The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

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OVERCOMING PATIENT RELUCTANCE AND PROVIDER DISCOMFORT TO ENGAGE IN ADVANCE CARE PLANNING

HMA INTEGRATED CARE DC

PRESENTED BY:
Barry J. Jacobs, PsyD
Jean Glossa, MD, MBA, FACP
Corey Main, MBA
Nathaniel Curry

Tuesday, September 13, 2022

12pm – 1pm EST

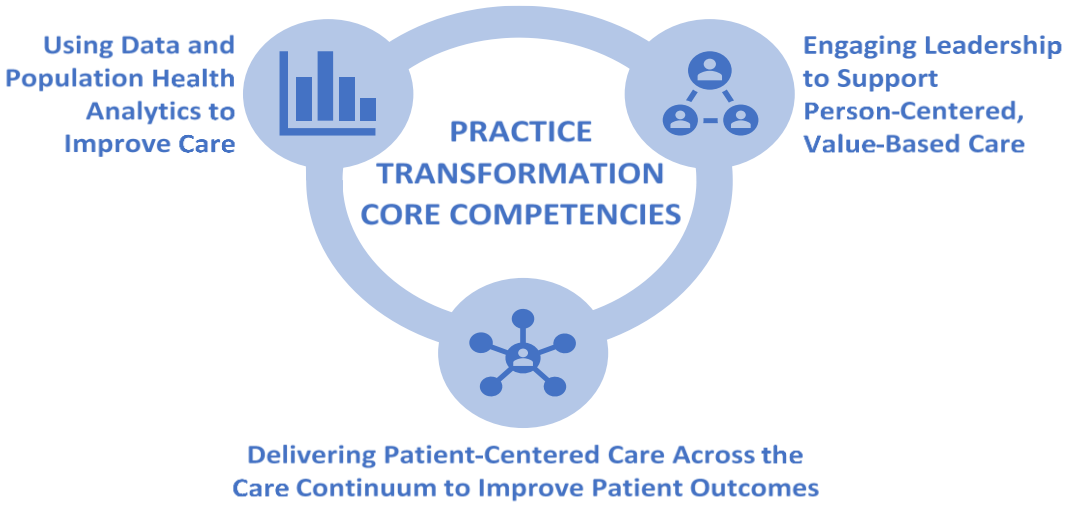
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS INTEGRATED CARE DC?

- Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

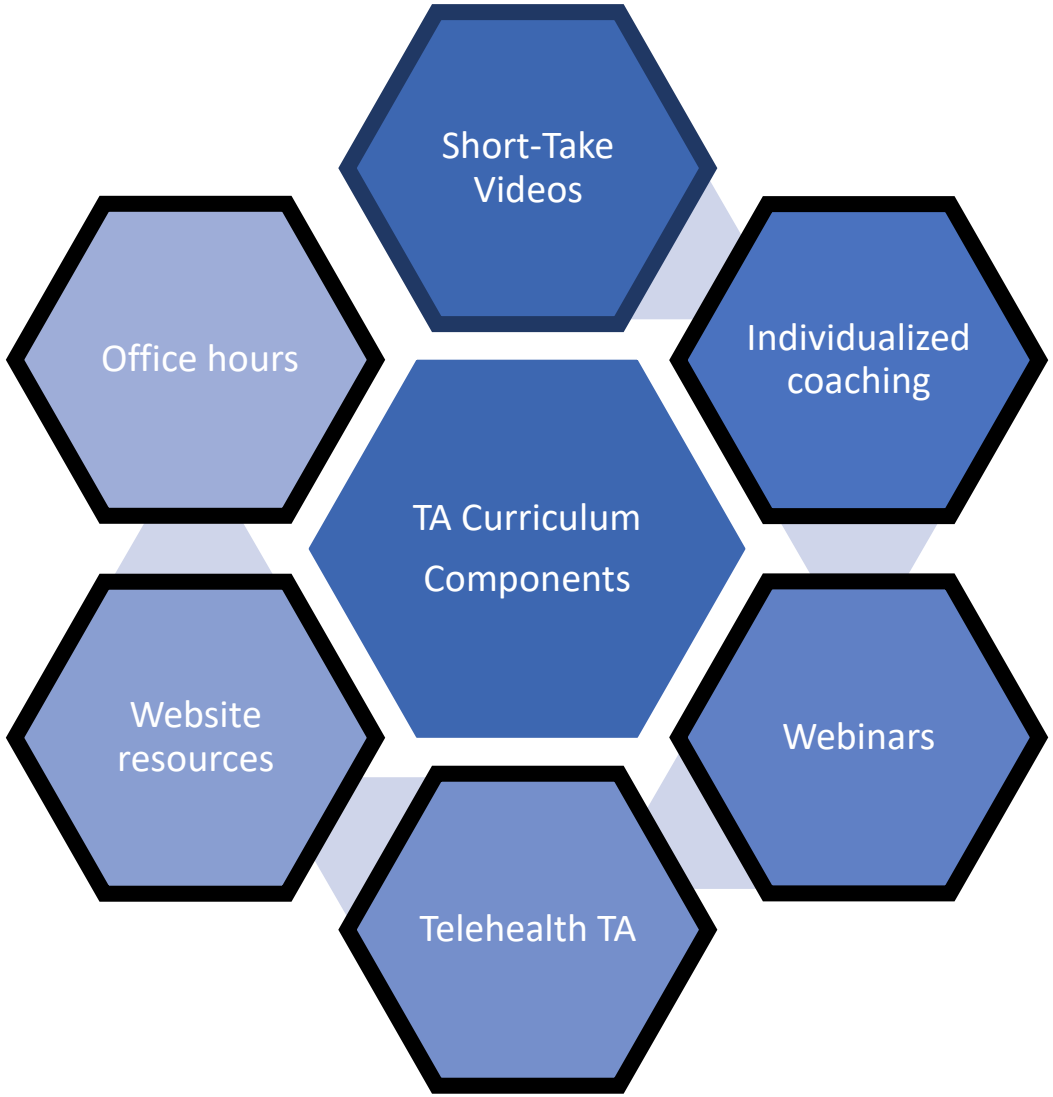
- Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



INTEGRATED CARE DC TECHNICAL ASSISTANCE

- The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- All material is available on the project website: Integratedcaredc.com
- Educational credit is offered at no cost to attendees for select elements.



INTEGRATED CARE DC UPDATES

Are you receiving our Integrated Care DC Newsletters?

Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.

Got ideas?

Take this short survey to share suggestions and requests for trainings.
https://www.integratedcaredc.com/survey/

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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

CONTINUING EDUCATION CREDITS

- Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2025. Social workers completing this course receive 1 continuing education credits.
- To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.
- **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar**.**
- Certificates of completion will be emailed within 10-12 business days of course completion.

AGENDA

Overcoming Patient Reluctance and Provider Discomfort to Engage in Advance Care Planning

- Welcome and Program Announcements
- Review challenges of Advance Care Planning (ACP)
- Reducing provider discomfort
- Reducing patient reluctance
- Using standard script, forms, procedures to normalize ACP
- Reviewing and revising
- Closing Remarks/Q&A

OBJECTIVES

1. Describe challenge of Advance Care Planning (ACP)
2. Define patient reluctance and provider discomfort about ACP
3. Describe four means of reducing provider discomfort about ACP
4. Outline three ways for providers to encourage patients to become less reluctant about ACP

Image permitted by DC Department of Health Care Finance

POLL #1

- What is your professional discipline?
  - Primary care provider
  - Medical specialist
  - Nurse
  - Behavioral health provider
  - Social worker
  - Care manager
  - Clergy
  - Medical director
  - Behavioral health director
  - Practice manager
  - Other, administrator
  - Other

POLL #2

- Why are providers sometimes uncomfortable with ACP? (Check all that apply)
  - Don’t know enough about it
  - Not enough time for it
  - Not enough reimbursement
  - Don’t want to upset patients
  - Don’t believe it is helpful for patients
  - Don’t want to ask patients to do things (e.g., create Advance Directives) that they aren’t ready to do themselves
  - Other

INES

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- 55-year-old woman with DM, hypertension
- New doctor raises topic of ACP to Ines and her husband at first visit
- They take information about Advance Directives from doctor (to be polite) but don't read the materials
- At next visit, Ines is visibly uncomfortable when doctor asks her whether she has any questions about ACP

