



Minimally disruptive

# CARE

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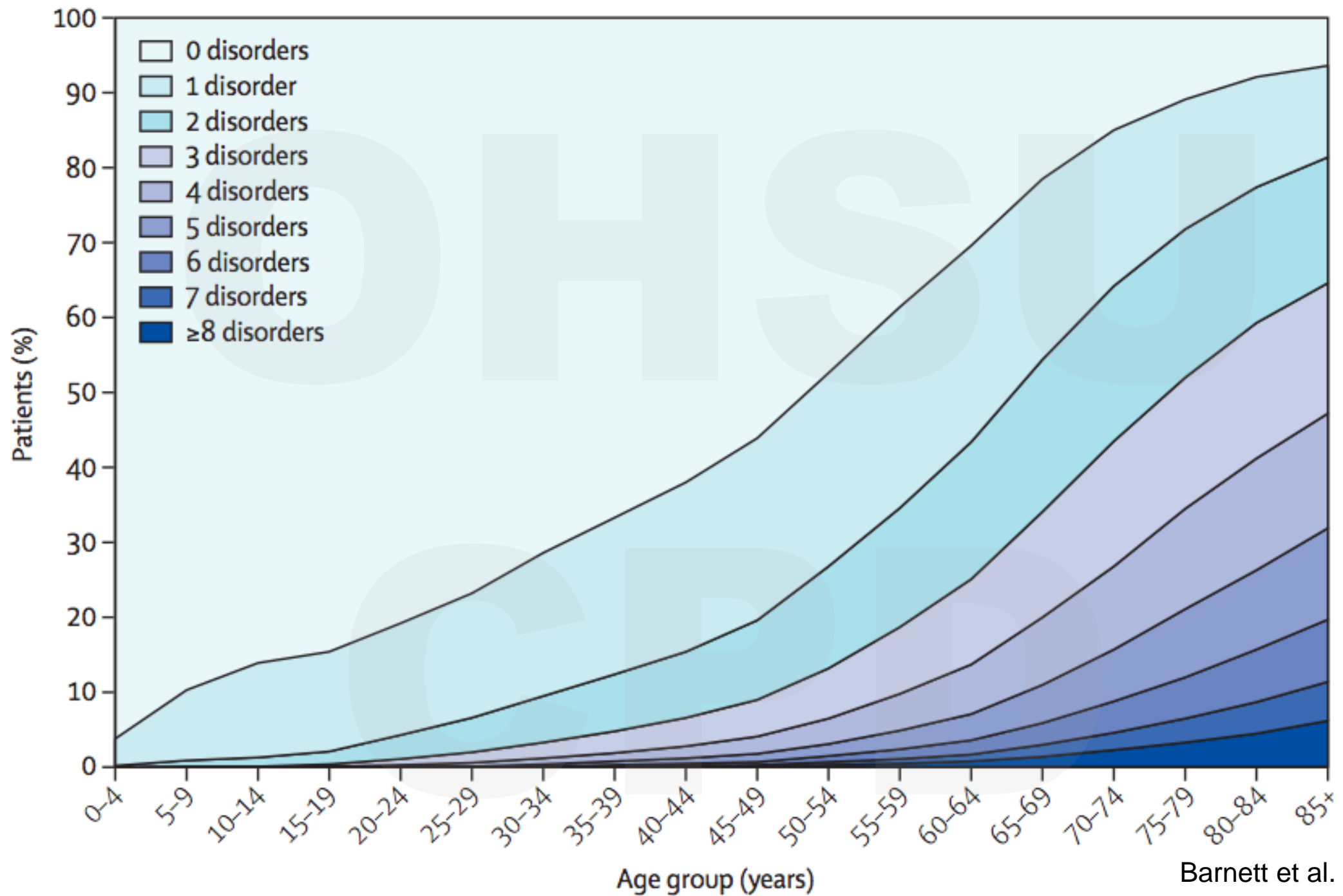


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Cataract  
surgery

# CARE CURE

Right patient/diagnosis,  
right cure, correctly  
deployed, at the right  
time, the first time, with  
right expertise and  
equipment.



