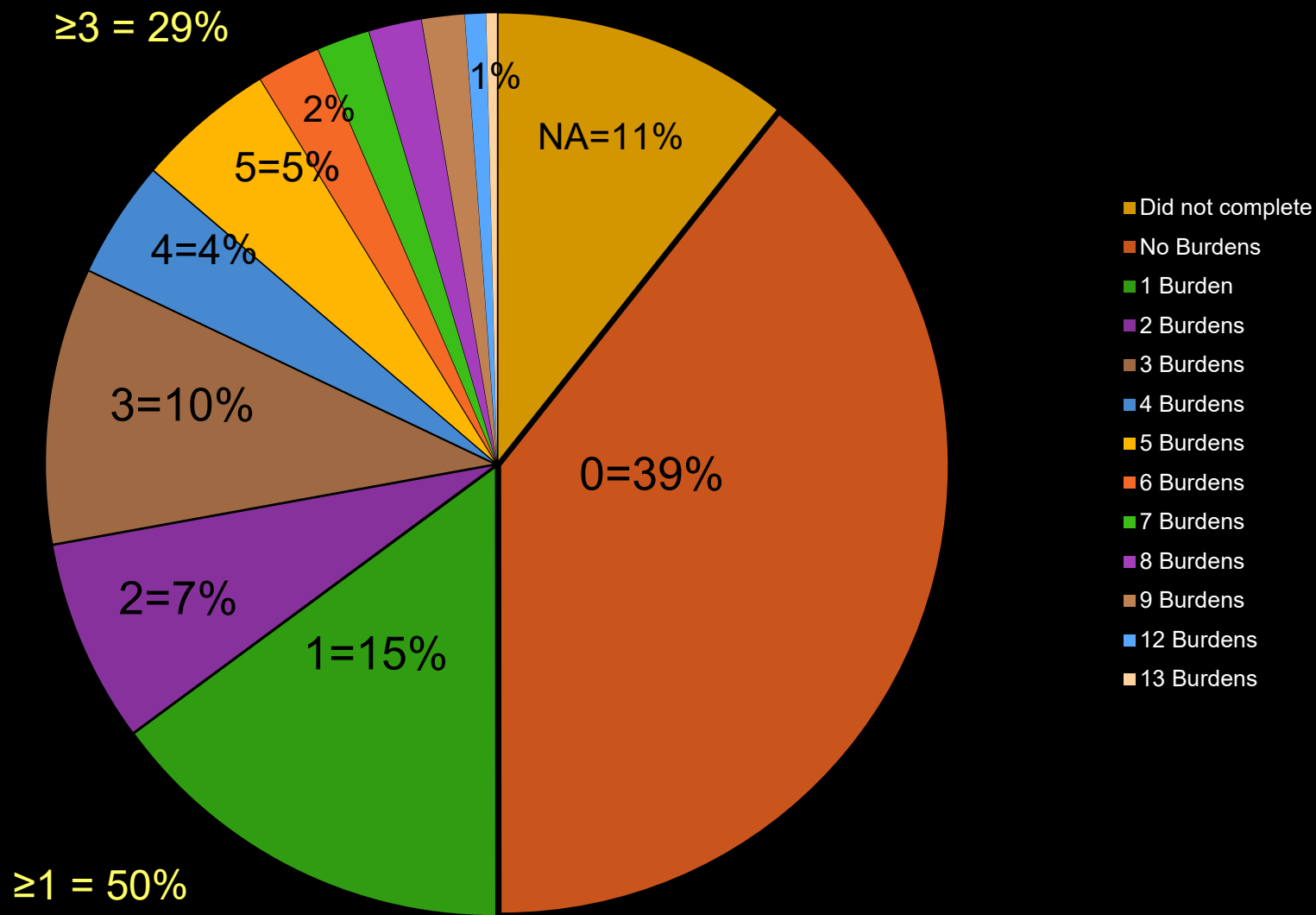
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