

Together 2 Goal[®]

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

March 16, 2017

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



GOAL POST NEWSLETTER: MARCH UPCOMING DATES



March 2017 Edition

Welcome to Goal Post, our monthly newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

This month, we're celebrating the first anniversary of the Together 2 Goal® campaign launch. As we reflect on our successes in the inaugural year, we realize it would not be possible without the participation of 150 AMGA members, the support of six corporate collaborators, and the engagement of 10 nonprofit partners and supporting organizations. Thank you for your ongoing collaboration!

Highlights of our first year included:

- Launch event featuring world champion boxer Sugar Ray Leonard, attended by more than 700 AMGA members and supporters (pictured above)
- Campaign enrollment and participation by 150 AMGA members committed to improving care for 1 million people with Type 2 diabetes by 2019
- Campaign Toolkit release highlighting tools and resources from 10 participating AMGA members
- Monthly campaign webinars led by experts on 12 different topics related to diabetes management
- Quarterly data reporting by nearly two-thirds of campaign participants, showing improvements in A1c control, blood pressure control, medication adherence for nephropathy, and the bundle of measures since the baseline report (note: the campaign will release improvement statistics in its next round of data reporting)
- National Day of Action reaching 4 million Americans thanks to "actions" by more than 200 participants working to empower the nation to improve diabetes management

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email together2goal@amga.com.

Best,
-The Together 2 Goal® Team

Upcoming Dates

March 18: Monthly campaign webinar on Minimally Disruptive Medicine and Diabetes (register [here](#))

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*)

Campaign Spotlight

This month, we're celebrating the incredible diabetes management efforts across the nation led by Together 2 Goal® participants. Click below to see if your organization is included as a:

- Together 2 Goal® measure leader
- C.O.R.E. Program selection
- 2017 AMGA Foundation Star

[Read more](#)

Resource of the Month

Have you exemplified leadership in improving diabetes care since joining the campaign? Has your organization displayed a commitment to the Together 2 Goal® campaign goal, driving measurable results among patients with Type 2 diabetes? If the answers are yes, your organization is what we call a Goal-Getter – and we want to hear from you!

[Read more](#)

Upcoming Dates

- **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



March 2017 Edition

Welcome to Goal Post, our monthly newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

This month, we're celebrating the first anniversary of the Together 2 Goal® campaign launch. As we reflect on our successes in the Inaugural year, we realize it would not be possible without the participation of 150 AMGA members, the support of six corporate collaborators, and the engagement of 10 nonprofit partners and supporting organizations. Thank you for your ongoing collaboration!

Highlights of our first year included:

- Launch event featuring world champion boxer Sugar Ray Leonard, attended by more than 700 AMGA members and supporters (pictured above)
- Campaign enrollment and participation by 150 AMGA members committed to improving care for 1 million people with Type 2 diabetes by 2019
- Campaign Toolkit release highlighting tools and resources from 10 participating AMGA members
- Monthly campaign webinars led by experts on 12 different topics related to diabetes management
- Quarterly data reporting by nearly two-thirds of campaign participants, showing improvements in A1c control, blood pressure control, medical attention for nephropathy, and the bundle of measures since the baseline report (note: the campaign will release improvement statistics in its next round of data reporting)
- National Day of Action reaching 4 million Americans thanks to "actions" by more than 200 participants working to empower the nation to improve diabetes management

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email together2goal@amga.com.

Best,
-The Together 2 Goal® Team



Upcoming Dates

March 18: Monthly campaign webinar on Minimally Disruptive Medicine and Diabetes ([register here](#))

March 22-26: [AMGA 2017 Annual Conference](#)

March 31: Blinded, comparative data reports sent to participating organizations (*note: date has changed to accommodate Annual Conference activities)

[Read more](#)



Campaign Spotlight

This month, we're celebrating the incredible diabetes management efforts across the nation led by Together 2 Goal® participants. Click below to see if your organization is included as a:

- Together 2 Goal® measure leader
- C.O.R.E. Program selection
- 2017 AMGA Foundation Star

[Read more](#)



Resource of the Month

Have you exemplified leadership in improving diabetes care since joining the campaign? Has your organization displayed a commitment to the Together 2 Goal® campaign goal, driving measurable results among patients with Type 2 diabetes? If the answers are yes, your organization is what we call a Goal-Getter – and we want to hear from you!

[Read more](#)

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
- Excela 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

Johnson & Johnson

HEALTH CARE SYSTEMS INC.

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 Goal Post, our monthly newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

This month, we're celebrating the first anniversary of the Together 2 Goal® campaign launch. As we reflect on our successes in the inaugural year, we realize it would not be possible without the participation of 150 AMGA members, the support of six corporate collaborators, and the engagement of 10 nonprofit partners and supporting organizations. Thank you for your ongoing collaboration!

Highlights of our first year included:

- Launch event featuring world champion boxer Sugar Ray Leonard, attended by more than 700 AMGA members and supporters (pictured above)
- Campaign enrollment and participation by 150 AMGA members committed to improving care for 1 million people with Type 2 diabetes by 2019
- Campaign Toolkit release highlighting tools and resources from 10 participating AMGA members
- Monthly campaign webinars led by experts on 12 different topics related to diabetes management
- Quarterly data reporting by nearly two-thirds of campaign participants, showing improvements in A1c control, blood pressure control, medical attention for nephropathy, and the bundle of measures since the baseline report (note: the campaign will release improvement statistics in its next round of data reporting)
- National Day of Action reaching 4 million Americans thanks to "actions" by more than 200 participants working to empower the nation to improve diabetes management

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email together2goal@amga.org.

Best,
-The Together 2 Goal® Team



Upcoming Dates

March 18: Monthly campaign webinar on Minimally Disruptive Medicine and Diabetes (register [here](#))

March 22-26: AMGA 2017 Annual Conference

March 31: Blinded, comparative data reports sent to participating organizations (*note: date has changed to accommodate Annual Conference activities)



Campaign Spotlight

This month, we're celebrating the incredible diabetes management efforts across the nation led by Together 2 Goal® participants. Click below to see if your organization is included as a:

- Together 2 Goal® measure leader
- C.O.R.E. Program selection
- 2017 AMGA Foundation Star

[Read more](#)