**Caring for  
patients with  
multimorbidity**

Managing symptoms, mitigating adverse effects, coping with disappointing results, preventing complications, rehabilitating sequelae, self-management support, problem solving, making care fit

# CARE CURE

Right patient/diagnosis, right cure, correctly deployed, at the right time, the first time, with right expertise and equipment.



**CARE FOR PEOPLE  
LIKE MARIA LUISA**

**Biology**

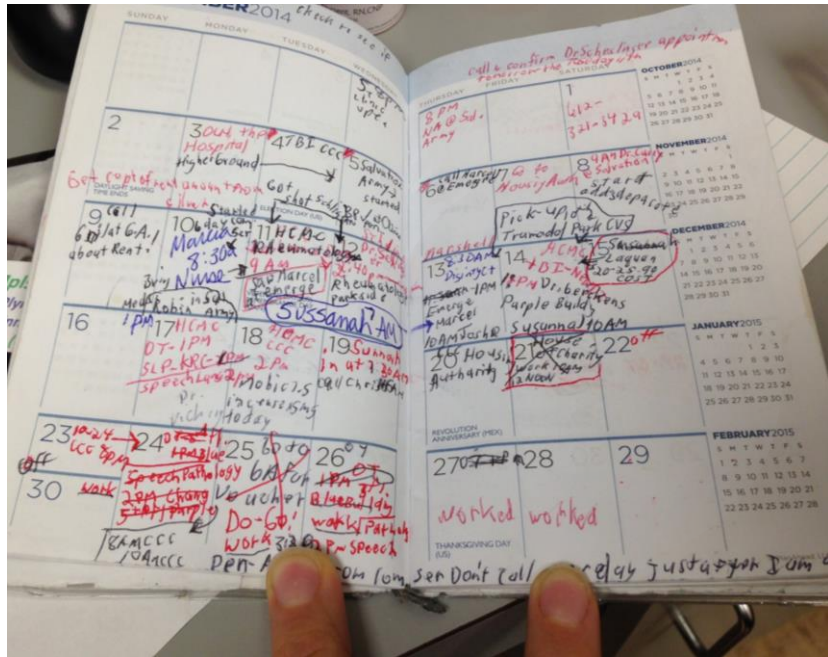
**CARE FOR  
MARIA LUISA**

**Biology  
+  
Biography**



Ask prioritized questions  
Record the visit  
Review the medical record  
Use the portal and transmit data  
Self-monitor, self-manage  
Educate yourself  
Manage appointments, prescriptions, bills,  
pre-authorizations, denials, delays  
Overcome bias against your illness, class,  
identity  
Keep everyone else informed  
Advocate for self and others  
W A I T





2 hours



Most burdensome tasks did not take longer; they were those that **could not be controlled and were most meaningless** (e.g., waiting, completing administrative tasks).

Some effortful activities are valued and boost capacity: learning, exercising, hobbies, pets



Spencer Bonilla G et al. Mayo Clin Proc Inn Qual Out 2021;5(2):359-367

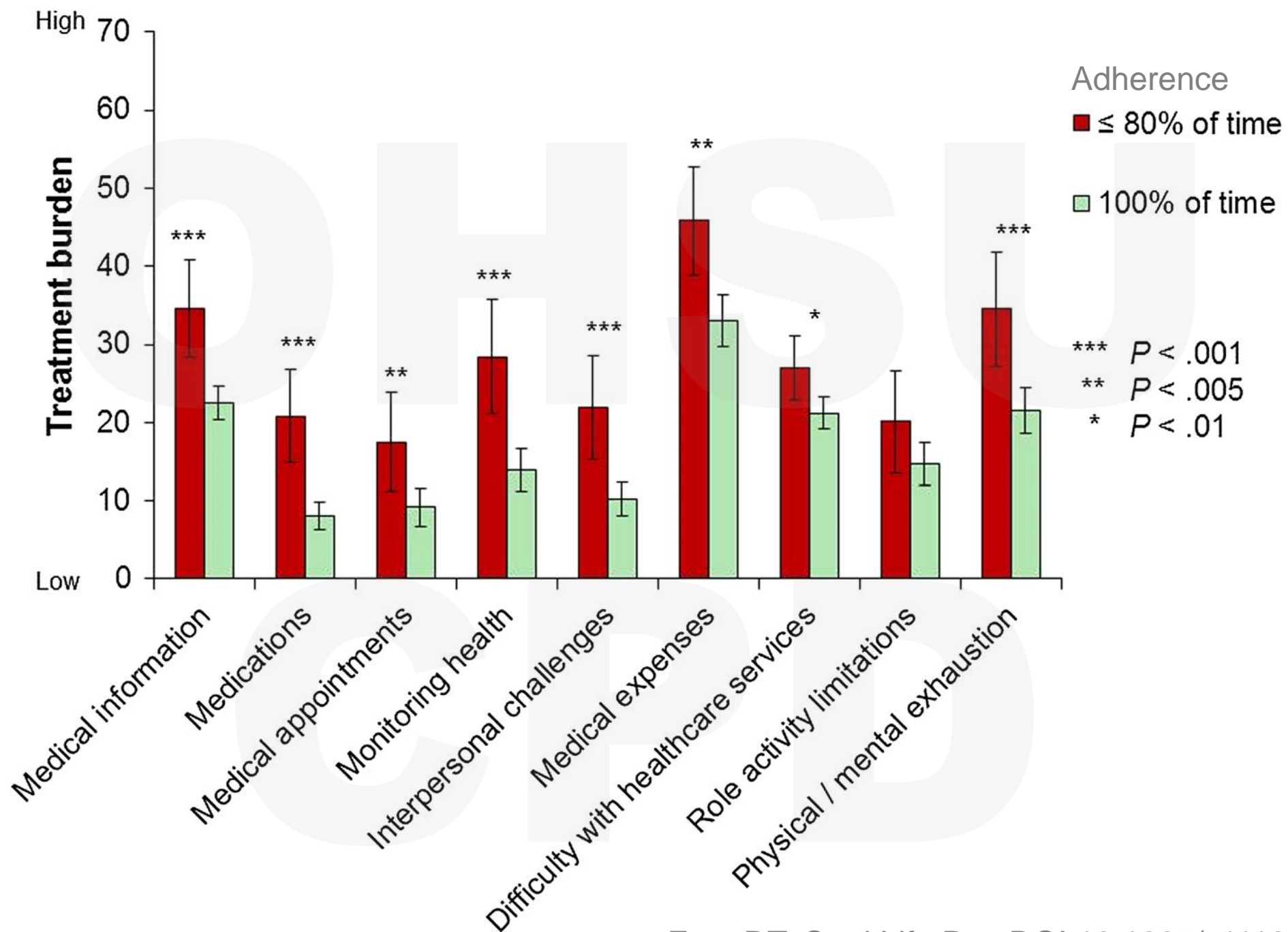
# Burden of Treatment

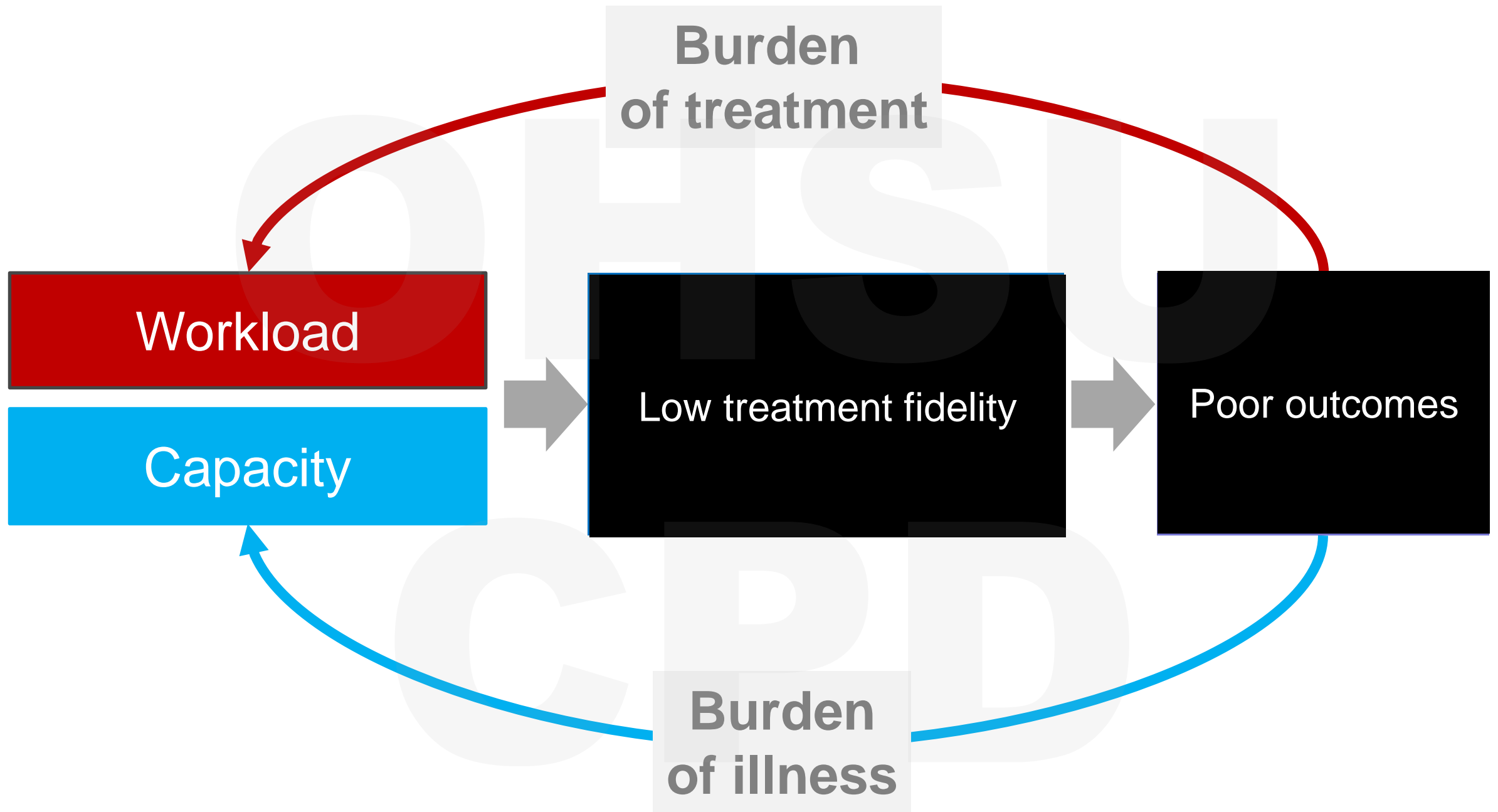
The workload of health care  
+  
its impact on patient  
functioning and well-being

“I’m a professional patient. And the days seem to  
...there are so many other things I have to do  
isn’t worth it, I feel like I’m doing all  
you’re supposed to do, besides self-care.  
there’s no getting out of it. It’s a life sentence to  
take care of yourself”





