Rightsizing Care
Disclosures

• Portions of this content have been previously presented as a webinar for the Pennsylvania Pharmacists Association
Objectives

• Define what it means to “rightsize” care
• Describe examples of how care can be a poor fit
• Discuss ways to “rightsize” care
Case

- Morgan is 72 years old and has several chronic conditions for which she is prescribed many medications. She takes her medications at several times throughout the day, but while she takes some medications consistently, some she does not. Her chronic conditions also require frequent visits which on some weeks can result in several days spent going to appointments.
Discussion

• Does Morgan’s care seem rightsized?
• What other information would you need to assess whether their care is rightsized?
Rightsized Care

• Rightsized care is care that is a good “fit” for an individual
• Fit has many dimensions
  • Evidence
  • Person’s values and preferences
  • Context

• Can also refer to any given treatment/recommendation, or as a more holistic view of the patients’ care
Fit of the evidence

• What is the evidence?
  • Balance of benefits and harms

• Fit could mean too much medicine or too little

• In some cases the evidence is clear, other times more ambiguous
  • Fit often decided by other factors
Fit of values and preferences

• What may fit for patients like this patient based on evidence may not fit for this patient based on what matters to them
Fit of context

• For treatment to fit it also has to be able to be implemented
  • Make sense intellectually, practically, and emotionally
    • What is it, what is it for, what to expect?
    • Can I see myself being able to do this?
    • Does this feel right?
  • Able to implemented given existing workload and capacity
Capacity

- The abilities or resources a person can utilize to complete work

<table>
<thead>
<tr>
<th>Biography</th>
<th>Resources</th>
<th>Environment</th>
<th>Work</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meaning</td>
<td>• Financial</td>
<td>• Home</td>
<td>• Self-efficacy</td>
<td>• Family</td>
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<td>• Purpose</td>
<td>• Physical</td>
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<td>• Mastery</td>
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<td>• Cognitive</td>
<td>• Work</td>
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<td>• Caregivers</td>
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<td></td>
<td>• Emotional</td>
<td>• Healthcare</td>
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Workload

• Any activity, physical or mental, that an individual does
  • Sense-making/appraisal work
  • Making and attending appointments
  • Picking up and taking medications
  • Self-management activities such as diet, exercise, and disease monitoring

• Not all work is visible or obvious
Activity

• Think about your day
• For every activity take away a spoon
• How many spoons do you have left?
Spoonies

• Each day we wake up with a set amount of spoons (capacity)
  • Vary from day to day
  • Vary from person to person
    • People with chronic illness often have to manage with less and thus have to be more mindful of how many they have and how they “spend” them

• Activities use up our spoons
  • Activities of daily living (e.g., eating, dressing, showering, ambulating)
  • Instrumental activities of daily living (e.g., cooking, cleaning, shopping, driving)
  • Career
  • Caregiving
  • Hobbies
  • Socializing
General Considerations for Fit

• Not one size fits all
  • What fits for one person may not fit for others

• Dynamic
  • What fits may change over time as the person and their circumstances change

• Not always predictable
  • What may seem to fit in the visit may not fit when the person goes about their life
    • Not able to be implemented (e.g., cost)
    • Intolerable adverse effects
    • Lack of benefit
Indicators of poor fit

• Non-adherence
• Non-attendance
• Depression/Anxiety
• Poor quality of life

• 40% of patients report being overwhelmed with healthcare tasks

Tran et al. Mayo Clin Proc 2019
Activity

• Reflect on instances where you have been part of conversations (as a patient, clinician, or caregiver) where it felt like care was either being fit well or poorly

• What specific actions, behaviors, or conversations impacted the fit of care?
Rightsizing Care - Improving the fit of care

- Use a shared decision-making approach
  - Assess Goals, Values, Capacity, and Workload
  - Reduce Workload and Increase Capacity
  - Align Care Plan with Goals, Values, and Capacity
Assessment

Clinicians
• Use open ended questions
• Listen for what matters
• Ensure understanding
• Be mindful that work includes the work of life and care
• Remember BREWS

Patients
• Think about your goals and share them with your clinicians
• Share any successes or challenges you are having
• Ask about issues which may impact your ability to carry out treatment (e.g., cost)
Capacity specific questions

- **Biography:** How are you coping with your condition?
- **Resources:** What would help you have success in managing your condition?
- **Environment:** How can I as your clinician best support you?
- **Work:** What was one aspect of your treatment plan that was successful since the last time I saw you?
- **Social:** Who, if anyone, supports you in taking care of your health?
# My Life My Healthcare

**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>
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<tbody>
<tr>
<td>My family and friends</td>
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<tr>
<td>My work or finances</td>
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<tr>
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<tr>
<td>Spirituality or life purpose</td>
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<tr>
<td>Where I live</td>
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<tr>
<td>Getting out and transportation</td>
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<tr>
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**What are the things that your doctors or clinic have asked you to do to care for your health?**

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<tr>
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<tr>
<td>Manage my diet and exercise</td>
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<tr>
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<td>Come in for appointments or labs</td>
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<tr>
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Leave blank if not part of your life.
### Case

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Reducing Workload

• Synchronize medications fills and visits when possible
• Mail-order*
• Telehealth*
• Optimize medication administration schedules
• Rightsizing care plan

*Note that, for example mail order and telehealth may reduce workload, it may not be a good fit for some individuals as fit includes values and preferences
Rightsize Care Plan

• Assess the utility of existing therapy
• Identify duplicate therapy or non-indicated/evidenced-based therapy
• Discuss with the patient whether current treatments are hurting or helping
  • Tell me about your medicine, do you find it to be more of a help or more of burden?
  • It seems like your situation has changed since starting X, do you think it is doing any good now?
  • How does being on X impact your life/make you feel?
  • Are there any medicines you would like to stop/change?
• Identify any potentially useful therapies that are missing
Increasing Capacity

• Connect the patient with community resources
• Assist the patient in being able to access and use care
  • Patient assistance programs
  • Adherence Aids
  • Patient education

• Capacity Coaching
  • Work with the patient to identify and explore patterns, perspectives, and beliefs found within their own biography, environment, and social networks that may impacting their capacity
  • Collaboratively develop small experiments to increase capacity
Case Revisited

• Morgan is 72 years old and has several chronic conditions for which she is prescribed many medications. She takes her medications at several times throughout the day, but while she takes some medications consistently, some she does not. Her chronic conditions also require frequent visits which on some weeks can result in several days spent going to appointments.

• What can be done to rightsize Morgan’s care?
Conclusion

• Fit is dynamic, individual, and can be difficult to assess and predict
• Poor fit may be indicated by non-adherence, depression, or poor QoL
• Rightsizing care requires assessing the fit across multiple domains
  • Evidence
  • Vales and Preferences
  • Context
• Assessing fit requires an ongoing empathic conversation (e.g., SDM)
  • While fit is individual, this may include those that help them enact care
• Rightsizing care can mean adding, removing, or modifying care
• Ideally, fit is assessed proactively and revisited
References


5. But You Don't Look Sick? support for those with invisible illness or chronic illness The Spoon Theory written by Christine Miserandino - But You Don't Look Sick? support for those with invisible illness or chronic illness

Questions

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