Resource of the Month

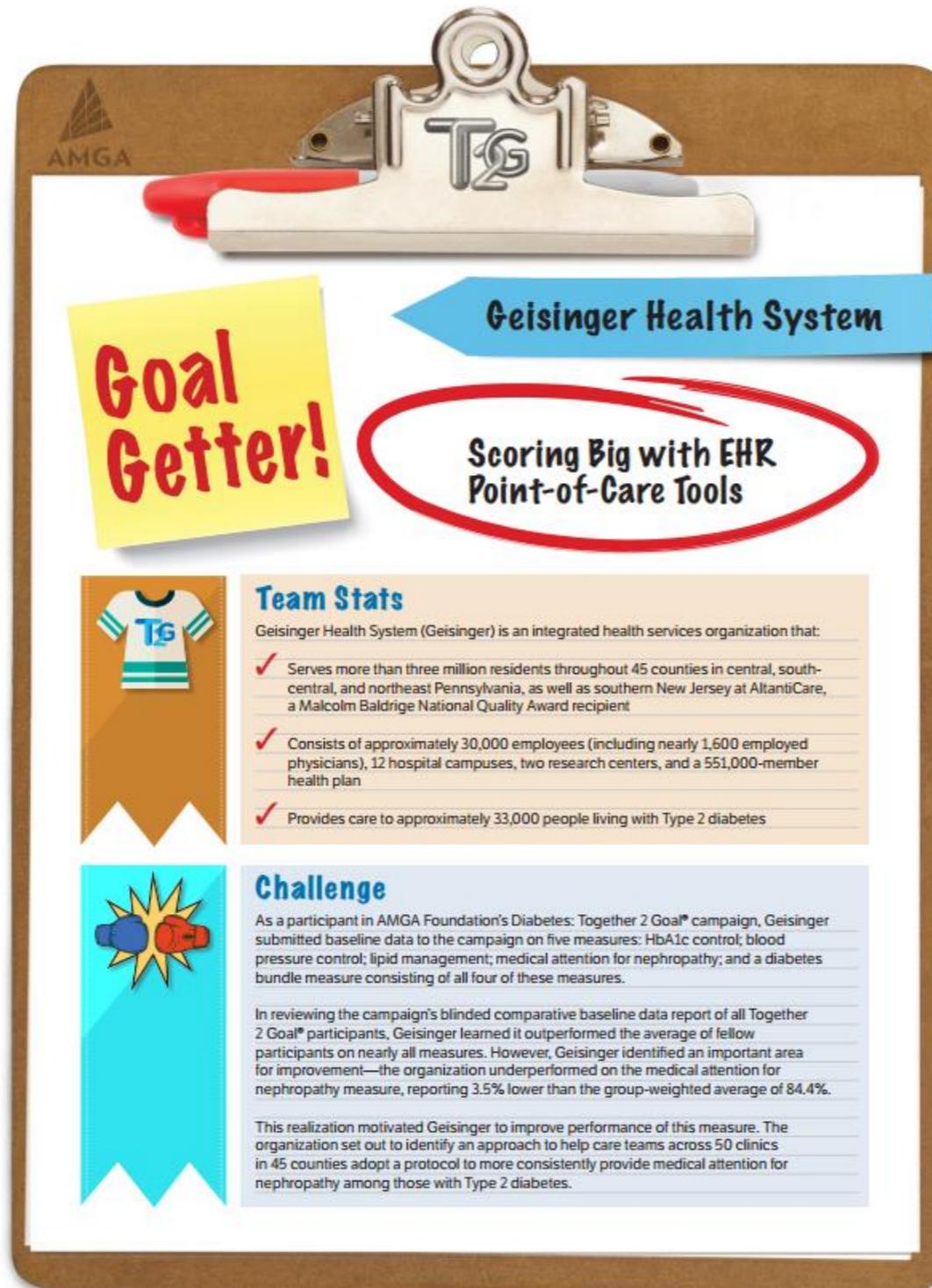
Have you exemplified leadership in improving diabetes care since joining the campaign? Has your organization displayed a commitment to the Together 2 Goal® campaign goal, driving measurable results among patients with Type 2 diabetes? If the answers are yes, your organization is what we call a Goal-Getter – and we want to hear from you!

[Read more](#)

Resource of the Month



GOAL POST NEWSLETTER: GOAL-GETTERS



Goal Getter!

Geisinger Health System

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 45 counties in central, south-central, and northeast Pennsylvania, as well as southern New Jersey at AltantiCare, a Malcolm Baldrige National Quality Award recipient
- ✓ Consists of approximately 30,000 employees (including nearly 1,600 employed physicians), 12 hospital campuses, two research centers, and a 551,000-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 four of these measures.

In reviewing the campaign's blinded comparative baseline data report of all Together 2 Goal® participants, Geisinger learned it outperformed 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 3.5% 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 an approach to help care teams across 50 clinics in 45 counties adopt a protocol to more consistently provide medical attention for nephropathy among those with Type 2 diabetes.

Send us your
Goal-Getter
submissions!

TODAY'S SPEAKER

Victor M. Montori, MD

Mayo Clinic





Minimally Disruptive Medicine

Toward careful and kind diabetes care

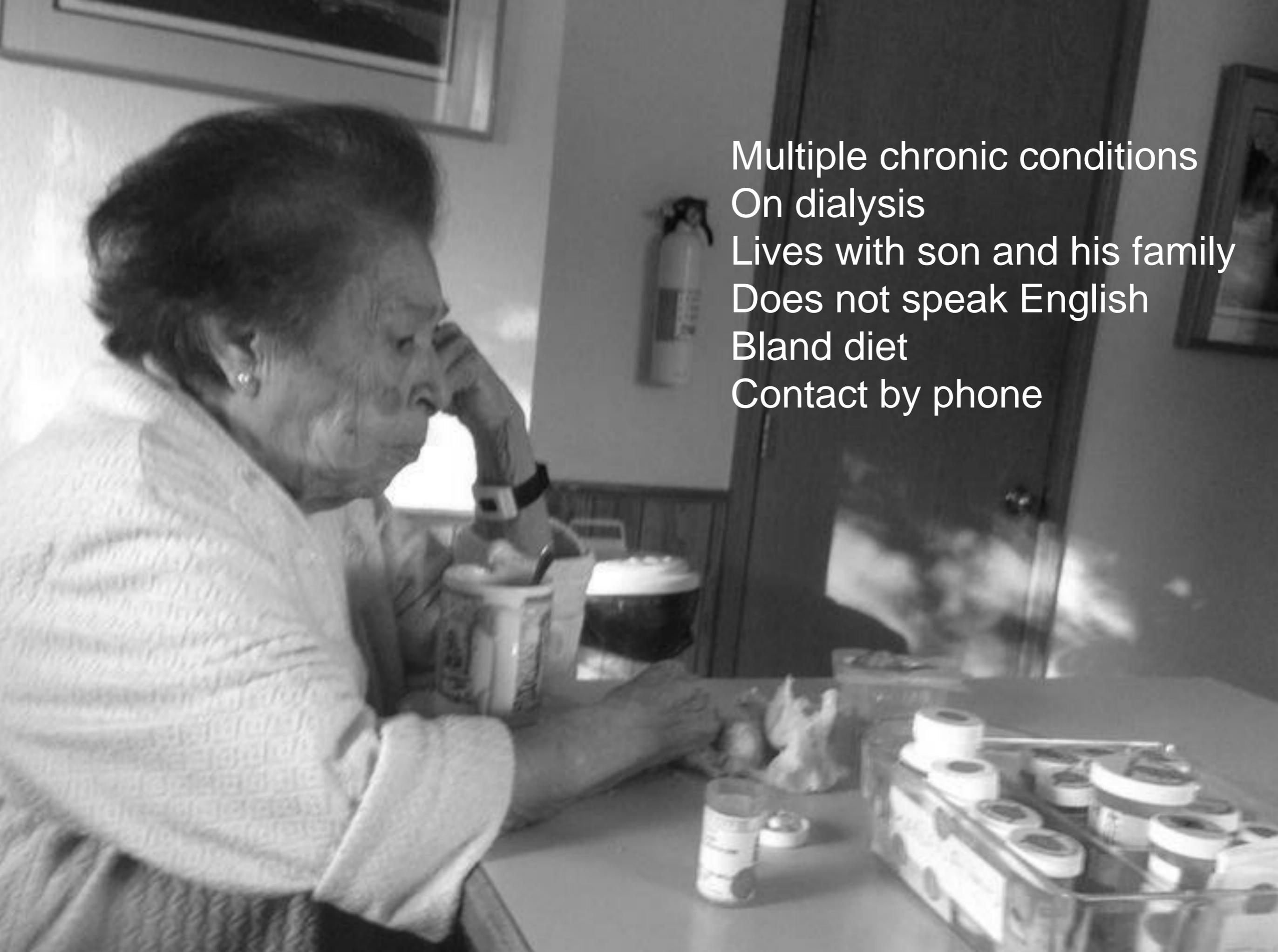
Victor M. Montori, MD, MSc
Professor of Medicine
KER UNIT
Center for Clinical and Translational Sciences
Mayo Clinic

 montori.victor@mayo.edu

 [@vmontori](https://twitter.com/vmontori)