ROGER

Stock Image

- 30-year-old man diagnosed with paranoid schizophrenia who has been asked by his care manager to fill out a Psychiatric Advance Directive
- He says he doesn't want to fill out form
- Wants his family to decide what to do if he is psychotic
- Care manager wonders if he fully understands and/or is afraid

BARRIERS TO ACP

- Patient reluctance about ACP is common
- Only about 36% of Americans have any form of Advance Directive
- For 65+: 46%
  - Health Affairs, “Approximately One in Three US Adults Completes Any Type of Advance Directive for End-of-Life Care”
- For comparison, only 46% of all Americans have a will

https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0175#:~:text=Among%20the%20795%2C909%20people%20in,29.3%20percent%20with%20living%20wills

BARRIERS TO ACP (CONT.)

- **Provider discomfort is common, too**
- For all the reasons in the poll question (lack of time, lack of reimbursement, don't know enough about it, don't want to upset patients, etc.)

- ***My assumptions:***
- *Provider discomfort amplifies effects of patient reluctance*
- *Decreasing that discomfort is therefore the first step in increasing population engagement in ACP*

DISCUSSION

- **So how do we reduce provider discomfort?**

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REDUCING PROVIDER DISCOMFORT

- **Self-reflection:**
- Own personal/family experiences with end of life, ACP
- Own religious/cultural attitudes toward death
- Impact of personal values on professional practice

"I feel hypocritical asking patients to do things that I am uncomfortable doing in my own life."

…but what do you believe is best for your patients?

REDUCING PROVIDER DISCOMFORT (CONT.)

- Adopt standard patter:
  - Be matter-of-fact about it:
  - “One of the things I talk about with all my patients is Advance Directives. Do you have one?”
  - “We ask everyone on the intake form whether they’d like to talk about Advance Directives during today’s visit, but I also like to bring it up with all my patients”

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FOR SUPPORT STAFF

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- Teach standard patter
- Patients often have trusting relationships with support staff
- May ask them about whether ACP is a good idea
- Train staff to respond:
- “We ask all patients about this. We want to give them as much choice about the kind of care they receive. We believe everyone should have an Advance Directive.”

REDUCING PROVIDER DISCOMFORT (CONT.)

- Use simple, commonsense explanations
- "*I view it like talking to my kids about what to do if there is a house fire*" (Bob Arnold, MD)
  - From 2/24/20 Allegheny Health Network presentation by Dr. Arnold entitled "Planning for the Future: Early and Late Goals of Care"
- *"I don't have a crystal ball. I can't tell you that you'll need this one day. I hope none of my patients ever do. But it is helpful to have—just in case."*

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REDUCING PROVIDER DISCOMFORT (CONT.)

- How it Can Be Helpful:
- “It is good for families. It helps them know what to do when there is a terrible medical crisis, and they are so upset that it is hard for them to process information and make decisions.”
- “It also helps prevent arguments among family members about what you might want, if you can’t speak for yourself at the time”

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REDUCING PROVIDER DISCOMFORT

- Before discussing forms, ask routinely about the patients' values.
- "What abilities are so important to live your life that you can't imagine life without them?" (Arnold)
- "Are there any conditions or states that you would not find acceptable?" (Arnold)

- From 2/24/20 Allegheny Health Network presentation by Dr. Arnold entitled "Planning for the Future: Early and Late Goals of Care"

DISCUSSION

- ***What standard script for ACP do you use?***
- ***How have patients responded?***
- ***What approaches haven't worked at all?***

