Lessons in Leadership

BUILDING A MULTI-STAKEHOLDER CONVENER MODEL FOR PERSON-CENTERED ADVANCE CARE PLANNING IN DAYTON, OH

Respecting Choices®

PERSON-CENTERED CARE

National Share the Experience 2018

Improving Person-Centered Outcomes Through Collaboration

October 23–26, 2018
Bloomington, Minnesota
## Your Guides

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Hackenbracht, MPA</td>
<td>Greater Dayton Area Hospital Association</td>
</tr>
<tr>
<td>Abi Katz, DO, MS, HMDC</td>
<td>Fidelity Health Care</td>
</tr>
<tr>
<td>Kathleen Scheltens, PhD</td>
<td>University of Dayton</td>
</tr>
<tr>
<td>Judy LaMusga, Esq.</td>
<td>Area Agency on Aging</td>
</tr>
</tbody>
</table>

## Workshop Structure

### Time is of the Essence
- 15 minute presentation segments
- 10 minute exercises with those near you

### Select Roles for Exercises
- Reporter
- Scribe
- Parking Lot Attendee

### Rules of Engagement
- There are no bad ideas
- Be kind
- What else?

### Audience Participation
Dayton, Ohio

SARAH HACKENBRACHT

Spirit of Innovation & Collaboration

Collaboration & cooperation are essential to the Dayton region’s economy

Industry sectors such as healthcare, manufacturing, technology, and logistics demonstrate cross-sector partnerships to rebuild and retrain the workforce.
Community Collaboration in Dayton, OH

Public/private partnerships establish new training programs in an innovation center, such as the Dayton Arcade HUB, after sitting vacant for 30 years

- City of Dayton
- Montgomery County & Port Authority
- University of Dayton
- Business & industry sectors, including healthcare

Health System & Hospital Cooperation

GDAHA
GREATER DAYTON AREA HOSPITAL ASSOCIATION
The Link to Quality Care
www.DECIDETobeHEARD.org
An Aging Region & Ready Population

Population Projections: AAA PSA2 Region

Data Source: Ohio Development Services Agency

Dayton continues to have the highest level of government reimbursed patient days. Higher government payer mix creates upward price pressure to recover payment deficiencies.
Getting Started: Leveraging Community Partnerships

DR. KATHLEEN SCHELTENS
Executive Summary of Symposium and Leadership Summit included recommendations:

- Gain financial commitment from 2 HC Systems
- ID Convener
- ID Stakeholder Group

Developed a proposal for senior leadership of Premier Health and Kettering Health Network
THE PROBLEM:

According to the U.S. Department of Health and Human Services Advance Directives and Advance Care Planning Report to Congress (2008), end of life decision making in the US is often poorly implemented.

- Patients often express uncertainty about the treatment preferences that are most consistent with their clinical condition.
- Patients are unable to communicate their treatment preferences to their health care providers.
- Patients do not document their preferences, or leave their preferences undefined or otherwise uncommunicated.
- Patients who have a severe illness and are no longer able to communicate their preferences may still face challenges of life-sustaining treatment or care that may be too simplistic.

THE SOLUTION:

Development of a Community-Wide Advance Care Planning System

Such a system includes patients and provides opportunities for patients, caregivers, providers, and their families to discuss advance care planning needs

- The focus on preferences concerning life-sustaining treatments commonly proves to be too simplistic.

Guiding Principles:

- A patient's goals and wishes should be clearly understood and respected.
- An effective ACP system should aim to simplifying advance care planning for patients and providers.
- The use of Medical Orders for Treatment of Inpatients (MOTIP) should be standardized and made available for all patients. 

PROGRAM COMPONENTS

- Community Engagement Campaign
  - Leadership and clinical champions
  - Development of a Patient-Centered ACP Program
  - Development of a Community-Wide ACP Program

- Professional Education
  - Training for health care professionals
  - Training for providers and patients
  - Development of a patient-centered ACP program

- Health System Administration
  - Creation of a patient-centered ACP program
  - Development of best practices for implementing ACP programs

ORGANIZATIONAL STRUCTURE

LEADERSHIP COUNCIL

- Members of the leadership council include representatives from various stakeholders, including hospitals, health care providers, patient advocates, and community leaders.

TASK FORCE

- The task force is responsible for coordinating efforts across the community to promote ACP.

STAFF

- The staff of the ACP program includes professionals from various fields, such as medicine, social work, and psychology.

HOW DO WE BUILD A NEW ADVANCE CARE PLANNING CULTURE?