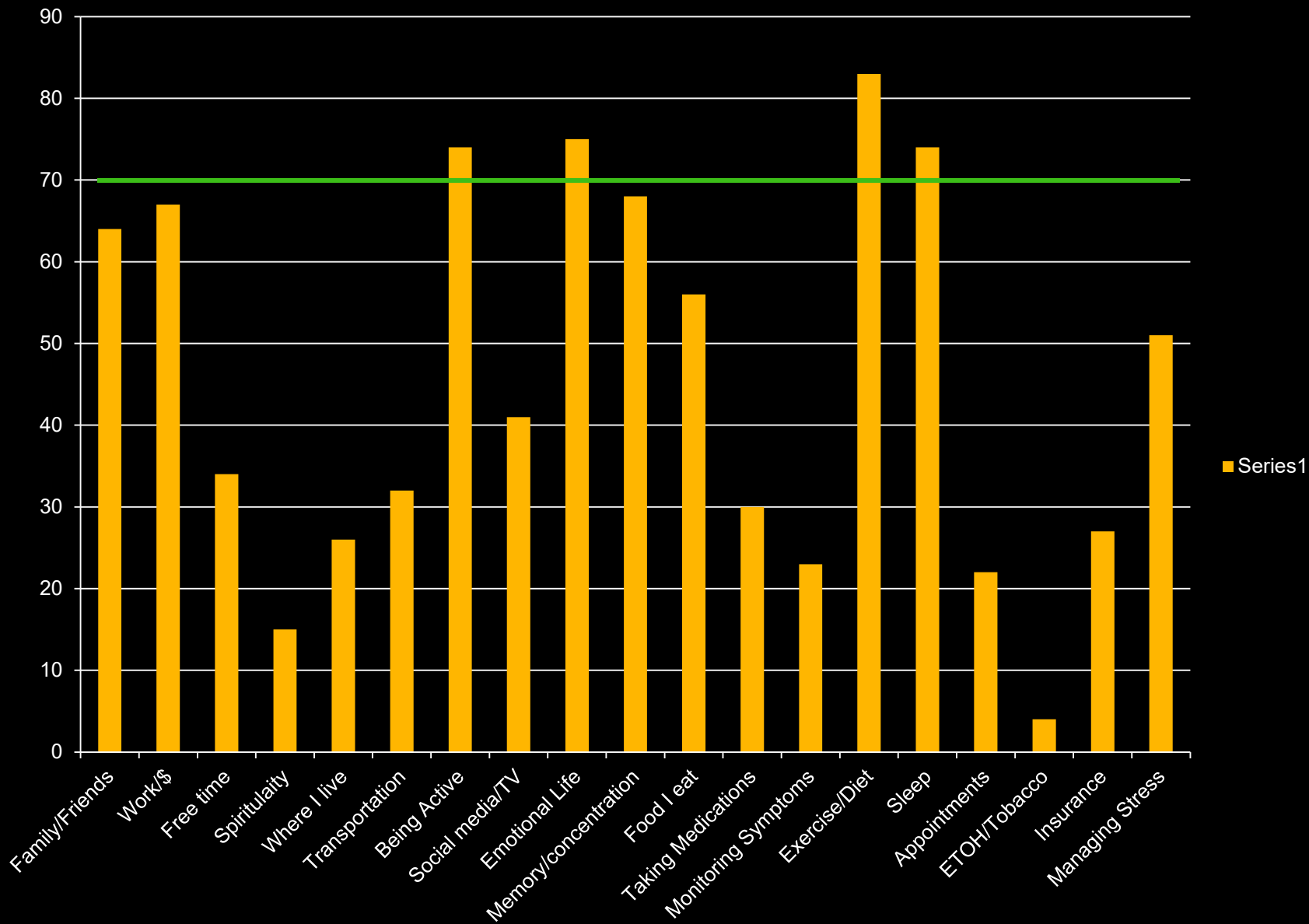
Mayo Clinic Arizona Experience