Disclosure Statement

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

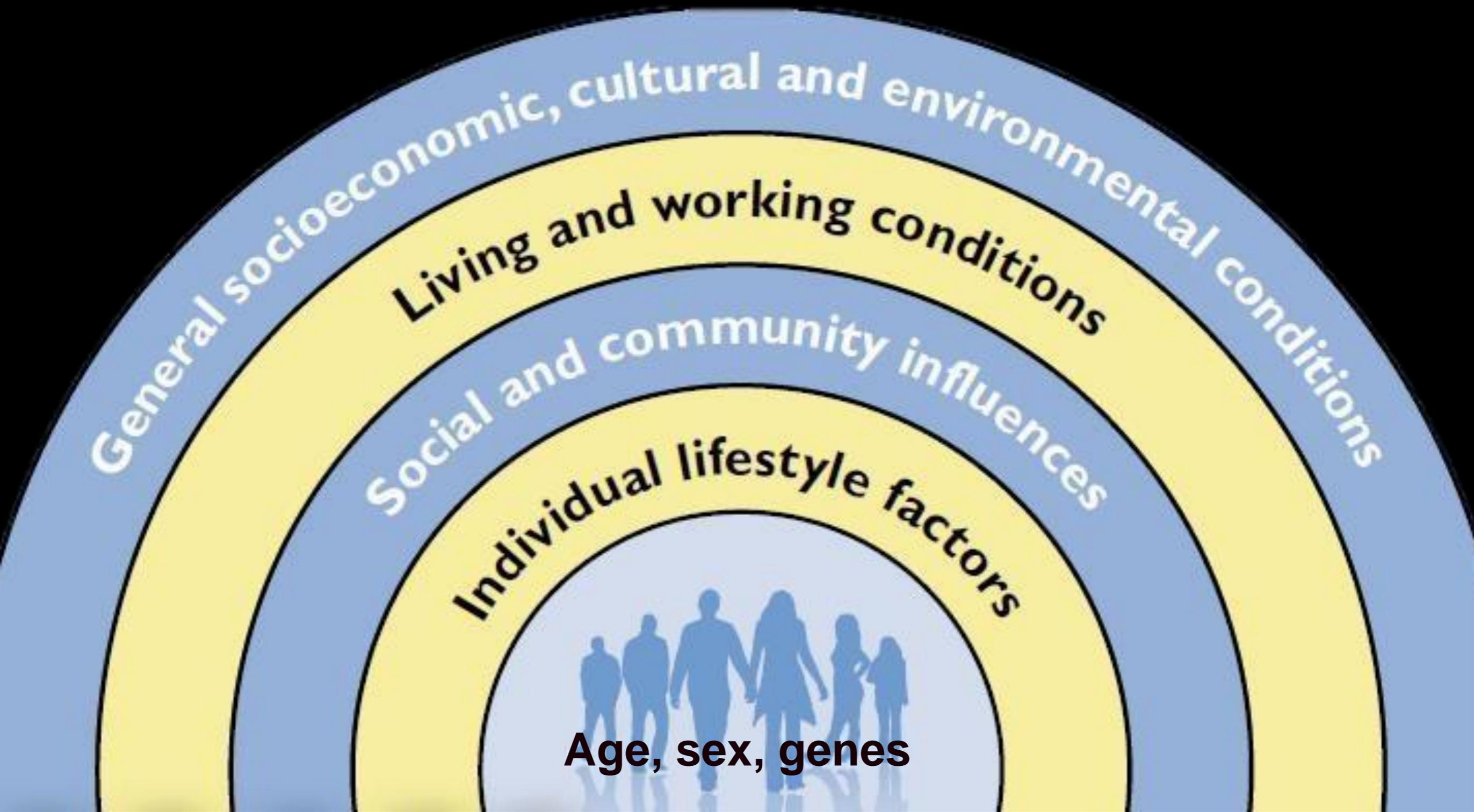


Multiple chronic conditions
On dialysis
Lives with son and his family
Does not speak English
Bland diet
Contact by phone



What is best for me?
What is best for my family?

Is our care the answer?