- Get Executive Leadership on Board
- Develop Key Physician Support
- Train Champions to Help the Message
- Build a Public Awareness Campaign
- Train Health Care Providers
- Develop Shared Patient Education
- Develop Shared Resources
- Develop Shared Protocols and Processes
- Establish a Sustainable Financial Model
FUNDING RECOMMENDATIONS

• Gain commitment from Premier Health and Kettering Health Network in local development and implementation of Advance Care Planning program
• Commit to contract with the Respecting Choices organization for First Steps ACP Implementation Program
• Commit to funding ACP Organization Faculty
• Commit to funding materials license fee
• Commit to funding of FTE Program Director
• Commit to funding Program Budget

COST OF PROGRAM IMPLEMENTATION

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting Choices First Steps ACP Program</td>
<td>$120,995</td>
<td>One-time cost</td>
</tr>
<tr>
<td>Organization faculty certification</td>
<td>$49,255</td>
<td>One-time cost</td>
</tr>
<tr>
<td>Materials license fee</td>
<td>$6,000</td>
<td>One-time cost</td>
</tr>
<tr>
<td>KTC Program Director</td>
<td>$102,890</td>
<td>Recurring cost</td>
</tr>
<tr>
<td>Program budget (including staffing)</td>
<td>$100,000</td>
<td>Recurring cost</td>
</tr>
<tr>
<td>TOTAL COST FOR PROGRAM 13 YEARS</td>
<td>$356,697</td>
<td></td>
</tr>
</tbody>
</table>

ANNUAL BREAKDOWN

<table>
<thead>
<tr>
<th>YEAR</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$202,697</td>
</tr>
<tr>
<td>2</td>
<td>$153,890</td>
</tr>
<tr>
<td>3</td>
<td>$153,890</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$356,697</td>
</tr>
</tbody>
</table>

Three Year Commitment

• RC Contract (1st STEPS)
• Organization Faculty
• Materials License Fee
• Contract Staff
• Program Budget

The Proposal

• Financial commitment from Premier Health and Kettering Health Network

• Administrative Support from Greater Dayton Area Hospital Association including fiscal sponsorship, office, and meeting space
Post-Symposium Task Force

- Proposal Development (May 2015)
- Meetings with Leadership (Summer 2015)
- GDAHA Presentations & Board of Trustees Approval (Winter 2015)

Planning Groups:

- Symposium Planning Committee
- Post-Symposium Task Force
- Executive Committee & Leadership Council
Building a Convener Model

The convener model allows us to:

• Build across organizations
• Create something for all populations

GDAHA was a natural fit:

• Convener in other community issues
• Neutral entity
• Able to serve in administrative & operational role

Executive Leadership
Leadership Council

- Area Agency on Aging
- Dayton Physicians Network
- Graceworks Lutheran Services
- Greater Dayton Area Hospital Association
- Innovative Care Solutions
- Kettering Health Network (2)
- Montgomery County Medical Society
- Premier Health & Fidelity Health Care (2)
- Ohio’s Hospice
- University of Dayton*
- University of Dayton-Miami Valley Hospital Healthcare Symposium
- Wright State University*

*Co-Chairs

A Shared Mission & Vision

Our Mission
To create a culture that embraces advance care planning and increases conversations between providers, the people we serve, and their families by educating and transforming our community.

Our Vision
That every person in the Greater Dayton Area is empowered to have advance care planning conversations that reflect their personal values and beliefs.
Organizational Structure

Leadership Council

Task Force

Staff

2015 Proposal

What we thought we needed...

Collaboration in 2016

How we started to build our work collaboratively...
Early Years & Preparing to Work

- Hire Staff (Spring 2016)
- Organizational Development (Summer 2016)
- Pre-Training (Fall 2016)
- Leadership Development & Education (On-Going)
- Establish Regional Brand (Fall 2016)
Early Years & Working the Contract

- Design & Implementation (3)
- Facilitator Training (2)
- Implementation Phases (2)
- Share the Experience (2)
- Instructor Training (1)
Major Accomplishments – Tools & Collaborations

Consensus for use of shared advance directive for region via Ohio Choices packet

Created a Facilitator Worksheet & Summary Worksheet to document conversations when charting is not an option

Suite of communications materials available to all sites with consistent message and regional brand

On-going collaboration for build of ACP module into EPIC at both health systems

Online scheduling tool for community Facilitators

Exercise 1

The first exercise in our workshop is meant to help you identify key players in an advance care planning initiative for your community.

Some of our best partnerships are a result of sharing the work load according our strengths and abilities as:

• Sponsor organizations & behind-the-scenes leaders
• Individual and organization champions or “movers & shakers”
• Our thinkers and “brain trust”
• Our implementers and those who can “get stuff done”
• Organizations and people willing to do early work to get buy-in

Who are the key players for a shared approach to advance care planning in your community?
Best Kept Secrets: Building A Regional Model

DR. ABI KATZ

Leadership Change & Competing Challenges

Health system leadership changes are frequent & impact ACP work
• Revisit
• Re-educate
• Reintroduce

Ongoing competition with some of the same leaders tapped to work with GDAHA to find local solutions to the opioid crisis
• Time
• Resources
• System Executive Attention
Pilot Site Selection