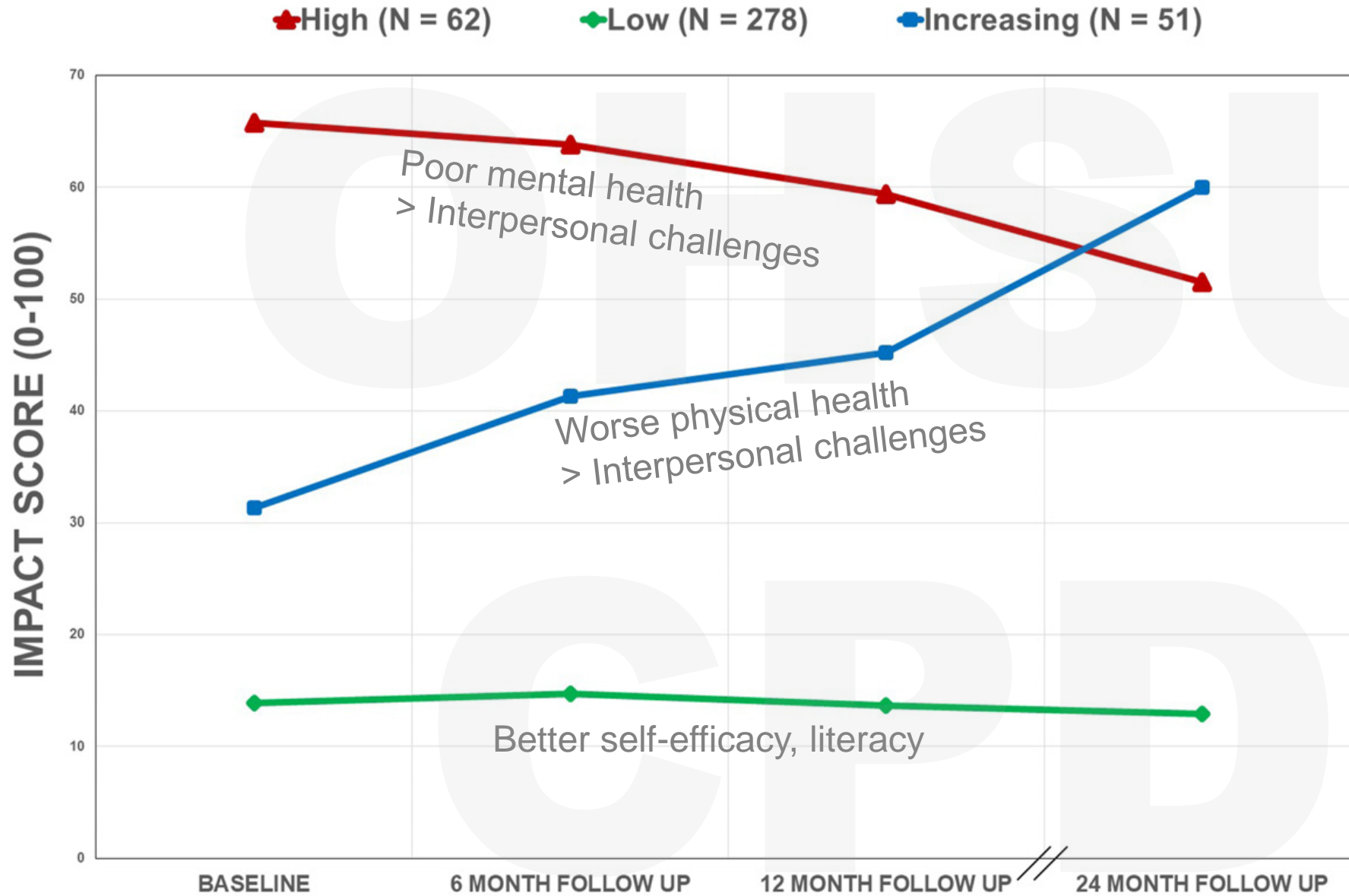




**40%**  
reported high and  
unsustainable  
**treatment burden**

**The most burdened**  
Multiple chronic conditions  
Disadvantaged  
Middle aged  
Caregiver (women)  
Interpersonal challenges

Tran VT, et al. Mayo Clin Proc. 2020 Mar;95(3):504-512.





