

# Transforming Healthcare: ADVANCE CARE PLANNING

Gundersen Health System is leading the nation with an innovative program that is designed to help healthcare providers and the patient’s caregivers understand and honor a patient’s preferences for future medical treatment. Our system increases continuity of care, quality of life, and respect for the patient’s wishes, while matching health services to patient preferences and reducing utilization of unwanted medical treatments.

The system is based on well-established, existing programs at Gundersen Health System, including:

- A community-wide advance care planning program which makes advance care planning available to every person, ensures documented plans are available wherever and whenever patients need them and ensures healthcare professionals comply with the patient’s treatment choices.
- Hospice and palliative care programs, which assist patients with advanced diseases through the physical, psychosocial and spiritual aspects of aging and dying.
- Coordination of these services by use of electronic medical records, which can be accessed by all medical professionals in the health system and region at all sites of care.

At Gundersen Health System, this approach has allowed us to provide high-quality care while at the same time reducing the utilization of unwanted acute care services. According to the Dartmouth Atlas, Gundersen Health System Medicare beneficiaries spend 10.6 fewer days in the hospital the last two years of life than the national average.

## “One of the best-known advance directive initiatives is Respecting Choices® ...

The program produces educational materials for patients; trains facilitators to discuss end-of-life questions with patients and prepare them for the end of life; and ensures that advance directives are available in patients’ medical records, now electronically.”

*Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*

Institute of Medicine Report; 2014; page 3 – 48

## Cost of Care in the Last Two Years of Life\*

Hospital	Inpatient Days per Decedent, Last Two Years, 2010	Total Medicare Reimbursement of Care/Patient During Last 2 Years of Life, 2010
Gundersen Health System	9.7	\$48,771
Marshfield/St. Joseph’s	18.9	\$67,734
University of Wisconsin	17.1	\$79,372
Cleveland Clinic	25.5	\$86,279
Mayo Clinic	17.5	\$72,444
UCLA	28.5	\$137,248
New York University Medical Center	32.3	\$131,624
National Average	20.3	\$79,337
10th Percentile	14.4	\$58,886

\* Source: Based on 2010 Dartmouth Atlas Study Methodology. The Dartmouth Atlas methodology examines hospital inpatient care for the last two years of a Medicare patient’s life.

## Advance Care Planning

Gundersen Health System's ACP program, Respecting Choices®, is a proven model. Through research and experience, RC has learned that ACP is best done in stages over the life time of an individual<sup>1</sup>. ACP is not a one-time event, but an ongoing process. In the RC model the stages of planning are: First®, Next and Last Steps® ACP.

**First Steps® ACP** is appropriate for any adult over the age of 18. It is appropriate for healthy adults as well as those who may have a chronic illness, but have never done ACP. The goals of this stage of planning are to

- motivate patients to plan,
- assist in selecting a qualified healthcare surrogate decision-maker,
- provide instructions for goals of care in the event of a permanent and severe neurologic injury, and
- complete a basic document.

**Next Steps ACP** is offered to patients when chronic illness becomes more advanced — when clinical triggers arise, such as complications, frequent hospitalizations/clinical encounters, or a decline in function. For a patient with heart failure, this may include a heart attack, pulmonary complications, or increased symptoms with activities of daily living. The goals of this stage of planning are to assess the patient's understanding of the disease progression (and related treatment options) and to identify goals of care in bad-outcome situations. While it is assumed that full care and treatment will continue, the Next Steps ACP conversation helps to clarify when goals of care would shift based on the patient's clarification of unacceptable outcomes. This in-depth discussion

- helps patients understand their illness progression,
- identifies gaps and needs,
- identifies the range of treatment options for their disease progression, and
- prepares healthcare agents for a future decision making-role.

**Last Steps® ACP** is initiated as a component of quality end-of-life care for frail elders and those whose death in the next 12 months would not be a surprise. The Last Steps planning conversation is focused on goals of care in order to make timely, proactive, and specific end-of-life decisions. Ideally, these decisions are converted into medical orders that can be followed throughout

the continuum of care. The Physician Orders for Life-Sustaining Treatment (POLST) program is the nationally recognized model for this stage of planning ([www.POLST.org](http://www.POLST.org)).

