2018

Preparing Patients and Providers for Serious Illness Conversations

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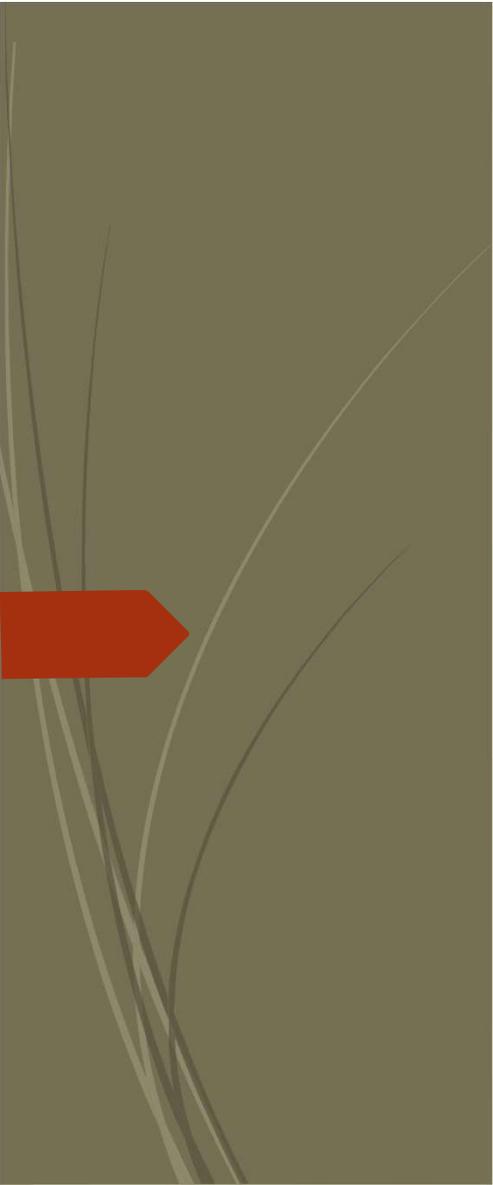Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk

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Colchester Family Medicine

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October/November 2018

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2a. Problem Identification and Need

- Advance care planning (ACP) is a process to "enable individuals to define goals and preferences for future medical treatment and care [and] discuss these goals and preferences with family and health-care providers."[1]

- ACP helps to assure goal-directed care for patients with serious, life-limiting illnesses[2] and is associated with less aggressive care, better quality of life, and improved bereavement adjustment for loved ones.[3]

- While documents like advance directives are an important piece of ACP, there is evidence that more complex ACP interventions improve compliance with patients' end-of-life preferences.[4]

- Serious illness conversations (SIC) are intended to facilitate advance care planning that is specific to an individual's illness, potential complications, and prognosis.

2b. Problem Identification and Need

- Primary care providers are increasingly expected to be comfortable initiating serious illness conversations, and patients report greater satisfaction when providers discuss ACP.[5,6]

- Barriers to ACP conversations include lack of time, lack of training, patient misconceptions, accessibility of documentation, and difficulty with communication between providers.[7,8]

- A systematic approach to serious illness conversations in the oncology setting led to more conversations that occurred earlier in the illness, and a more patient-centered approach. These conversations were also better documented in the electronic medical record.[9]

- Physicians trained in serious illness conversations were found to use more empathy statements, and their patients reported greater trust.[10]

3a. Public Health Cost, Host Community

- Through Medicare, providers can now be reimbursed for ACP conversations.

- End of life conversations are associated with significantly lower costs in the last weeks of life; while high costs are associated with poor quality of death.[11]

- Vermont currently has numerous publicly available, high quality resources for ACP, including the Vermont Ethics Network and Start the Conversation VT.

- At UVM, a recent upgrade to the Epic electronic medical record provides a new space for the care team to record and access documents and encounters related to ACP

3b. Public Health Cost, Host Community

- The UVM Health Network is currently implementing a Serious Illness Conversation program, with the initial pilot implementation at Colchester Family Medicine.

- The program, designed and tested by Ariadne Labs, has been shown to increase serious illness conversations and to improve clinician satisfaction in a primary care setting.[12]

- The leaders of this project explain that the aim is to conduct early goals of care conversations with patients who have a serious, likely life-limiting illness, but who have not yet reached the final stages of their disease.

  - Leaders explained that there are not enough palliative care specialists to work with this population, and it is more appropriate for primary care to initiate conversations

- Components of the SIC program include:

  - A structured conversation guide for conducting SICs in a standardized manner

  - Training for all providers on principles of SICs

  - Quantifiable goals and regular assessments of progress

  - Integration across multiple settings, including primary care and home health

4. Community Perspective & Support for Project

- I attended the initial meeting of the interdisciplinary team working to implement the program at Colchester Family Medicine. This team includes primary care providers, palliative care specialists, administrative oversight, and other participants.

- In speaking with multiple members of this team, I was able to assess for specific areas of potential need within the proposed program.

- Ben Clements, MD, stated that he prefers to hold SICs as their own encounter, separate from chronic disease management or other concerns. He believes that this allows him to give sufficient time and attention to these important conversations, and to adequately prepare patients.

- Team members expressed an interest in providing patients with materials prior to a SIC encounter, allowing them to ponder SIC topics in advance, discuss with loved ones, and to alleviate fear and anxiety around a SIC.

- Some team members expressed a desire to provide the specific SIC guide questions that would be used during the encounter, in hopes that this would empower patients and alleviate any anxiety surrounding the SIC

- Providers expressed the importance of creating language that normalizes these conversations and supports and empowers patients in decision-making.

5a. Intervention & Methodology

- Created a SmartPhrase in Epic and shared with all providers at Colchester Family Medicine.

- It is intended to be shared with patients at the time that a future SIC appointment is set up, to help prepare them for that appointment.

- SmartPhrase would be included in the after visit summary (AVS), which patients receive at check out and which is also accessible through My Health Online.

- An advantage of the SmartPhrase is that the provider can customize it for each patient, deleting portions that are irrelevant or adding their own language.

- I presented the SmartPhrase to providers during their monthly provider meeting.

5b. Intervention & Methodology

- The SmartPhrase language:
  - Introduces patients to the SIC and normalizes it as part of care
  - Encourages patients to include loved ones in the conversation
  - Includes specific prompts from the SIC guide (which provider is likely to follow)
  - Includes reminders about completing or updating Advance Directives and the importance of assigning a healthcare agent
  - Provides links to the Vermont Ethics Network (for documents like advance directives) and to Start the Conversation VT, for more ACP and conversation resources
- I propose that use of the SmartPhrase would have at least 4 specific benefits:
  - Decrease patient anxiety about serious illness conversations by preparing them with the exact questions that will be asked
  - Improve patient conversations with loved ones about goals of care, outside of the office
  - Increase efficiency of visits, which is important as providers cite time as a perceived barrier to SICs
  - Use of the SIC guide questions will help to standardize the conversation and its documentation. This will allow future providers to incorporate these conversations into care rather than repeating them.

6. Results/Response

- I presented the SmartPhrase at a provider meeting at Colchester Family Medicine, with 11 providers in attendance.

- Overall feedback was positive, with most providers stating that they would be interested in using the SmartPhrase with patients.

- Multiple providers expressed that the language was very effective in introducing and normalizing the serious illness conversation.

- Providers generally agreed that the intervention would likely be helpful in reducing patient anxiety about SICs, and may also make interactions more efficient.

- Some providers expressed the concern that web links to resources would not be accessible for patients with limited computer skills or access.
  - However, they were interested in having resources like Start the Conversation VT around the office to use with patients during ACP conversations, and felt that the SmartPhrase could help remind them to do so

7a. Limitations

- The SIC Program is in early phases, and only a few providers have been trained. Since most providers are not yet conducting formal SICs as part of practice, their feedback was limited to predicting future needs.

- Most providers will be trained and actively start conducting SICs in 2-3 months, and may not remember to use the SmartPhrase at that time.

- There is currently no ability to remind providers to use the SmartPhrase at the time an SIC appointment is made, or even to remind providers about SICs.

- Some SICs may happen during the same visit the need is identified, perhaps because patient is unlikely to return for follow up, or there is an urgent situation. This would preclude the use of the SmartPhrase, although it could still help to stimulate further conversations beyond the initial visit.

- As pointed out by providers, many older patients have limited computer skills or access, so providing resources through links may be ineffective.

7b. Evaluation

- No formal evaluation was undertaken due to time constraints
- To assess the specific proposed benefits:
  - Survey patients on level of comfort with discussing serious illness both before receiving intervention and upon return for SIC appointment
  - Survey patients and providers on satisfaction with SICs, identifying patients who receive the intervention and those who do not (with randomization for optimal assessment)
  - Qualitatively assess the documentation entered into the SIC component of Epic
  - Survey providers on perceived time to complete a SIC with use of the intervention (a true measurement would be difficult, as provider may use the remaining visit time for other chronic management)
- To assess some of the potential project limitations:
  - Survey patients who return for SIC on whether they read the AVS, to assess effectiveness of chosen means of intervention
  - Reassess provider interest in the intervention after all providers have completed SIC training

8. Future Recommendations

- Incorporate reminders to use the SmartPhrase into Epic, perhaps through the new Advance Care Planning section.

- Create a system to prompt providers to consider a SIC under certain conditions, for example when patients have specific diagnoses or multiple hospitalizations.

- Update language of SmartPhrase to better fit provider needs once SIC program has been fully implemented.

- Copies of the Start the Conversation VT's conversation guide should be available in all patient rooms. Currently most rooms have a small brochure but it lacks many of the useful features of the guide.

- In 1-2 years, after full implementation of the SIC program, a thorough evaluation of this program will be undertaken. Among other pieces this could include an assessment of the frequency with which the SmartPhrase is utilized, and an assessment of patient and provider satisfaction with SIC when SmartPhrase is used compared to when it is not used.

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