- 2016 ICAN tool: 9% of patients referred for additional services based on answering yes to 3 or more burdens. (77 of 890 patients).
- November 2017 NAPCRG Poster
- Early 2018: Modified tool
- Using as communication and screening
- Depending on preference and style of provider

ICAN 2018 to Present

- Sensitivity of picking up patients needing referrals seems to be better
- Data from first 12 months shows approx. 28% of patients admit to 3 or more burdens.
- 49% answered 0 or did not complete
- 23% admitted to 1 or 2 burdens
- Range is 3-13 for patients being referred
- Average is 4.5 for patients being referred
- Approx. 50% of all referrals: IBH
- Remainder split between care coordination, SW, RN HTN, Dietitian, Diabetes Group Visits





A Work in Progress...

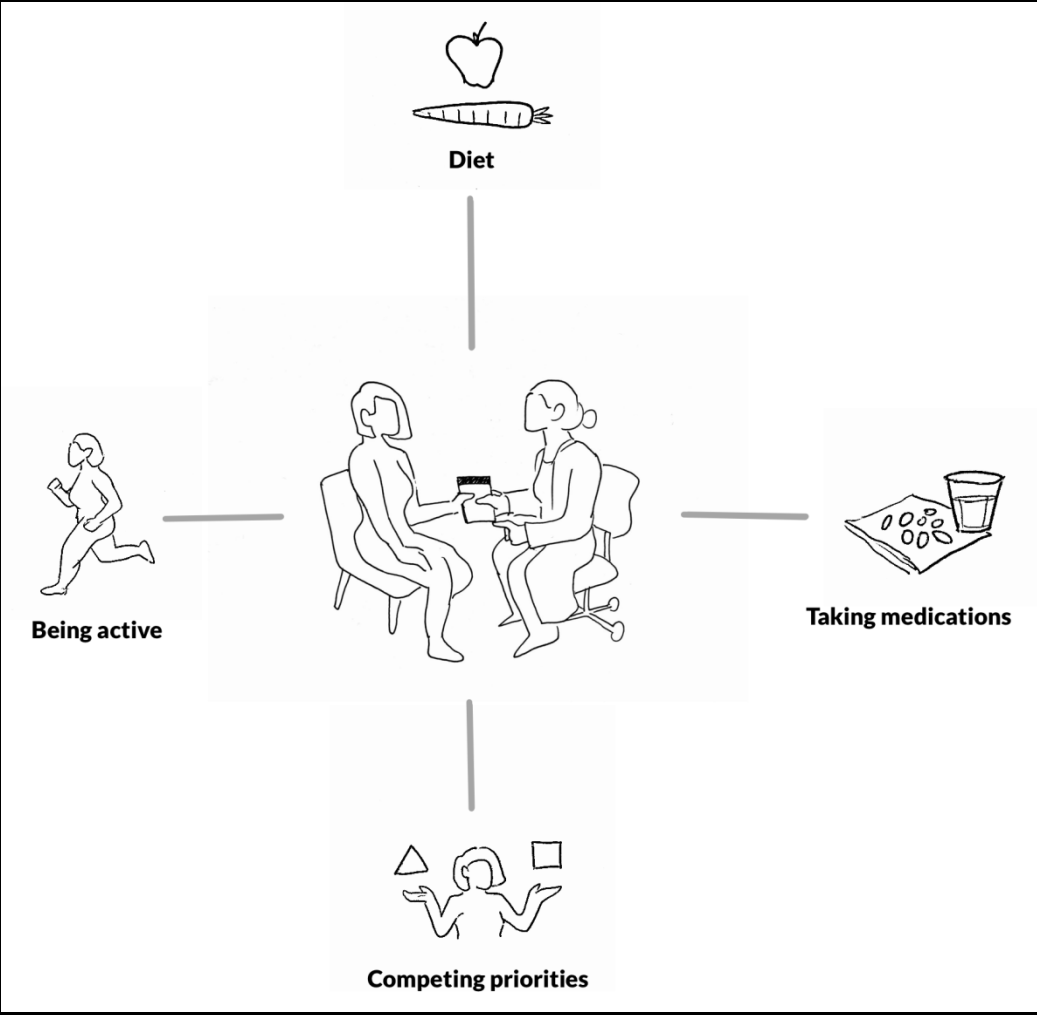


How ICAN helped our team develop an innovative approach to managing chronic conditions.

A theme was emerging.

