

Description Ana scenario

Shared decision making phase diabetes type 2

Before consultation

Ana visits her internist for her quarterly checkup at the hospital. She is a Type 2 DM patient since 12 years; before her appointment she performs her blood analysis. She is not very used to computers and technology, so when her internists gives her instructions to fill out some online questionnaires, she asks her daughter to do it.

Consent to use POWER2DM

Before the consult, the nurse asks Ana if she would be willing to start a program called POWER2DM devoted to help patients with Diabetes to cope with the disease. Ana is a little reluctant, because she does not feel confident with new experiences, but her daughter accompanying her thinks that it will be a great idea and offers to help. Finally, Ana accepts, and signs the informed consent to enter the program. The nurse, as a part of this consent, informs Ana that part of her information will be securely uploaded to a secure cloud, which Ana accepts. She feels a little overwhelmed with the information given during the explanation because it includes a lot of “challenging” informatics procedures, but her daughter finds it extremely positive because she thinks that it has a lot of potential to increase the control of the disease. She offers to take control of the “programs”, and Ana feels better with the idea. In fact, Ana knows that she is not controlling her disease at all, and loves that there is a way to take away that feeling.

Anamnesis (WHERE? & WHAT?)

Lab and questionnaire results are available in the consult.

Ana's HbA1c (= 7,9%) and BMI (34) are out of control. This is a repetitive situation, and the internist does not easily understand that, even after some treatment regimens control, the HbA1c does not improve, and the BMI actually is increasing. The internist asks Ana if she thinks that there may be a problem that is interfering with the treatment. She tells him that she feels insecure about her capacity to take the treatment correctly. Since she is a widow, she lives with her daughter, and does not want to weight her down with more work.

Sometimes, when she has to take her pills she is not confident if she already took them, and she is very afraid of hypos, since she had one a year ago, and she had to go to the hospital. As a consequence, she tends to skip some antidiabetic medication here and there. As she is not able to control the Lantus dose, she is not even performing fingerpricks.

Regarding exercise, Ana is sometimes taking care of her grandchildren, and prefers to stay at home for more safety. After all this, the internist and Ana realize that there is a problem because Ana is not confident with her ability to take control of the treatment and is failing to correctly monitor her status and her treatment. This information is entered into POWER2DM.

Problem identification (WHY?)

The main problem that Ana has is a sensation of inability to cope with the disease. Although she has worked as a teacher during her working life, and she has recently retired, she is not self-confident. The combination of her new widow status and the fear to have a hypo when taking care of the grandchildren makes her to have abandoned the correct control of medication. She knows that she has lost the control of the pill and insulin correct taking, but her fear to have a complication is lower to that of being a charge or suffering a hypo.

There are no problems related to the broader socio-demographic topics, like social support, employment or family issues.

The Internist registers problem identification into POWER2DM.

Shared decision making about treatment goals

After debating all of the above, Ana and the internist try to find a solution for the current situation. Ana's daughter is surprised about her mother's feelings. She has left the care of her children to Ana to fill out the loneliness of her mother, and does not want to make her feel too responsible. She does not think that her mother is a charge at all, and offers to aid as much as needed. Furthermore, she offers to hire a nanny to help during some times, and free Ana of her fear. Ana feels much better now, knowing of the supportive position of her daughter and agrees to begin to increase the control of the disease. The internist and Ana agree on the goal to reduce her cardiovascular risk, by adhering to the medication, regularly checking the glycemia and adjusting the insulin when needed. Regarding exercise, they both agree that she may try to look for a way to increase it.

With the help of MT2D-MARVEL and Risk engines, POWER2DM facilitates the goal setting process, and shows how she may benefit from adhering to the care plan.

The internist puts ultimate + mid- + long-term goals into POWER2DM.

Shared decision making about treatment plans

The correct medication taking is a cornerstone for Ana's care plan. So the internist and her decide to buy a pillbox, and allow POWER2DM to send medication reminders to her via her smartphone. Ana's daughter offers to help in the day by day checking of the pillbox. About exercising, Ana thinks that she may take the children to the school and go back home by walking every day. As the school is ten minutes away from the home, that will be forty minutes walking a day, divided in four walks. Ana's daughter will take this task here and there, so probably the final week exercise will be achievable by Ana.

Ana and the internist agree upon short-term goals (i.e., reduce (specific/general) psychological barriers; WHY?) with committed action plans to reach the mid-/long-term goals.

Internist registers short-term goals + committed action plans into POWER2DM

Internist registers that POWER2DM should warn Ana at medication time, and in the time to bring/take back the grandchildren to/from the school.

Summary Treatment Goals and Plans

Ultimate goal: reduce the cardiovascular risk by adhering to the medication and exercise.

Mid-/long-term goal: within the next 3 months reaching >80% accomplishment of the medication and reducing 0,5% HbA1c as a result. Loose 3 kg in the next 3 months.

Short-term goal: Within the next month, buy a pillbox, learn to use it, and control it weekly with her daughter. Increase the exercise by leaving/taking back the grandchildren at least 2 times a week during the next month.

Barrier: feeling sad, not controlling her medication and doing no exercise.

Action plans:

1. Buying and learning to use a pillbox
2. Set reminders in smartphone at medication time.
3. Start making exercise by leaving/taking back grandchildren to/from school.