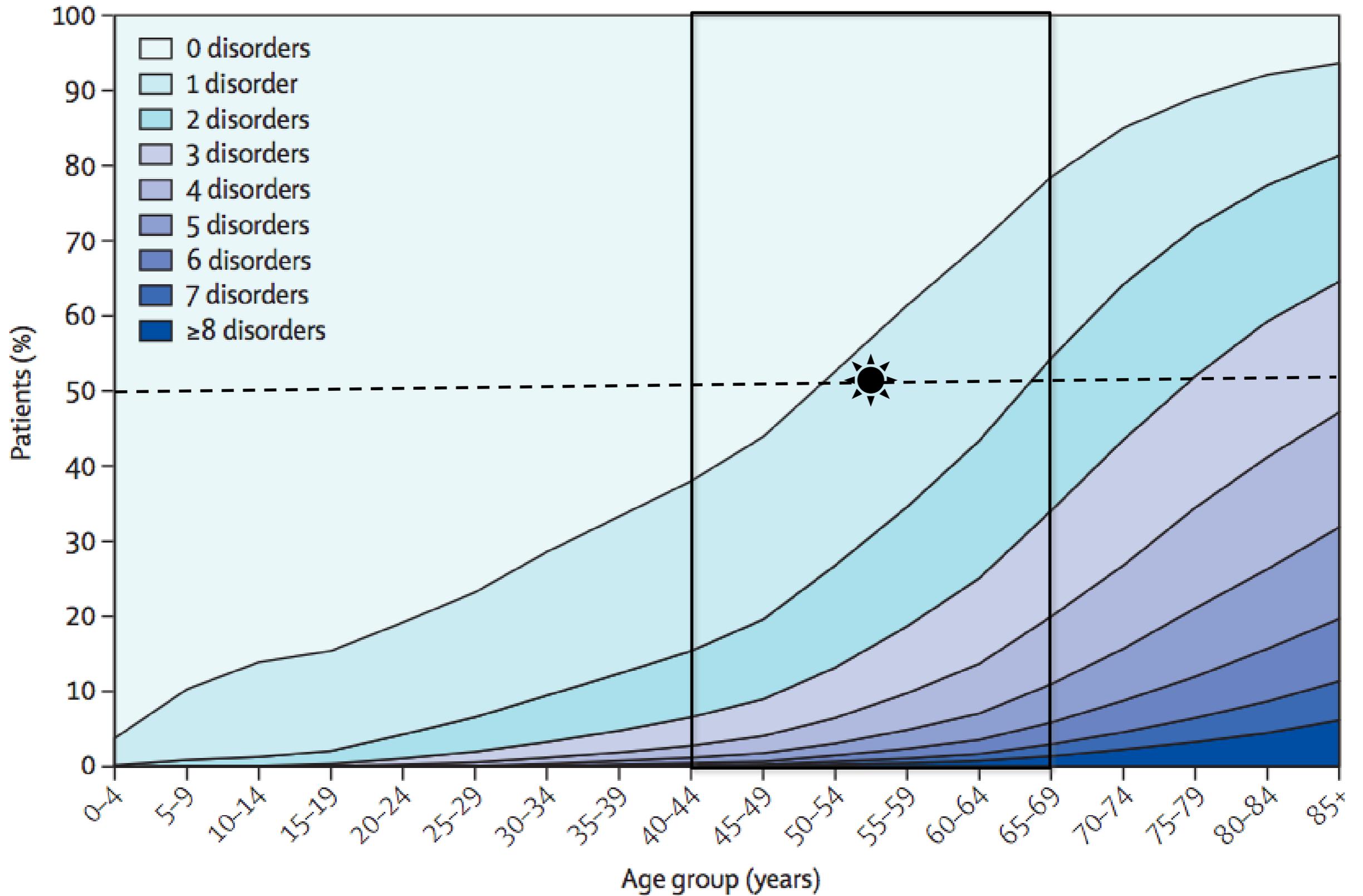
Violence
Pollution

Chronic
stress

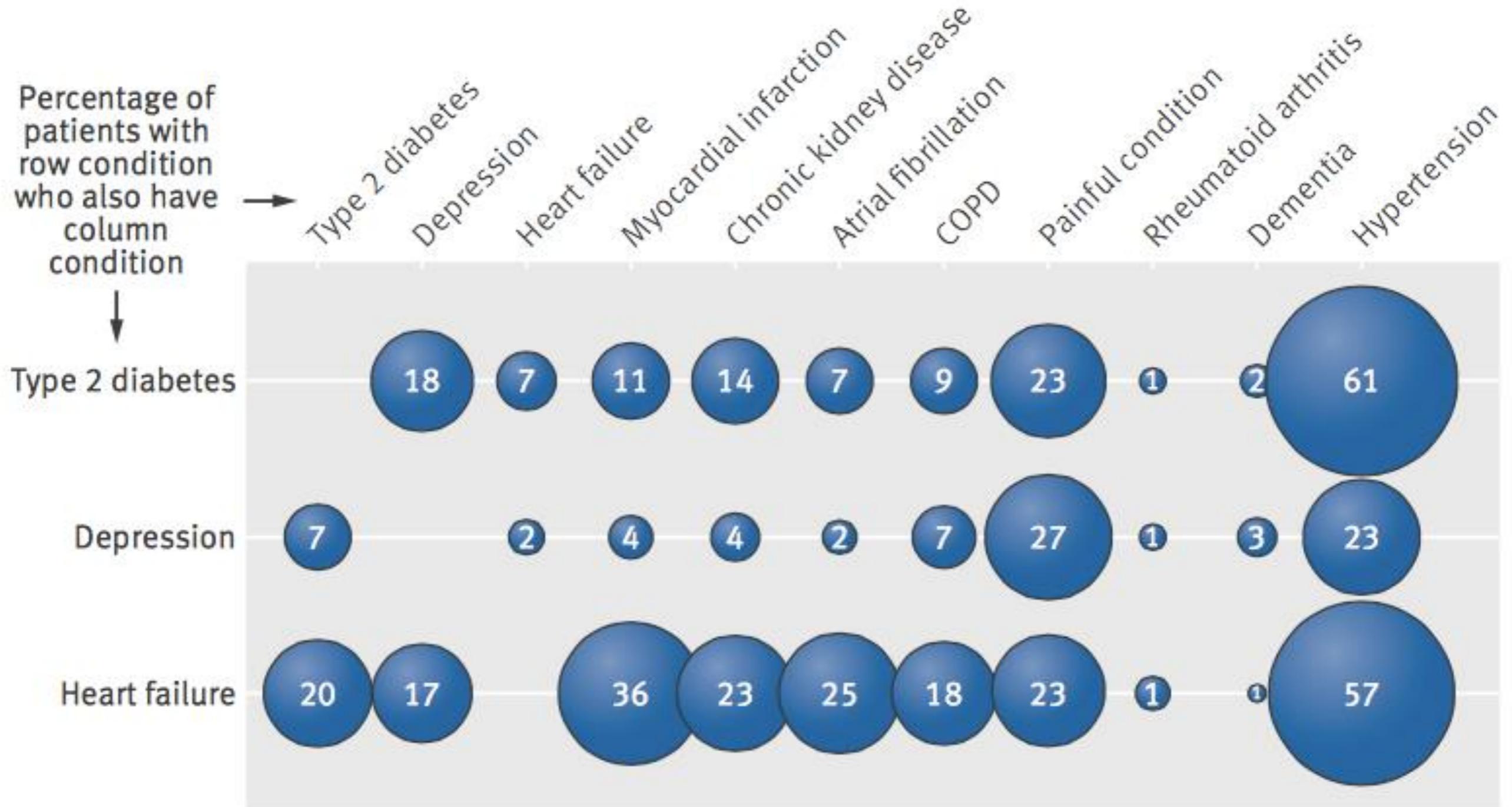
Multi
morbidity

Loneliness
Obesity

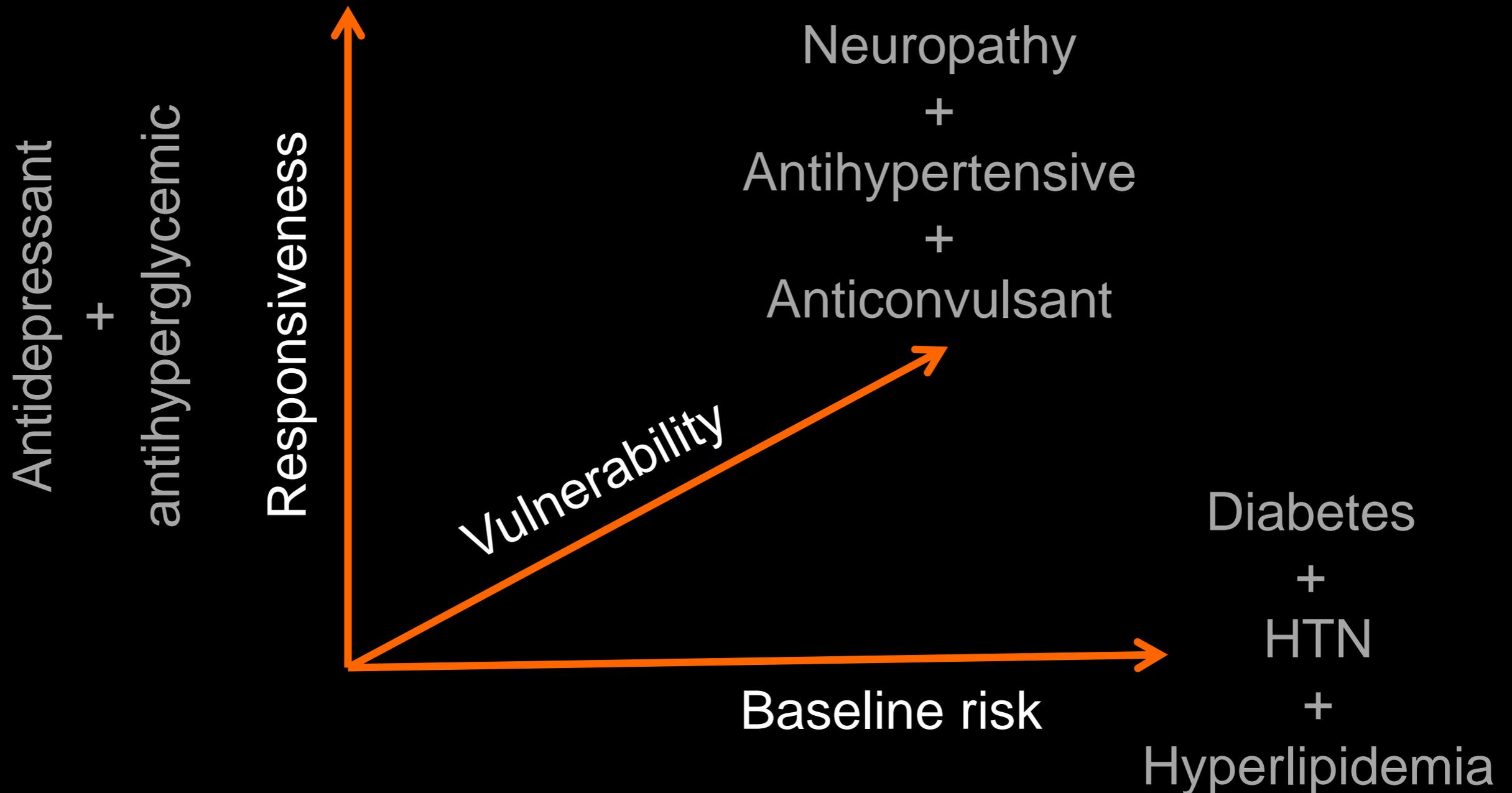
Poverty
Alienation



Comorbidities are common



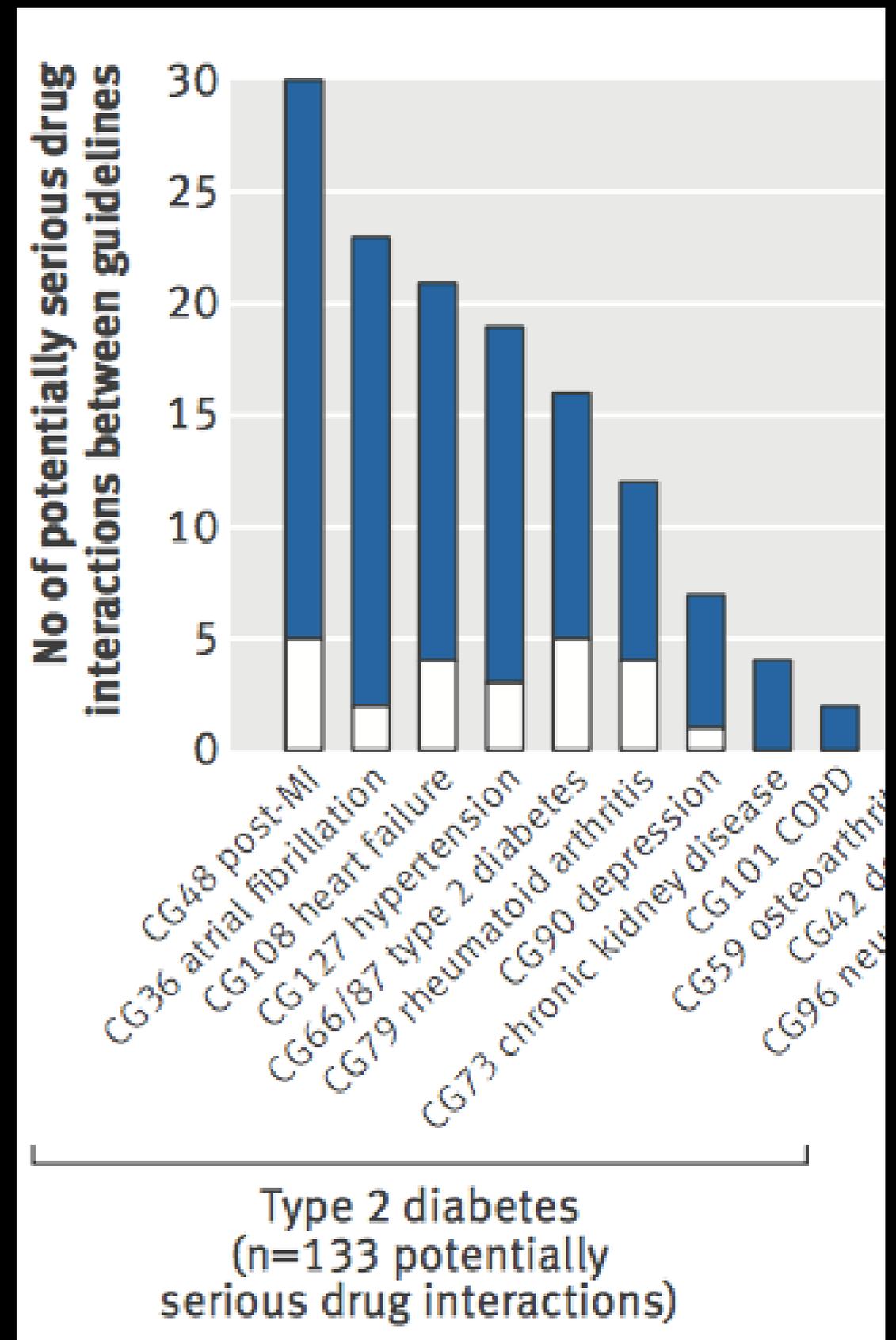
Do the other conditions and their management impact...



Expected interactions between guidelines

Drug-disease interactions rare, but for chronic kidney disease.