Most common burdens identified by patients in our practice:

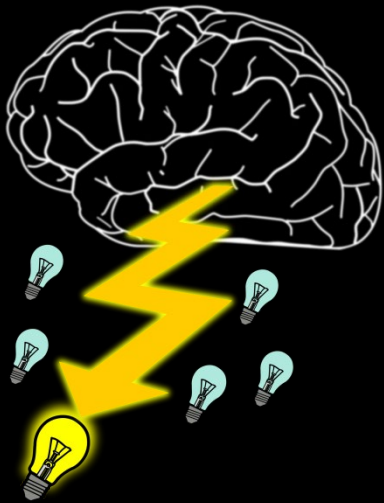
- 1. Being Active
- 2. Healthy Diet
- 3. Managing Stress
- 4. Sleep
- 5. Emotional Life



Boehmer et al., BMJ Open 2019

Solutions began to evolve organically





ASSETS

How Do we Measure Success?

Facilities RESEARCH?

Quality Improvement?

Stakeholders

Review the Literature

SUPPORT

Budget!

Time Frame?

Make it FUN!

Programs already at Mayo?

Programs Elsewhere?

DiaBEATes Group

Sept. 10—Oct. 8



Tuesdays 4:00pm to 5:30pm

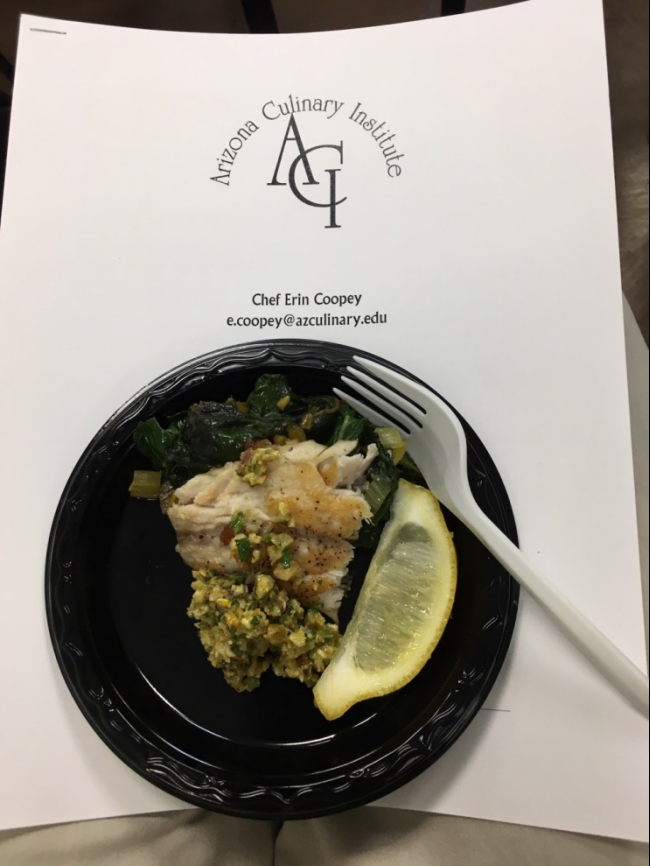
This is NOT your traditional diabetes class! This is an exciting, innovative and fun program that will help you manage your diabetes more effectively and enhance your overall wellness. Our interdisciplinary team includes a Behavioral Health Specialist, a Family Medicine physician, a nutrition communication specialist, a pharmacist and RN Care Coordinator.

9/10 Anatomy of a Food Label/Nutritional Models (basic nutrition information, reading food labels, strengthening food choice skills; introduction to diet management techniques including carb counting, glycemic index/load, Create your Plate, and Mediterranean Diet) Learn mindfulness techniques to increase motivation and ensure the results you are working towards. Stacey Barnett RN MSN discusses care coordination at it's core-effective communication, collaboration and teamwork. Dr. Martina Mookadam, Family Medicine, Mayo Clinic Thunderbird discusses medical aspects of diabetes and evidence based interventions.

9/17 Mediterranean Diet (in depth look at the benefits of a Mediterranean diet and how to follow the eating style). Understanding how anxiety and depression can alter our decision making process and how to utilize this information to gain success through healthier choices.

9/24 Mindful Eating (introduction to mindfulness techniques based on books by Drs. Jan Chosen-Bays and Michelle May; includes hunger assessment exercise and







What else?

Group CBT for Insomnia and Anxiety

Expanded services for chronic condition management

Better health for the healthcare team!

Capacity Coaching for our Care Coordinator

Health Coaching Selective for our Medical Students

Research Questions



ALL NEW!

ICAN Discussion Aid Toolkit:

<http://minimallydisruptivemedicine.org/ican>

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