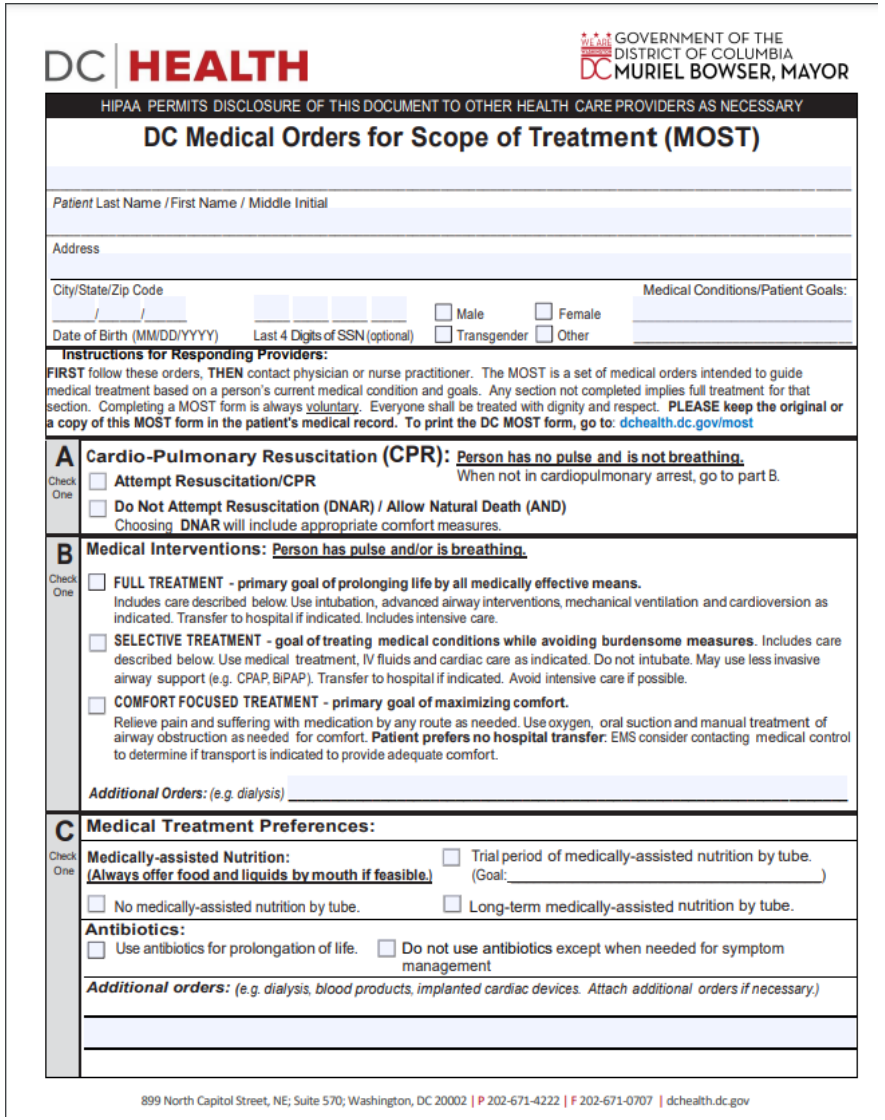
REDUCING PROVIDER DISCOMFORT (CONT.)

Adopt standard forms…

- DC MOST
- Advance Instructions (Psychiatric Advance Directive)

- **…and have a standard procedure to rely on**

- ***Let's take a few minutes to fill out a DC MOST form***



DC HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

HIPAA PERMITS DISCLOSURE OF THIS DOCUMENT TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

DC Medical Orders for Scope of Treatment (MOST)

Patient Last Name / First Name / Middle Initial

Address

City/State/Zip Code

Date of Birth (MM/DD/YYYY) Last 4 Digits of SSN (optional)

☐ Male ☐ Female ☐ Transgender ☐ Other

Medical Conditions/Patient Goals:

Instructions for Responding Providers:

FIRST follow these orders, **THEN** contact physician or nurse practitioner. The MOST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a MOST form is always voluntary. Everyone shall be treated with dignity and respect. **PLEASE keep the original or a copy of this MOST form in the patient's medical record. To print the DC MOST form, go to: dchealth.dc.gov/most**

A Check One — **Cardio-Pulmonary Resuscitation (CPR):** Person has no pulse and is not breathing.

☐ **Attempt Resuscitation/CPR**

☐ **Do Not Attempt Resuscitation (DNAR) / Allow Natural Death (AND)**
Choosing **DNAR** will include appropriate comfort measures.

When not in cardiopulmonary arrest, go to part B.

B Check One — **Medical Interventions:** Person has pulse and/or is breathing.

☐ **FULL TREATMENT - primary goal of prolonging life by all medically effective means.**
Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

☐ **SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures.** Includes care described below. Use medical treatment, IV fluids and cardiac care as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care if possible.

☐ **COMFORT FOCUSED TREATMENT - primary goal of maximizing comfort.**
Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer:** EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.

Additional Orders: *(e.g. dialysis)*

C Check One — **Medical Treatment Preferences:**

Medically-assisted Nutrition: (Always offer food and liquids by mouth if feasible.)

