TH11- Serious Illness Conversation, Evidence-Based Techniques for LTC Clinicians

Thursday, March 22
1:30 PM- 5:00 PM

Session Description

This session will review the components of the Serious Illness Program, an evidence-based, patient tested, structured approach to serious illness conversation. Participants will practice using the serious illness conversation guide and will receive feedback and advice for implementing the technique in patient care.

Learning Objectives

Recognize the need for a systematic evidence-based approach to discussing goals and values with seriously ill patients.

Describe the seven steps of the Serious Illness Conversation.

Demonstrate use of the Serious Illness Communication Guide to elicit preferences and patient goals of care.

Provide feedback related to observed skills/techniques that facilitate exploratory conversations with patients and family members.

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Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
Serious Illness Conversation, Evidence-Based Techniques for Long-Term Care Clinicians

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Speaker Disclosures
- Denise Stahl has no financial disclosures or conflicts of interest.
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- Grace Cordts has no financial disclosures or conflicts of interest.
- Nicole Loosbrock has no financial disclosures or conflicts of interest.

Disclosure and Acknowledgement
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Learning Objectives
By the end of the session, participants will be able to:
- Summarize the importance of a systematic approach to improving conversations about patient values and priorities in serious illness.
- Describe the components of the Serious Illness Communication Guide.
- Discuss observations related to demonstration of the Serious Illness Communication Guide.
- Practice using the serious illness conversation guide in a patient-simulated encounter

How do you currently have conversations about goals with patients who have a serious illness (or their surrogates)?
Conversations about Serious Illness – What can go awry?

- Too many providers involved in decision-making with differing opinions
- Providers assume another provider has had the conversation already
- Transitions in care or care setting
- Magical thinking on the part of the provider and/or the patient/family
- Confusion around acute on chronic illness
- Clinicians and providers lack skill to facilitate quality conversations around goals of care
- Lack of accessibility to documentation of previous conversations

What makes a quality conversation?

- Relationship
- Mutual respect between all parties
- Assessment/confirmation of understanding
- Organized and goal-directed (not random)
- Outcome and next steps are clear and agreed upon
- Active listening
- Attentiveness and response to emotion

Communication is a process – not a transaction!

The right conversation at the right time helps ensure the right care at the right time.
Serious Illness Communication Process Improvement Strategy

- In order to improve a process, you need to **define it**.
- Expert consensus suggests that high quality serious illness conversations have a **best practice structure**.
- A defined process can facilitate improved education, sustained improved organizational performance, and can improve communication between providers.
- Behavioral science research suggests that learners best **incorporate new behaviors with role play and feedback**.
- A checklist and specific language can **improve consistent high quality performance during periods of stress/chaos**.
- Consistent improvement requires **ongoing practice and feedback**.

**see it – do it – get feedback – repeat!!**

Future Perfect State.....

Pt identification
Trigger discussion
Prepare patient
Have conversation
Document in EMR

Informed and engaged. End of life care is on the rise.

Goals of care conversations and clinical outcomes

- **37%** of patients with advanced cancer reported having goals of care conversations
- First discussions occurred a 33 days before death
- **55%** of initial discussions occurred in the hospital
- Conversations often fail to address key elements of quality discussions
- **Clinical outcomes:**
  - Lower rate of ventilation (1.6% vs. 11%)
  - Lower rate of CPR (0.8% vs. 6.7%)
  - ICU admission (1.2% vs. 12.4%)
  - Earlier hospice enrollment (66% vs. 45%)
  - Better quality of life and caregiver outcomes

**The Harvard - Ariadne Labs Experience with the Serious Illness Conversation Guide**

- **Research in an oncology clinic:**
  - Resulted in more, earlier and better conversations
  - 50% reduction in anxiety and depression
  - **86%** of patients found the conversation worthwhile
- **Primary care trial:**
  - Resulted in more, earlier and better conversations
  - More than 30% reduction in costs in last three months of life

**Patients with serious illness often receive care that can cause harm to the patient and their family**

- Patients with serious conditions who receive the most aggressive medical care (more tests/procedures, more specialists, and more days in the hospital) **DON'T** live longer or enjoy a better quality of life than those who receive more conservative treatment.
- Patients treated most aggressively are also at increased risk for:
  - Infections
  - Medical errors that come from uncoordinated care
  - Higher costs for health care services
  - Lower quality of life
  - Greater physical and psychological distress
- And, they report **LOWER** patient satisfaction related to their care.
- Caregivers of patients who receive more aggressive care also report lower satisfaction with care and evidence suggests they experience more major depression.

**Early conversations about goals of care benefit patients and families**

Early conversations about patient goals and priorities in serious illness are associated with:

- Enhanced goal-concordant care
- Time to make informed decisions and fulfill personal goals
- Improved quality of life
- Higher patient satisfaction
- More and earlier hospice care
- Fewer hospitalizations
- Better patient and family coping
- Eased burden of decision-making for families
- Improved bereavement outcomes

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This is NOT about referring to Palliative Care for goals of care conversations

• Specialty Palliative Care – with a strong emphasis on quality communication – is a high-value intervention, and also highly resource-intensive
• Not enough palliative care specialists to reach all patients
• Conversations about goals of care are not exclusive to specialty palliative care – ALL clinicians must be comfortable and skilled in having these conversations
• The serious illness conversation guide is a scalable intervention designed to enable universal access to serious illness conversations in a consistent, evidence-based, and efficient manner

The Serious Illness Conversation Paradigm

• Motivation to ensure patient’s care is goal concordant
• Start with rapport and relationship
• Share/Discuss uncertainty and prognosis
• Elicit and understand patient values
• Translate patient values into specific recommendations
• Know risk, burdens, alternatives, end-of-life treatment choices as appropriate
• Hospitalization, SNF/LTC preferences, CPR, mechanical ventilation, etc...
• Document the discussion, patient choices, complete orders, and confirm next steps

The Serious Illness Conversation Guide

Adapted by Optum to:

• Emphasize the importance of responding to emotion
• Clarify documentation considerations

Refer to hard copy handout

Why use a checklist or a guide?

The advantages of checklists

• Reduce anxiety
• Ensure consistent content
• Ensure consistent structure
• Improve documentation
• Improve provider communication
• Increase evidence-based practice

Notes about the Serious Illness Conversation Guide

• It is not designed to meet the needs of the bad news conversation, family meeting, etc.
• It is not necessarily designed to be completed in one visit
• The language on the guide should be supplemented by other supportive statements and questions. It is not designed to be an interview – it is a conversation.
• The conversation can, and should be, team-based
• It is not necessarily as linear as it looks – you may need to abort the conversation
• Distressing symptoms (physical or emotional)
• The patient does not wish to continue the conversation
• Time does not permit the full conversation in one sitting
• The patient needs more information (understanding, prognosis, etc)
The components of the Serious Illness Conversation Guide

Set up the conversation

- Plan for the timing and setting
- Advise the patient’s care team that the conversation is occurring
- Eye level and eye contact
- Sit down
- Ask for permission

Framing the conversation provides direction.
Asking permission gives the patient more control and reduces anxiety.

Assess the patient’s understanding

- “What is your understanding now of where you are with your illness?”
- How much information about what is likely to be ahead with your illness would you like to have (from me)?

- Try to find alignment with whatever the patient describes and gently clarify.
- Ask about what kind of information, and how much information, the patient wants.
- Discuss the clinical situation at a high level and try to avoid too much disease education, etc.
- Remember: this is NOT a clinical conversation.

Clinician Conversation

- “I’d like to share my understanding of where things are with your illness, is that ok?”

Considerations:
- Discuss uncertainty (if the prognosis isn’t clear)
- Share and discuss time-based prognosis
- Discuss function and progression of illness

*NOTE: it is not necessary to use all three SHARE statements – choose based upon CONTEXT of the situation.

SHARE – Discuss uncertainty and/or prognosis

- “I’d like to share my understanding of where things are with your illness, is that ok?”

- Considerations:
  - Discuss uncertainty (if the prognosis isn’t clear)
  - Share and discuss time-based prognosis
  - Discuss function and progression of illness

SHARE: Expect and Respond to Emotion

- Naming emotions validates the patient’s feelings and lets them know they’ve been heard
- Emotion is the vehicle for the brain to process threats or potential threats
- Emotion typically precedes cognition – “flight or fight” response
- Clinicians tend to approach these conversations cognitively – NOT emotionally. It’s the reverse for patients and families.
- Clinicians may also experience emotion around the conversation and it is important to acknowledge these emotions, while not letting them get in the way of the patient/family experience

- “you seem angry, distraught, etc.”
- “I can’t imagine how hard this might be to hear”
- “You’ve worked so hard and have done everything right”

*NOTE: it is not necessary to use all three SHARE statements – choose based upon CONTEXT of the situation.