**WORKLOAD**

**CAPACITY**

Purpose  
Literacy  
Health  
Financial  
Relationships



# BoT is likely worsening because...

1. Early and accelerated accrual of chronic conditions due to **worsening living conditions**
2. **Expansion of the medical territory**: more conditions, tests and treatments available, strong recommendations for their use (“optimal medical therapy”, ‘guideline directed care’)
3. **Reduced access to care**
  - Increasing administrative complexity and costs while reducing service points, hours of operation
  - Promoting preventive healthcare reducing access to care for people who are already ill.
  - Increasing visits, tests, and documentation to curb fraud and abuse
4. **Increasing industrialization of care** leading to reduced access to personalized care (inc. fewer clinicians, burnout), faster processing, and reduced chance of care that fits (i.e., feasible, effective, and desirable).
5. **Digital shift** to difficult-to-use online services designed without users
6. **Reduced access to informal caregivers**
  - Social isolation
  - Work and care demands overtaxing caregivers
7. **Increased reliance on limited self-care**



OH'S

# NONCOMPLIANCE

**Imbalance  
workload  
+  
capacity**



Prioritize (SDM)  
Lean consumption  
Digital transformation<sup>1</sup>



WORKLOAD



CAPACITY

1. Mair FS et al BMJ. 2021 Nov 25;375:n2909.

# What happens at the point of care?

Clinician-patient concordance (TBQ): ICC 0.38

Burden of treatment was discussed in half of the 41 encounters.  
Discussions about burden <15% of encounter length (median 15')

Most common responses to burden of treatment:

- Acknowledge without problem-solving
- Leave undocumented.

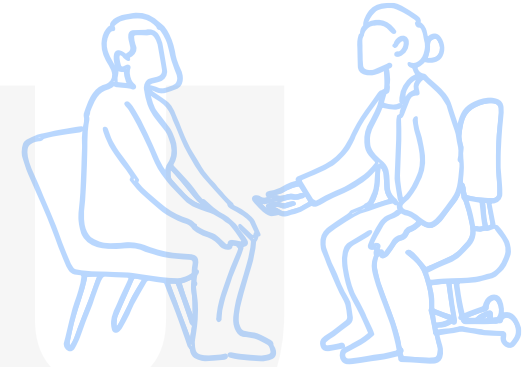
Tran et al BMC Med, 2012

Spencer-Bonilla et al.

Haider S et al. Endocrine 2021; 73(3): 573-9



# Shared Decision Making



Is a **method of care**. A **conversation** in which patients and clinicians work out what to do, co-creating care that makes **intellectual**, **practical**, and **emotional** sense.



Montori VM et al. BMJ Evid Based Med. 2022:bmjebm-2022-112068.