This staged approach to planning makes practical sense to individuals who are not expected to plan, when they are relatively healthy, for every situation that may happen over the course of their lifetime. It also helps improve the specificity of planning as patients become sicker.

What makes this program successful is a comprehensive, systematic approach that includes three key components:

- **Community approach:** Systems have been set up to foster conversations about future medical care in the community using medical and community resources. For example, discussions about future medical care have been built into Gundersen Health System's primary care, and Gundersen Health System has trained advance care planning facilitators available to answer questions for patients at any time.
- **Availability of information as a standard practice:** This model allows advance directives to be available in patients' medical records so the directives are available wherever patients are and whenever they need them.
- **Professional education:** Having an advance directive is not enough. Healthcare professionals must also comply with it. Educating providers about advance directives has led to a high level of provider compliance with patients' treatment choices.

The program's focus on a comprehensive, systematic approach to advance care planning has resulted in a high prevalence of planning by the time of death. Plans are almost always available at the site of care, and there's consistency between the plans and actual decisions. Studies at Gundersen Health System have shown patients with advanced illnesses who have advance directives are more likely to prefer to have their care focused on comfort and function. They are less likely to prefer to have their final medical care in a hospital or to have interventions like CPR attempted. Because of these patient choices, patients with advance directives use about \$2,000 less in physician and hospital services in the last six months of life compared to other patients in the La Crosse area

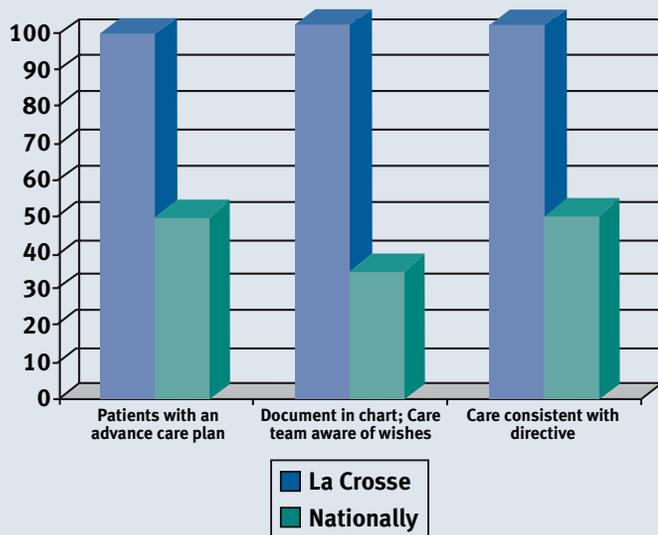
without advance directives—the time period when the highest medical expenses often occur.

1. Briggs LA. Helping individuals make informed healthcare decisions: the role of the advance care planning facilitator. In *Having Your Own Say; Getting the Right Care When It Matters Most*: Hammes BJ, ed. Washington, DC: CHT Press; 2012:23-40.

## Results of our program

Since its inception in 1986, the Gundersen Health System advance care planning system has had a significant impact on patient planning and decision-making. Data published in 2010 showed that of all adult residents of La Crosse County who died in any setting of care in the county over a seven month period (400), 96 percent had some type of an advance care plan, 99 percent of these plans were available in the patient's medical record and treatments were consistent with instructions 99 percent of the time. These latest results are a continuation of highly successful advance care planning program that has been in place for more than 20 years.

### Results of our program compared to national averages



National information: Research in Action, AHRQ, Issue #12, March 2003

La Crosse information: Hammes BJ, Rooney BL, Gundrum, JD. A comparative, retrospective, observational study of the prevalence, availability, and specificity of advance care plans in a county that implemented an advance care planning microsystem. *J Am Geriatr Soc* 58:1249-1255, 2010

## Advance Directives and the electronic medical record

A novel, sophisticated advance care planning electronic application has been embedded into Gundersen Health System's electronic medical record. That means a patient's advance directive is available

for healthcare providers at all sites of care throughout Gundersen Health System. What is more, the advance care planning electronic application goes beyond the advance directive. It brings together all advance care planning practices at Gundersen Health System into one electronic system including:

