

Informing Patient-Centered Care for People with Multiple Chronic Conditions

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*on behalf of the Informing Patient-Centered Care for People
with Multiple Chronic Conditions Study Group*

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Methods Portfolio

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Our Team



New York Times, 3/31/09
Brendan Smialowski



Having Multiple Chronic Conditions (MCC) is Common

- 48% of Medicare participants aged ≥ 65
 - have ≥ 3 chronic conditions
 - account for 89% of Medicare budget
- “Treating an Illness Is One Thing. What About a Patient With Many?”

New York Times, 3/31/09

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What are clinical practice guidelines (CPGs)?

- *Statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.*
 - Produced by medical specialty group or healthcare organization
 - Uses a transparent process that involves patients and the public

It's Not Easy Living with Multiple Chronic Conditions

Time	Medications	Non-pharmacologic Therapy	All Day	Periodic
7 AM	Ipratropium MDI Alendronate 70mg weekly	Check feet Sit upright 30 min. Check blood sugar	Joint protection Energy conservation	Pneumonia vaccine, Yearly influenza vaccine
8 AM	Eat Breakfast HCTZ 12.5 mg Lisinopril 40mg Glyburide 10 mg ECASA 81 mg Metformin 850mg Naproxen 250mg Omeprazole 20mg Calcium + Vit D 500mg	2.4gm Na, 90mm K, Adequate Mg, ↓ cholesterol & saturated fat, medical nutrition therapy for diabetes, DASH	Exercise (non-weight bearing if severe foot disease, weight bearing for osteoporosis) Muscle strengthening exercises, Aerobic Exercise ROM exercises	All provider visits: Evaluate Self-monitoring blood glucose, foot exam and BP Quarterly HbA1c, biannual LFTs Yearly creatinine, electrolytes, microalbuminuria, cholesterol <u>Referrals:</u> Pulmonary rehabilitation
12 PM	Eat Lunch Ipratropium MDI Calcium+ Vit D 500 mg	Diet as above	Avoid environmental exposures that might exacerbate COPD Wear appropriate footwear	Physical Therapy DEXA scan every 2 years Yearly eye exam
5 PM	Eat Dinner	Diet as above	Albuterol MDI prn Limit Alcohol Maintain normal body weight	Medical nutrition therapy <u>Patient Education:</u> High-risk foot conditions, foot care, foot wear Osteoarthritis COPD medication and delivery system training Diabetes Mellitus
7 PM	Ipratropium MDI Metformin 850mg Naproxen 250mg Calcium 500mg Lovastatin 40mg			
11 PM	Ipratropium MDI			

Boyd et al. JAMA 2005;294:716-724

Are CPGs relevant for People with Multiple Chronic Conditions?

- Reviewed 9 CPGs for chronic conditions
- Most single disease CPGs fail to give adequate guidance for older patients with MCCs

Issue	Is Criteria Addressed?
Attention	Limited
Quality of Evidence	Limited
Specific recommendations	Most address treatment of index disease in presence of single other conditions
Time needed to treat	Limited
Quality of life	Limited
Trade-offs in goals of therapy	Not at all
Patient preferences	Limited
Burden	Limited

PCORI Project Key Question

- Can we frame questions and synthesize the evidence base in such a way that it would better support guideline development for people with multiple chronic conditions?

Note: This PCORI funded project will not actually make guideline recommendations. That process will be independently completed by Kaiser Permanente National Guideline Program.

Overview

- With our stakeholder team of investigators,
 - identify high-priority clinical questions and outcomes for people with MCCs, and
 - synthesize the evidence base to support the development of clinical practice guidelines that can better inform patient-centered care for people with multiple chronic conditions
 - Develop methods guidance

Specific Aims

(1) Collaborate with people with MCCs, caregivers, and Kaiser Permanente's National Guideline Program and set priorities for important topics for people with MCCs, one of which is a cardiovascular condition.

(2) Address, in the context of implementing and refining methods of evidence synthesis for people with MCCs, two top-priority topics for people with MCCs using innovative, stakeholder-informed approaches for evidence synthesis and multidimensional benefit–harm assessment.

(3) Evaluate and refine the methods used in Aims 1 and 2 based on their implementation, and develop guidance for systematic reviewers and guideline developers.

Thoughts for future groups

- Identify collaborators with complementary expertise
 - National meetings and other networking opportunities
 - IOM meeting on Guidelines for people with MCCs
 - AHRQ MCC Research Network
 - Annual research meetings NAPCRG
- Collaborative writing process
- Presentation to internal (KP/JHU) stakeholders

Our team:

Johns Hopkins University SOM and BSPH –

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Our Team



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Disclaimer:

- All statements in this report, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee.