

UPDATED MARCH 2026 – CAPSULE 15

Using Minimally Disruptive Medicine to Support Patients With Chronic Conditions

CONTRIBUTING AUTHORS: Colin Crowe, MD, Case Western Reserve University; Alexandra Burnett, MD, MHS, University of Cincinnati, on behalf of Team Best Practices





Minimally Disruptive Medicine (MDM) is one of many shared decision making strategies that clinicians and interdisciplinary teams can implement into care management for patients with chronic conditions. This patient-centered approach focuses on optimizing treatment plans to achieve patients’ own health goals while minimizing barriers to impose the smallest possible treatment burden on patients’ lives.¹

Synchronizing and lengthening medication [refills](#) and using technology, such as [telehealth](#) or electronic messaging, to streamline care are opportunities within MDM to address treatment burden for patients with multiple or high complexity comorbidities.²

Below is an overview of the MDM framework, which supports protocol adjustments to fit patient preferences. It acknowledges the work required by patients to manage their conditions, as well as their capacity and resources for self-care.

For more information, access Cardi-OH’s expanded resources on [shared decision making](#).

Minimally Disruptive Medicine Framework

Action	Overview	
Acknowledge the Work	Patients with chronic conditions do approximately two hours of work per day to manage their conditions. This may include glucose or home blood pressure measurement and tracking, diet management, medication timing and delivery self-management, and health care visits and treatments. ^{1,3}	
Acknowledge the Capacity	Capacity is defined as the sum total of resources and abilities that a patient can draw on to access care, use care, and enact self-care. ¹ It comprises physical, mental, social, financial, personal, and environmental domains and may change throughout a patient’s life as stressors and environments change.	
Acknowledge the Complexity	Each patient exists within a unique biopsychosocial context. Patients may have several related or unrelated chronic conditions that they are managing for themselves or their families.	
Integrate the Inputs	When workload exceeds capacity, patients may experience treatment burden and, therefore, may have historically been labeled “noncompliant.” ² Conversely, MDM prioritizes individual patient goals.	

References

1. Leppin AL, Montori VM, Gionfriddo MR. Minimally disruptive medicine: a pragmatically comprehensive model for delivering care to patients with multiple chronic conditions. *Healthcare (Basel)*. 2015; 3(1):50-63. doi:10.3390/healthcare3010050.
2. Serrano V, Spencer-Bonilla G, Boehmer KR, Montori VM. Minimally disruptive medicine for patients with diabetes. *Curr Diab Rep*. 2017;17(11):104. doi:10.1007/s11892-017-0935-7.
3. Spencer-Bonilla G, Serrano V, Gao C, et al. Patient work and treatment burden in type 2 diabetes: a mixed-methods study. *Mayo Clin Proc Innov Qual Outcomes*. 2021 Apr 8;5(2):359-367. doi:10.1016/j.mayocpiqo.2021.01.006.

The Ohio Cardiovascular and Diabetes Health Collaborative is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this document are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.

For more information head to [Cardi-OH.org](#).

© 2021 Cardi-OH