- Guides practitioners through initiating and updating advance care planning conversations
- Allows the clinician to document that the patient was given advance care planning education
- Allows physicians to dictate advance care planning notes as part of their routine dictation and easily retrieve those notes
- Identifies the patient's healthcare agents (person given authority to make medical decisions for the patient) and other surrogates
- Assists with referrals to advance care planning facilitators

### An internationally recognized program

Gundersen Health System's model of advance care planning led to the development of the Gundersen Health System Respecting Choices® program. Respecting Choices has been implemented by more than 100 organizations or groups in the United States. The model of care is also being implemented in other countries. Both Australia and Singapore have licensed the program and are implementing Respecting Choices country-wide. The program is also being tested in Germany, Canada, UK, Netherlands, Belgium, Italy, and Slovakia.

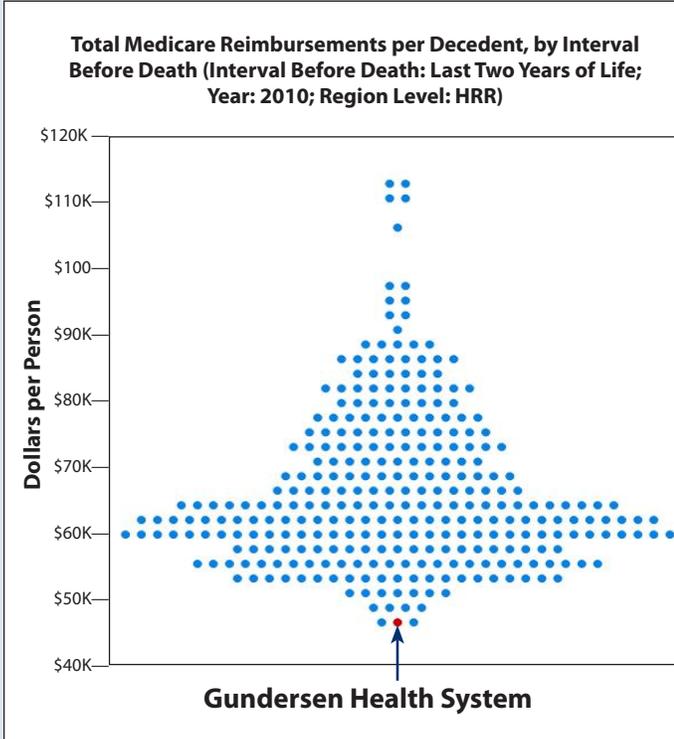
## Hospital-based palliative care

Gundersen Health System developed its innovative hospital-based palliative care program 10 years ago. The program provides inpatient care for patients with end-stage disease suffering an acute medical crisis. Palliative care is an extension of hospice-style care that helps patients with advanced diseases and their families through the physical, psychosocial and spiritual aspects of aging and dying. Gundersen Health System innovative hospital-based palliative care program has shown to:

- Significantly reduce hospital costs: In the first 15 months of the program, hospital costs were reduced by approximately \$3,500 per patient in billed costs

- Reduce hospital readmission rates: 6% versus 18% in a control population
- Result in higher ratings of satisfaction with care from families of patients who die in the hospital

Patients can also receive palliative care services in the outpatient setting, resulting in an increased continuity of care.



**When compared with other hospitals in the country, Gundersen Health System ranks near the bottom when it comes to Medicare costs associated with chronic disease in a patient’s last two years of life.**

## Gundersen Health System

Headquartered in La Crosse, Wisconsin, Gundersen Health System provides quality health services to patients at its hospital and clinics throughout western Wisconsin, southeastern Minnesota and northeastern Iowa. Gundersen Health System is a major tertiary teaching hospital, providing a broad range of emergency, specialty and primary care services to its patients.

As one of the nation’s largest multi-specialty group medical practices, Gundersen Health System is comprised of nearly 700 medical, dental and associate staff, and supported by a staff of more than 6,000. The Health System has been consistently ranked in the upper 5% of hospitals in the country.

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