Drug-drug interactions are common, and ~20% serious





Observational
Observational

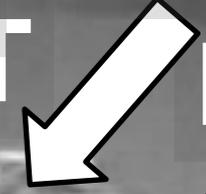


RCT

RCT

RCT

RCT



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

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

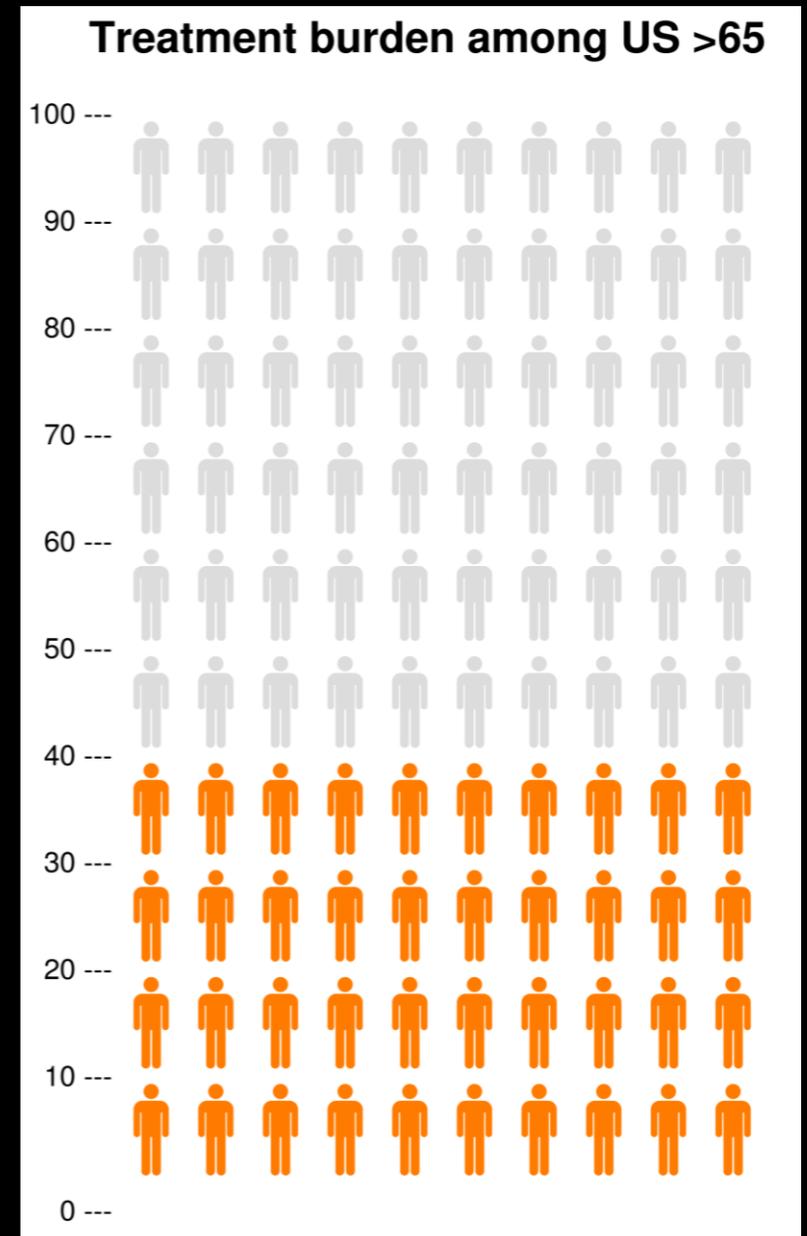
Take care of significant other

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.



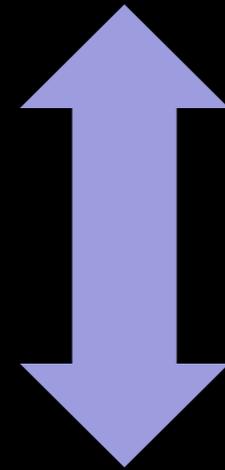
Nationally representative survey of 2040 >65 Americans
Wolff JL, Boyd CM. JGIM 2015 30: 1497-504

NONCOMPLIANCE



Purpose
Resilience
Literacy
Bandwidth
Health
Financial
Social
Environmental

Workload



Capacity

**Imbalance
workload
+
capacity**



Workload-capacity imbalance?

↑ Workload

Life

Treatment burden

↓ Capacity

Sick

Personal

Functional

Socio-economical

Statin Choice

MAYO CLINIC

Back

Statin/Aspirin Choice Decision Aid

Convention | **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

100 circles: 94 green, 6 yellow

Future Risk of having a heart attack

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

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

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: M F

Population Group: White or other

Smoker: Yes No

Diabetes: Yes No

Treated SBP: Yes No

Conv. Unit | SI Unit

Systolic Blood Pressure: 140 mmHg

HDL Cholesterol: 40 mg/dL

Total Cholesterol: 200 mg/dL

Select Current Intervention

Statin: No Std Dose High Dose

Aspirin: No Low Dose

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

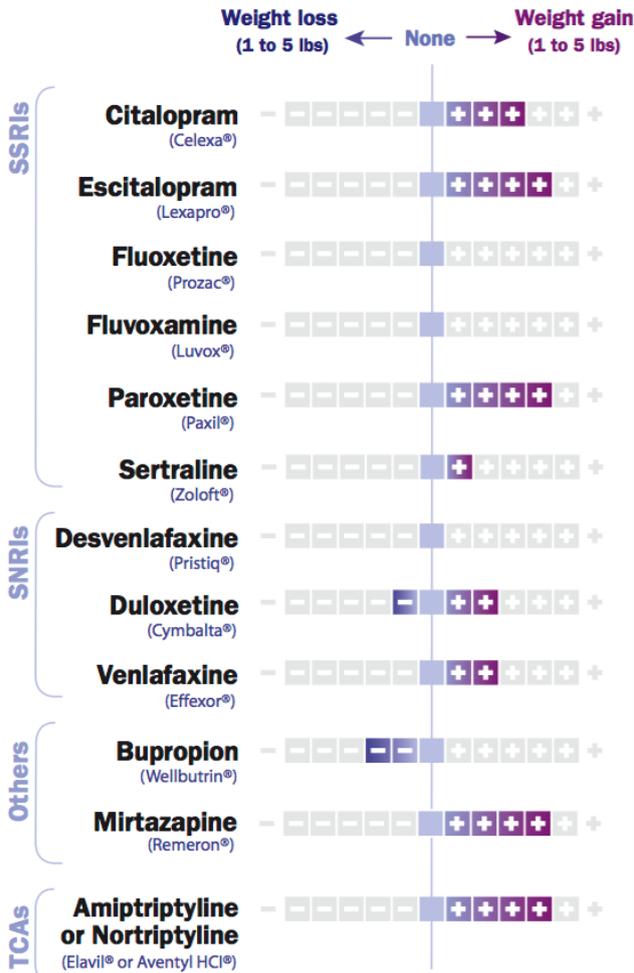
Glipizide, Glimepiride, Glyburide

\$0.10 per day \$10 / 3 months

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

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.



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

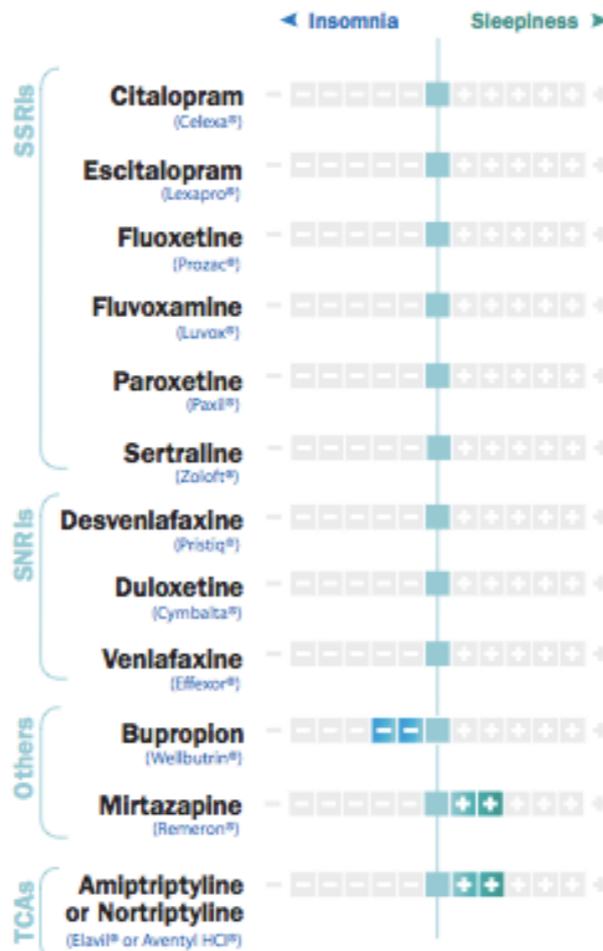
These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage.

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
- increased risk of suicidal thoughts and behaviors (18- to 24-year-olds)
- harm to an unborn child
- risk of developing serotonin syndrome, a potentially life-threatening condition
- possible drug-drug interactions

Category	Medicine	Additional considerations
SSRIs	Citalopram (Celexa®)	Can cause problems with your heart
	Escitalopram (Lexapro®)	Currently no other issues
	Fluoxetine (Prozac®)	More likely to interact with other drugs you are taking
	Fluvoxamine (Luvox®)	More likely to cause constipation, diarrhea or nausea Not officially recognized as a treatment for Major Depressive Disorder
	Paroxetine (Paxil®)	If you are pregnant, this medicine is more likely to cause problems with your unborn child
SNRIs	Sertraline (Zoloft®)	More likely to cause diarrhea
	Desvenlafaxine (Pristiq®)	Tell your doctor if you have high blood pressure
	Duloxetine (Cymbalta®)	Can help with pain Tell your doctor if you have high blood pressure
Others	Venlafaxine (Effexor®)	More likely to cause nausea and vomiting Can cause problems with your heart Tell your doctor if you have high blood pressure
	Bupropion (Wellbutrin®)	Higher risk of seizures
Others	Mirtazapine (Remeron®)	Starts to work more quickly
TCAs	Amipriptyline or Nortriptyline (Elavil® or Aventyl HCl®)	More likely to cause constipation, diarrhea or nausea Can help with pain If you are elderly, this medication may not be the best option

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.