Community

Engaging Experts in Workgroups

- Shared Advance Directives
- Document Storage & Management
- Community Education & Awareness
- Data Metrics & Success
- Fund Development
Baseline Data for Region

Collaborative approach to collecting & sharing baseline data as part of regional initiative

9% – 12%

Compared to the national average, both health systems have opportunity for improvement

Regional Clinical Survey & Other Surveys

Workgroup prioritized the importance of data to know where we are, measure progress, and report back to the Leadership Council

- Ex. Neutral entity, such as GDAHA, has the ability to collect & report data as regional partner (Baseline Data & Facilitator Survey)

Wright State University School of Medicine conducted a **regional survey of clinicians** from Premier Health, Kettering Health Network, Wright State Physicians, Montgomery County Medical Society

**706 physicians, nurse practitioners, nurses, social workers, and chaplains responded**
How Often Do You Discuss Advance Care Planning with Patient or Their Significant Others? By Health Care Clinician Type

<table>
<thead>
<tr>
<th>Health Care Clinician Type</th>
<th>Never or Rarely</th>
<th>Often or Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>53%</td>
<td>17%</td>
</tr>
<tr>
<td>NP/PAs</td>
<td>43%</td>
<td>29%</td>
</tr>
<tr>
<td>Nurses</td>
<td>49%</td>
<td>34%</td>
</tr>
</tbody>
</table>
Health System Organization Faculty

Role of Staff & Team Engagement
Exercise 2

This exercise is geared toward looking at the current state of advance care planning in your community to see where there might be momentum to build upon current commitments to ACP or create a new sense of urgency.

The areas of “behind-the-scenes” collaboration have been important foundations to build for our shared commitment to advance care planning.

When we apply The Five Promises to our community-wide initiative, we have the ability to strengthen our own collaboration.

What parts of a successful ACP implementation are happening in your own community? How can the commitment be leveraged?

Moving Forward: Sustainability & Shared Ownership

MS. JUDY LAMUSGA
Organization Faculty & Staff Support

Mission Critical Areas for Success

**WHAT ARE THEY?**
- Community Organization Faculty
- Implementation Site Growth & Development
- On-Going Facilitator Training

**HOW DO WE PAY FOR THEM?**
- Membership Model
- Fee-Based Contract Services
- Training Fee & Upcoming Grant Application
Membership Model

Executive Level

• Executive Committee (can include a designated proxy)
• Leadership Council Role (can include a designated proxy)
• Logo placement on locally branded Ohio Choices cover
• 2 spots in 2019 Instructor Trainings
• 10 spots in 2019 Facilitator Trainings

Associate Level

• Leadership Council Role (can include a designated proxy)
• 1 spots in 2019 Instructor Trainings
• 5 spots in 2019 Facilitator Trainings

Leadership Council & Advocates

Throughout 2019, we’ll grow Leadership Council participation with key advocates.

Be mindful of how we engage organizations in this work to build new Facilitators & Implementation Sites in 2019.

Reliance on in-kind support for communications & fund development.

Bring in subject-matter experts into meetings and workgroups to provide guidance.

Prepare for 2020’s public awareness campaign.
Developing Advocates & Champions

Shared Tools & Resources
Finding Balance

Build your own ACP community slowly

Develop solid infrastructure & advocates for your work

Seize opportunities for change within partners to build system support

Use relationships with new partners to help them meet their mission

Exercise 3

This exercise is meant to help you assess the options for shared ownership and on-going sustainability.

Unless your community has unlimited funds to build and sustain new initiatives, you may need to find options for shared ownership of your community-wide approach to ACP.

Of the organizations you’ve been listing in Exercises 1 & 2, which have expertise in the following areas?

- Administration & Program Management
- Finance & Operations
- Training & Development
- Communications
- Fund Development
- Community Outreach & Education
Concluding Thoughts

SARAH HACKENBRACHT

Collective Learning

WHAT WE HEARD FROM YOU TODAY
WHAT WE NEEDED TO SHARE

Everything we shared today worked for us because of a committed group of people and incredibly valuable guidance from Respecting Choices.
Questions?

<table>
<thead>
<tr>
<th>PRESENTER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Sarah Hackenbracht</td>
<td><a href="mailto:shackenbracht@gdaha.org">shackenbracht@gdaha.org</a></td>
</tr>
<tr>
<td>Dr. Abi Katz</td>
<td><a href="mailto:alkatz2@premierhealth.com">alkatz2@premierhealth.com</a></td>
</tr>
<tr>
<td>Ms. Judy LaMusga</td>
<td><a href="mailto:judy@lamusgalaw.com">judy@lamusgalaw.com</a></td>
</tr>
<tr>
<td>Dr. Kathleen Scheltens</td>
<td><a href="mailto:Kathleen.scheltens@udayton.edu">Kathleen.scheltens@udayton.edu</a></td>
</tr>
</tbody>
</table>