☐ Trial period of medically-assisted nutrition by tube. (Goal:)

☐ No medically-assisted nutrition by tube.

☐ Long-term medically-assisted nutrition by tube.

Antibiotics:

☐ Use antibiotics for prolongation of life.

☐ Do not use antibiotics except when needed for symptom management

Additional orders: *(e.g. dialysis, blood products, implanted cardiac devices. Attach additional orders if necessary.)*

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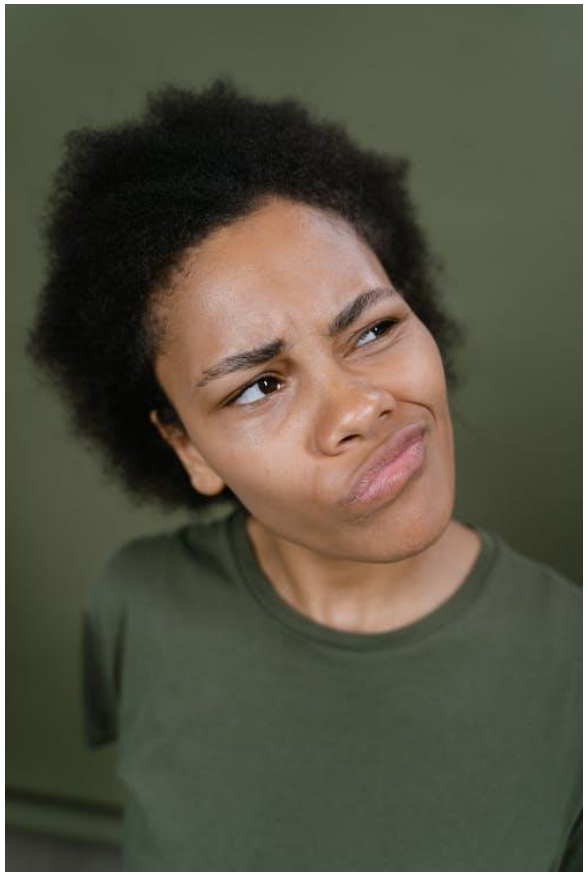
Connecting Care CRISP DC

ADVANCE CARE PLANNING INITIATIVE

crispdc.org | 833.580.4646 | dcoutreach@crisphealth.org

REDUCING PATIENT RELUCTANCE

- Never badger or pressure
  - Use Spirit of Motivational Interviewing
  - Ask what he or she knows/thinks about ACP
  - Invite patient to work on this with you any time he or she is ready
  - Respect patient's reasons for declining
  - Don't try to persuade



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REDUCING PATIENT RELUCTANCE (CONT.)

- Present ACP as a normal part of routine check-ups and care
  - Incorporate question about Advance Directives in your practice's intake form
  - Ask about patient's answer to question
  - Use casual tone

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REDUCING PATIENT RELUCTANCE (CONT.)

- Research suggests that patients are more likely to change health behaviors if providers raise topic
- Raise ACP more than once
  - At every visit
  - At annual wellness visit
  - During windows of opportunity (e.g., disease management session, post-discharge follow-up)

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3776512/

DISCUSSION

» *What other methods have worked for you?*

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INES

Stock Image

- ***When Ines is visibly uncomfortable at the next visit, how should the doctor proceed?***

ROGER

Stock Image

- ***How would you reduce Roger's fears about ACP?***
- ***How often would you bring up completing an Advance Instructions form with him?***

REVIEWING AND REVISING

- Remind patients that completed ACP forms aren't etched in stone
- They can change their choices at any time, including at time of a medical crisis (if they are not incapacitated)
- Providers should review forms with them annually
- *Recommend that they share completed forms with their family members*

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Q&A

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WRAP UP AND NEXT STEPS

- Please complete the online evaluation! **If you would like to receive CE or CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar**.**

- The webinar recording will be available within a few days at: https://www.integratedcaredc.com/learning/

- **Upcoming Webinar:**
  - **Advance Directive and Person-Centered Care Planning Series 3: From Beginning to End (So to Speak): A Case-Based Experiential Session About Advance Care Planning**, September 22, 12:00pm-1:00pm EST

- For more information about Integrated Care DC, please visit: https://www.integratedcaredc.com/