# Interventions to reduce the burden of treatment

## Systematic review

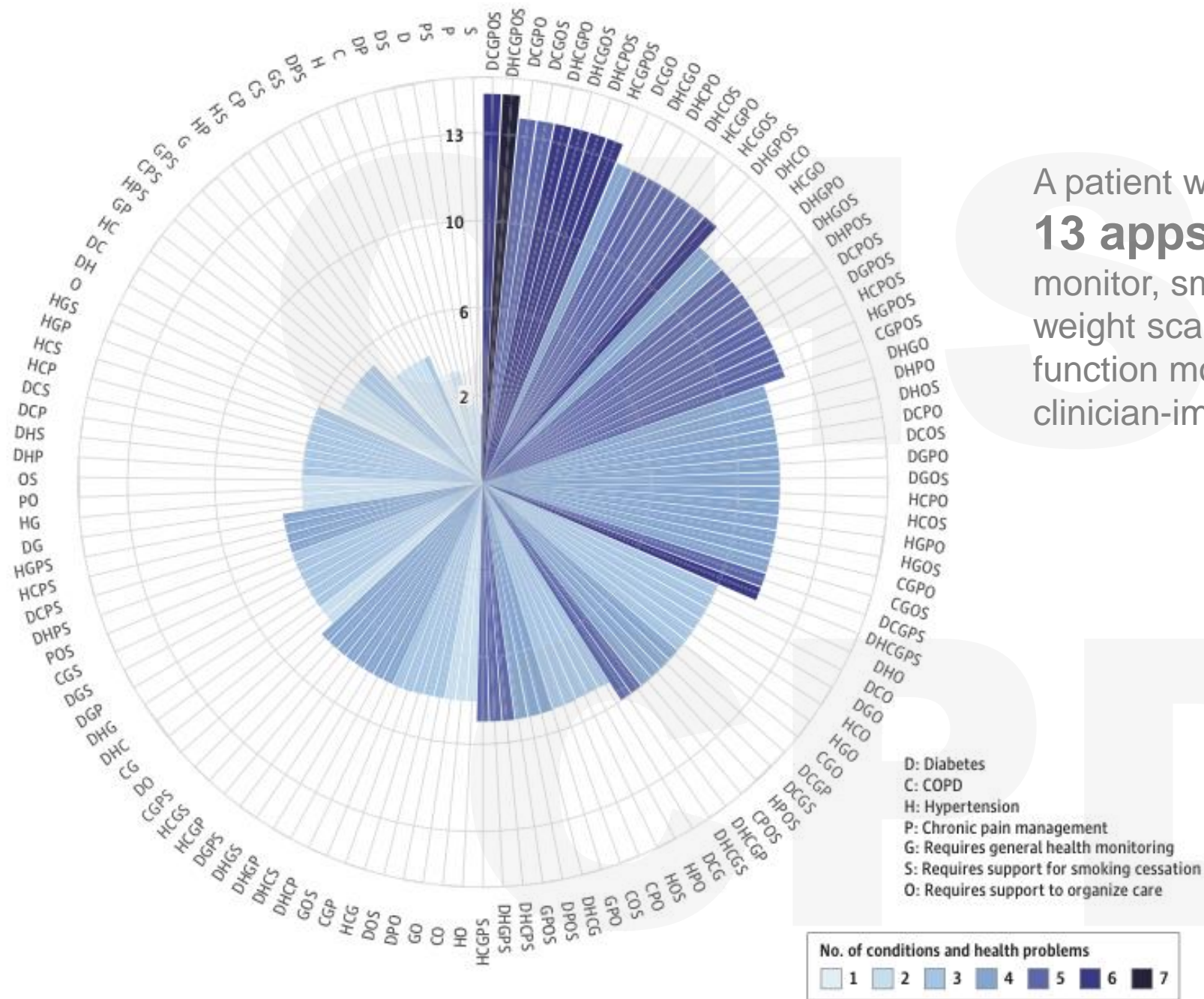
11 studies

Low certainty evidence (9 RCTs)

Funded by industry (8)

All focused on reducing workload

One trial tested advancing patient-centered care in general practice → improved care and QoL



A patient would need to be prescribed  
**13 apps and 7 devices** (blood pressure monitor, smartwatch, pulse oximeter, connected weight scale, sensor-attached inhaler, lung function monitor, glucose sensor) to receive clinician-important benefits.

Prioritize (SDM)  
Lean consumption  
Digital transformation<sup>1</sup>



WORKLOAD



CAPACITY

Capacity coaching<sup>2</sup>  
Self management training  
Palliative care  
Therapy  
Social work

1. Mair FS et al BMJ. 2021 Nov 25;375:n2909.

2. Boehmer K et al. Mayo Clin Proc 2019; 94: 278–28

# 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.









**How might we  
respond to the  
problematic  
human  
situation of this  
patient?**

The background of the slide features a faded, blue-tinted photograph of a medical professional, likely a doctor, wearing a white lab coat and a stethoscope, looking down at a patient. The patient is partially visible on the right side of the frame. Overlaid on this image is a large, semi-transparent white cross symbol, centered behind the text.

# Making care fit manifesto

“Patients and clinicians must collaborate in designing care plans that maximally respond to each patient’s unique situation and priorities while minimally disrupting their lives and loves.”



# KERUNIT

KNOWLEDGE AND EVALUATION RESEARCH

XX Anniversary (2004-2024)

<http://carethatfits.org>