Makers of this aid have no financial relationships with pharmaceutical or device manufacturers. © 2011 Mayo Foundation for Medical Education and Research. All rights reserved. MC5733-43

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

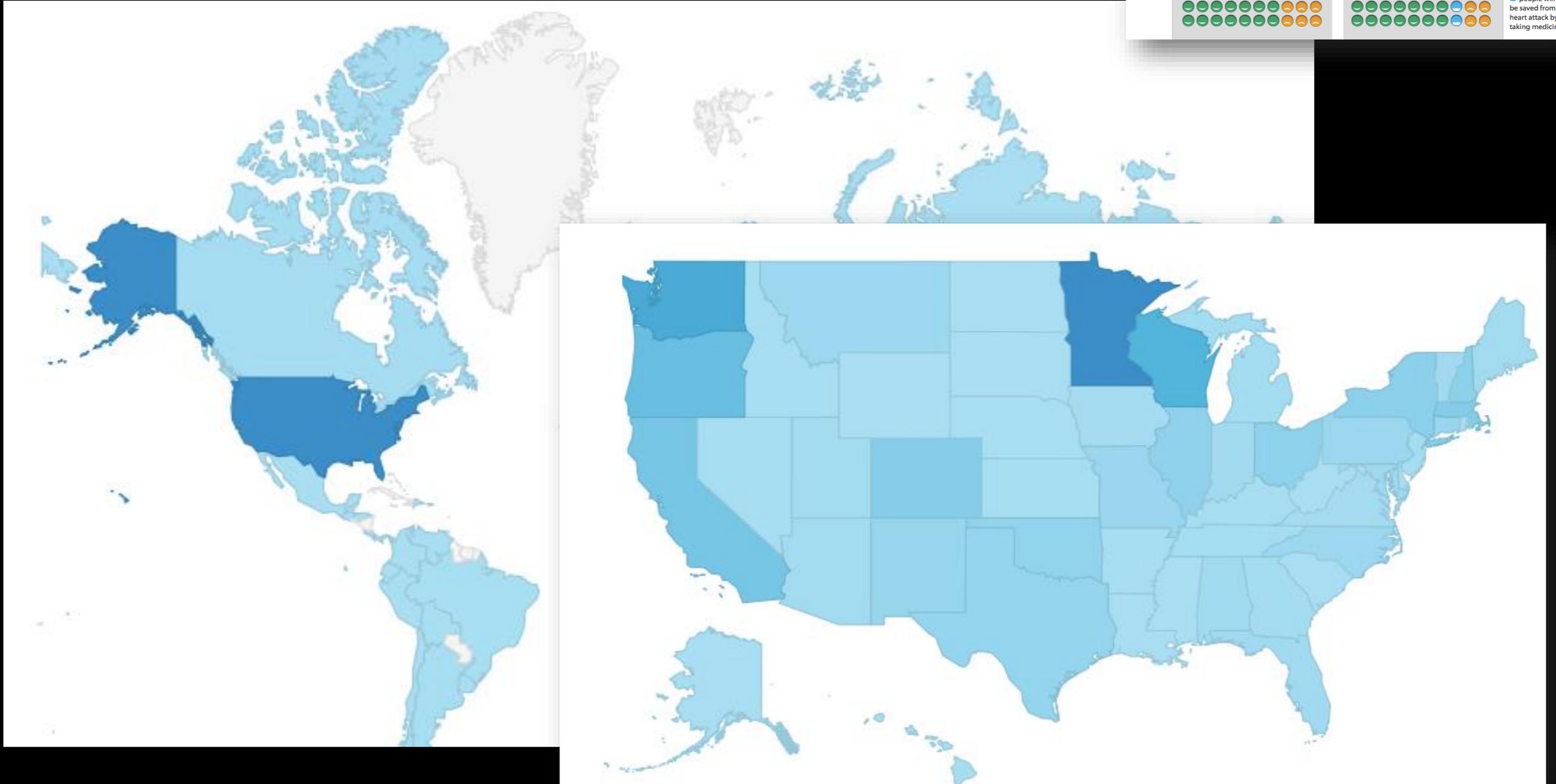
Effects on SDM are similar in vulnerable populations

Variable effect on clinical outcomes, cost



Adoption

12,000/month



Workload-capacity imbalance?

Treatment burden

Prioritize (SDM)
De-prescribe

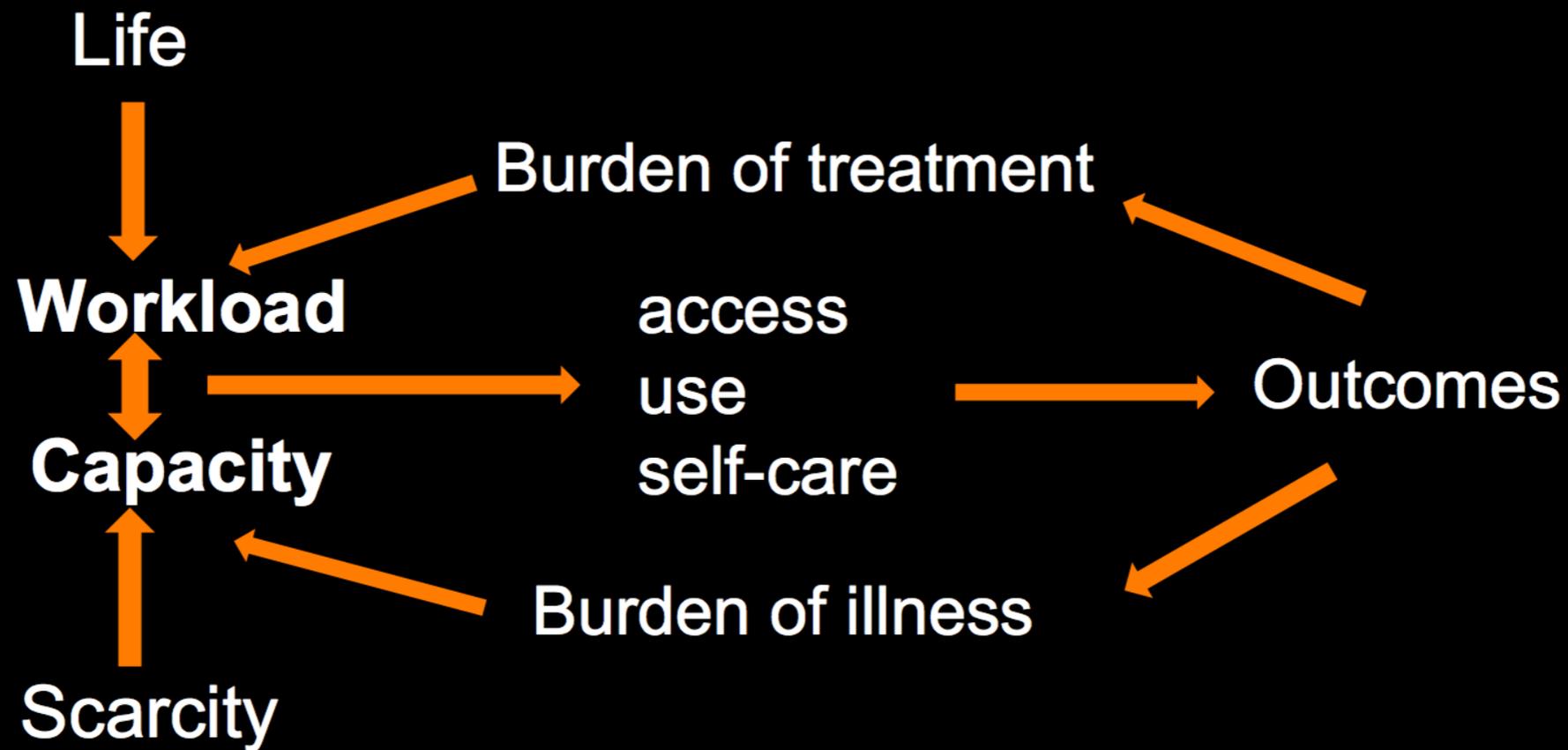
Capacity



Coaching
Self management training

Palliative care
Mental health
Physical and occupational therapy

Financial and resource security services
Community and governmental resources



Shippee N et al JCE 2012

25 yrs and 42 RCTs
30-day readmission
Interventions supporting capacity
30% more effective

Leppin A et al. JAMA Intern Med 2014

System-focused approach to MDM

System-focused

A. Reduce waste for the patient / caregiver

In accessing + using healthcare/other services

In enacting self-care

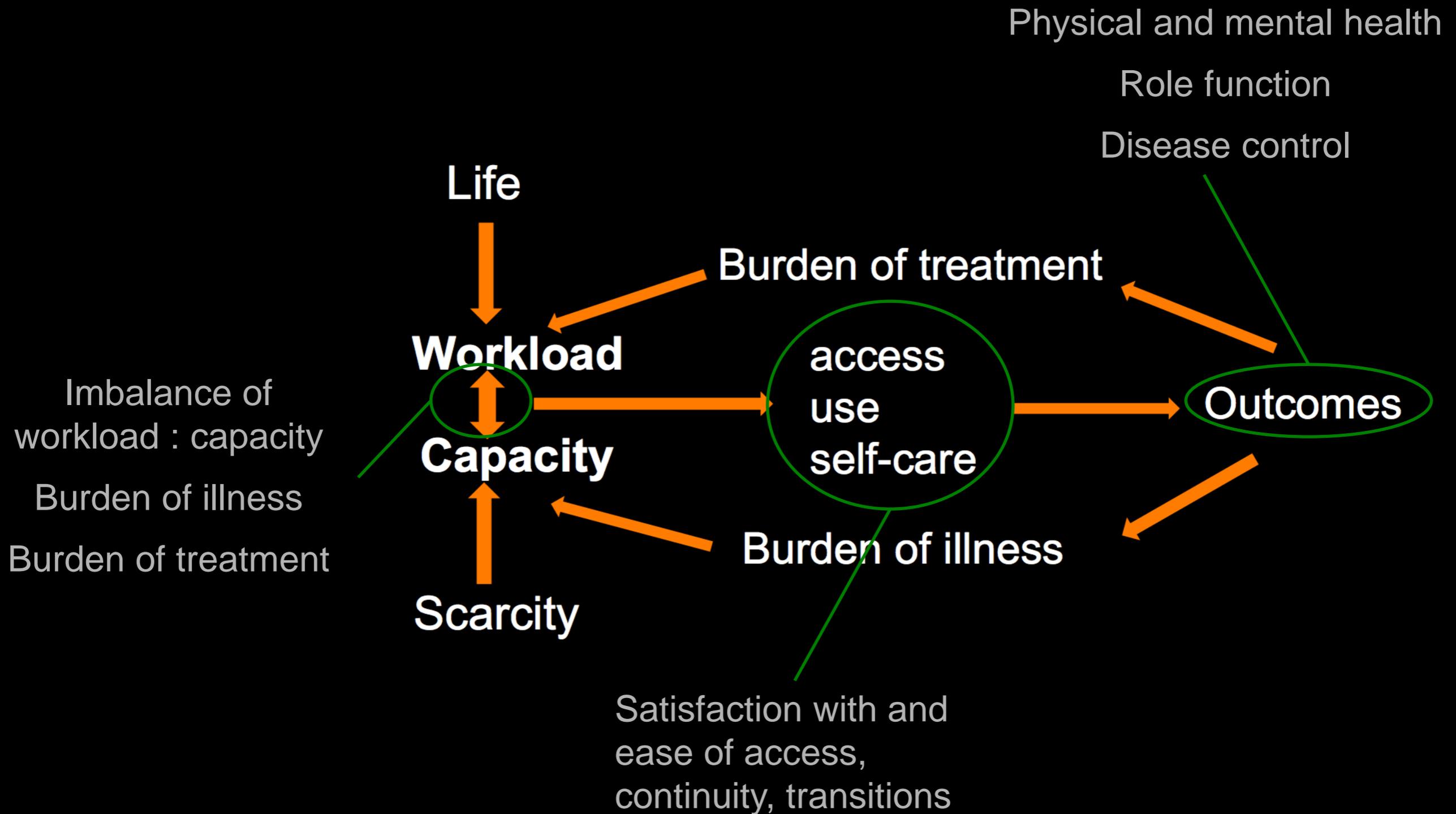
B. Team-based care

Train primary care team in MDM

C. Policy review

Guidelines/quality measures respectful of patient capacity

Accountability

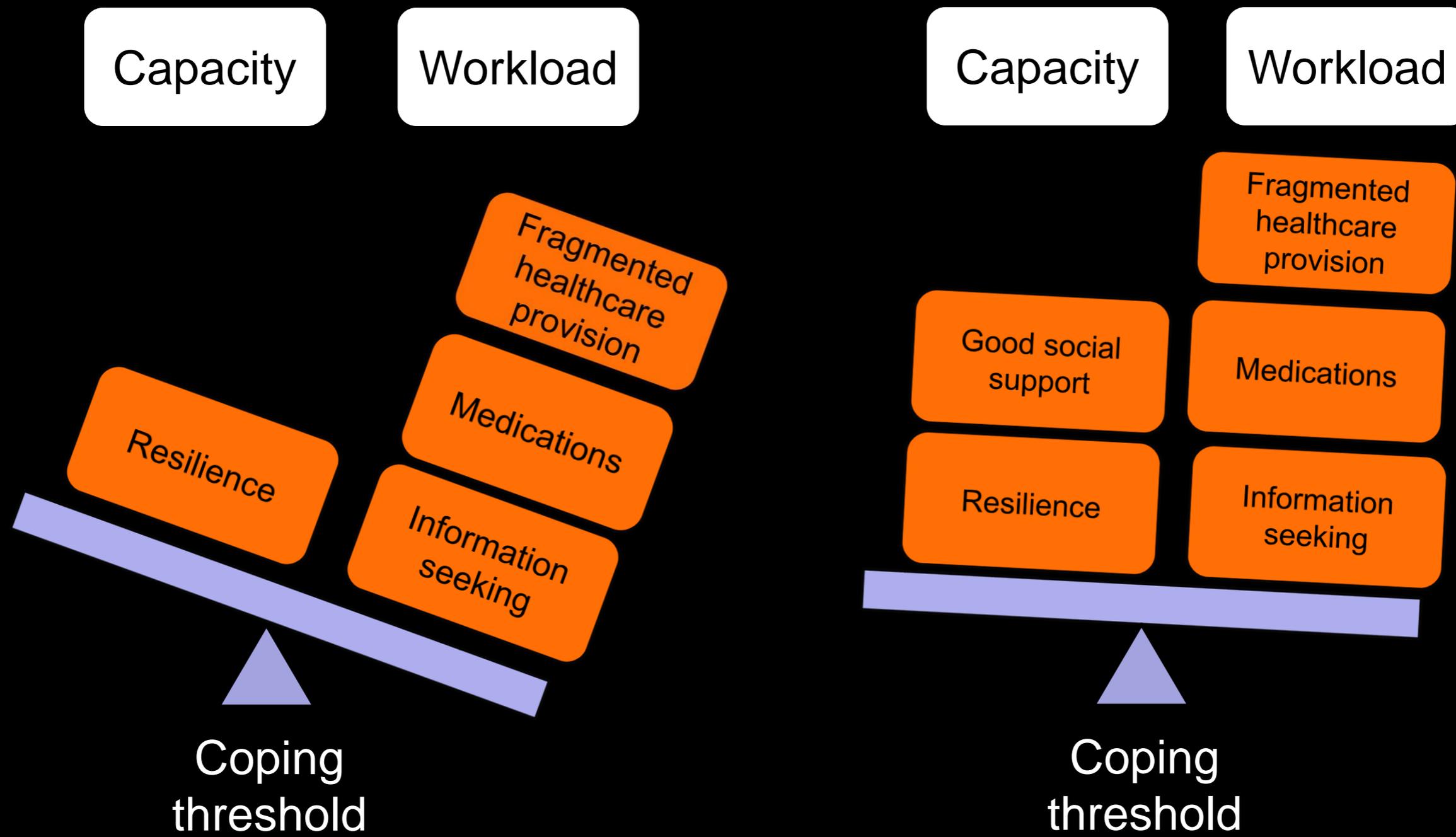


WORKLOAD



CAPACITY





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](https://twitter.com/vmontori)

TODAY'S SPEAKER

Questions?