SHARE: Responding to Emotion

- NURSE statements:
  - Name the Emotion
  - Understand
  - Respond/Respect
  - Support
  - Explore

*NOTE: it is not necessary to use all three SHARE statements – choose based upon CONTEXT of the situation.
Responding to Emotion - SILENCE

- Remember to pause to assess and respond to emotion in every step of the serious illness conversation
- Allow ample silence and room for the patient (or surrogate) to process and share
- Generally – the clinician should speak LESS than 50% of the time
- It will likely feel awkward

“Silence isn’t empty, it is full of answers.”
Anonymous Proverb

EXPLORE: key topics

| GOALS | “What are your most important goals if your health situation worsens?” |
| FEAR AND WORRIES | “What are your biggest fears and worries about the future with your health?” |
| SOURCES OF STRENGTH | “What gives you strength as you think about the future with your illness?” |

EXPLORE: key topics

| CRITICAL ABILITIES | “What abilities are so critical to your life that you can’t imagine living with out them?” |
| TRADEOFFS | “If you become sicker, how much are you willing to go through for the possibility of gaining more time?” |
| FAMILY | “How much does your family know about your priorities and wishes?” |

CLOSE: Summarize, Recommend and Connect

| SUMMARIZE | “It sounds like family and staying comfortable are very important to you.” |
| MAKE RECOMMENDATIONS | “Given your goals and priorities, and what we know about your illness at this stage, I recommend ______.” |
| AFFIRM YOUR COMMITMENT TO THE PATIENT | “Please know that we are here to help and will continue to work together to help you meet your goals.” |

Making Recommendations

- Clarify timelines and next steps
- Should be specific and actionable
  - “Would it help if I called your pulmonologist and cardiologist and talk with them about our conversation, and then you and I can meet again to talk about options?”
  - “Given everything you’ve shared today, I recommend we talk with your oncologist about discontinuing chemotherapy.”
  - “Based on our conversation today, and your goals, I’d like to talk with you about palliative (or hospice) care.”
  - “Given your goals and your desire not be re-hospitalized or have us try to restart your heart or breathing if they would stop, I’d like to put an [order/POLST/MOLST] on your chart. Is that ok?”
  - “It sounds like your pain and your breathing are not well managed. I’ll talk with the team and we’ll make the following changes…”

Serious Illness Conversations with a Surrogate Healthcare Decision-Maker

- ALWAYS use present tense verbs
- Listen to the story of the caregiver
- Ask if the surrogate has ever talked with the patient about serious illness and healthcare decisions
- Gather history and experiences regarding illness and death of friends and family
  - “What was it like when Sara’s Mother died? Did she ever mention anything about her feelings about it?”
- Engage the surrogate to consider “What do you think Sara might say if she were talking with us right now about this?”
- Affirm and support the emotions of the caregiver
  - “I can’t imagine how difficult it must be to be making decisions like this for her.”
Using the Serious Illness Conversation Guide with Surrogate Decision-Makers

• Replace the word “your” with the patient’s name, or relationship to the Surrogate
• It can be helpful to use the patient’s with intention in some questions – it focuses
  the question more specifically on the patient
  • “I’m hoping we can talk about where things are with your wife’s illness and
    where they might be going – is this ok?”

• Consider using a modified surprise question when discussing uncertainty and
  prognosis
  • “Where do you think things might be with your wife’s illness a year from now?”

Using the Serious Illness Conversation Guide with Surrogate Decision-Makers

• When appropriate, ask the questions from both the patient’s perspective, and the surrogate’s – they may be similar, or quite
  different
  • “What is your sense of what Sara’s most important goals are? Are those your goals for her as well?”
  • “What gives Sara strength in difficult times? And, what gives you strength?”

• Trade-Off Question
  • “How much do you think Sara would be willing to go through in exchange for more time?”

The Serious Illness Conversation in Action

What did you notice?

Small Group Simulated Encounters (AKA “role play”)

Regrouping and Debriefing
What was it like to use the guide?

Pros?
Cons?
Challenges?
Surprises?
How long did it take?

Considerations for long-term care providers

• Allows for rich, values-based conversations around goals of care that are not so interventionally-focused
• Supporting non-palliative care clinicians with conversation skills and resources promotes collaboration
• “More/Earlier/Better” conversations have been proven to increase # of hospice referrals and increase hospice LOS
• Powerful tool to potentially prevent unwanted hospitalizations and procedures
• Clinicians who have “more/earlier/better” conversations also express improved job satisfaction

How can I learn more?

• Ariadne Labs
  • www.ariadnelabs.org
• Vital Talk
  • www.vitaltalk.org
• The Conversation Project
  • www.theconversationproject.org
• Center to Advance Palliative Care
  • www.capc.org

Thoughts/questions?