THE HONORING CHOICES® PACIFIC NORTHWEST CONVENER MODEL: A CLOSER LOOK

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Learning Outcomes

• Cite three strategies used to recruit, engage, support and celebrate partner organizations implementing an ACP program.

• Learn about one design structure using a convener model with cohorts to create an ACP program including approaches for staffing, funding and creation of long and short term goals.

• Identify three customized consulting and training strategies to support teams during the different phases of implementation.
“Practice makes perfect. ” Better

Honoring Choices® Pacific Northwest

Community Engagement
Advance Care Planning
Professional Development
Advocacy
Central Repository
Honoring Choices PNW – ACP Program

Vision
Everyone will receive care that honors personal values and goals at the end of life.

The ACP program inspires conversations about the care people would want if they can’t make their own medical decisions.

Public
Make informed choices about end-of-life care.

Health care organizations and community groups
Discuss, record and honor end-of-life choices.

LAY THE FOUNDATION
Laying the Foundation

• Convener model
• Leadership and oversight
• Organization chart
• Funding
• Roles and responsibilities of HCPNW and partners
• Short and long term goals and measures
The Convener Model

The Model:
• Brings people and organizations together to address a complex issue.
• Uses influence and authority to call for collaboration.
• Serves as the organizer and administrator of the collaboration.
• Creates a platform for the collaboration.

Key Tasks:
• Clarify the purpose of the collaborative leadership effort.
• Develop a preliminary list of stakeholders and leaders to invite to the table.
• Secure high-level stakeholder buy-in, and intellectual and financial support.

Convener Model Structure

WSHA  WSMA
Oversight Committee
Honoring Choices PNW
Advisory Council
Medical Officer Collaborative
Resources  Measures  ADs
Advisory Council: 30 senior-level stakeholders

- Every major health system
- Large medical groups
- Large and small hospitals
- Medical Schools
- Professional associations
- Insurance companies
- County alliances
- State agencies
- POLST Task Force
- Bree Collaborative
- IHI consultant

Who should be at the table?
Recruiting and Engaging Partner Organizations

Recruiting
• Advisory Council members
• Medical Officer Collaborative members
• Communications: CEO newsletter, member newsletters, meetings and events
• Direct Outreach – all health care organizations / all community groups

Engaging and Getting Commitment
• Informational sessions
• Leadership engagement
• Statement of Interest
• Kick-off Event

First Cohort Sites
Honoring Choices PNW Org Chart

Senior Director

Executive Assistant

Community Outreach Program Manager and Lead Faculty

Health Care ACP Program Manager and Lead Faculty

Faculty (0.5) – Independent Contractor

Faculty (0.25) – WSHA

Faculty (0.25) – WSHA

Faculty (0.25) – WSMA

Faculty (0.1) – Partner Org.

2015-2021 Budget Breakdown

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<tr>
<th>Category</th>
<th>Budgeted Expenses 7-year Total</th>
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<tr>
<td>Staff 5-6 FTE: senior director, faculty, program managers,</td>
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<td>administrative support</td>
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<tr>
<td>Community Outreach</td>
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<td>Central Repository for Advance Directives and POLST</td>
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Potential Funding Models

• Grants
• Charitable Donations
• Charging for Consulting Services

• Initial vs. Ongoing

Honoring Choices PNW’s Commitments

• Respecting Choices® First Steps® ACP Program
  – Design & Implementation course and resources
  – ACP Facilitator Certification course and resources
  – ACP Instructor Certification course and resources
• Guidance and assistance throughout partnership
  – Includes implementation planning, small test of change, spread and dissemination, as well as certifying ACP Facilitators and Instructors
• Regular educational webinars and consulting sessions to support growth and sustainability
• Share the Experience events with nationally recognized speakers, networking and learning opportunities
Organizational Expectations

- Identify an executive leader who can communicate the importance of the implementation to key stakeholders and allocate necessary resources and address organizational barriers.
- Commit to participate in an initial 12-month implementation plan, as well as system- and community-wide dissemination over the next several years.
- Implement best-practice education and engagement materials (e.g., advance directives, decision aids).
- Collect and report on process and outcome measures to demonstrate progress.

Organizational Expectations

- Establish implementation team, identifying an ACP Coordinator, site lead and frontline staff, as well as facilitator and instructor candidates.
- Allocate adequate administrative support (e.g., IT, QI, finance).
- Cover travel expenses for team members to attend training courses and educational conferences.
- Establish a Steering Committee to provide ongoing oversight and strategic planning.
Training Subsidy and Support Guidelines

• Initial concept:
  – Each organization would receive:
    • 3 “small test of change” waves
    • 9 certified Facilitators
    • 1-3 certified Instructors
    • 1-3 trained ACP Coordinators

• Current concept:
  – Each organization that has a strong implementation plan will receive the resources needed to be successful (within reason).
Short and Long Term Goals and Measures

- Consulted experts
- Developed by Ad hoc subcommittee
- Approved by Advisory Council and Oversight Committee
- Revisit annually
- Condition of participation
  - Track monthly to quarterly

ACP Measurement Selection Considerations

- Are you measuring what you plan to change?
- Do your measures unintendendly place a value-judgement?
- Is it easy enough to measure?
- Do you have too many measures?
- Are they achievable in the identified time period?
Lessons Learned

• It takes time and effort to lay a strong foundation.
• Include as many voices as possible from the beginning.
• The philanthropic approach was risky, but paid off.
• Develop goals and measures early, with lots of input.
• The enthusiasm from a large statewide kickoff was a key to success.

COHORT AND FACULTY STRUCTURE
Cohort Structure

- Cohort: a group of people banded together and treated as a group, who are working on the same effort and are on the same implementation timeline.
  - 5-30 teams per cohort
  - Staggered launches
  - Organizations may participate in multiple cohorts

Implementation Team Timeline

- First Steps ACP Design & Implementation Course
- Teams develop and submit Implementation Plan w/Faculty support
- Faculty review, edit and approve Implementation Plans
- Facilitator Certification Course
- Facilitator coaching and mentoring
- Small Test of Change (6 months)
- Assess program and analyze results
- Instructor Certification Course
- “Share the Experience” Event
- Spread
Staggered Cohort Timeline

Spread vs. Dissemination

Organization
Advanced Dissemination

4th Cohort

Site A
 Entire Clinic
 Playbook

Site B
 Entire Clinic
 Playbook

Site C
 Entire Clinic
 Playbook

Site D
 Entire Clinic
 Playbook

5th Cohort

Site E
 Entire Clinic
 Playbook

Site F
 Entire Clinic
 Playbook

Site G
 Entire Clinic
 Playbook

Site H
 Entire Clinic
 Playbook

Centralized ACP Services

Centralized ACP Services:

- Certified ACP Facilitators
- ACP Storage and Retrieval
- Measurement Tracking and Reporting
- Scheduling and Offering Group ACP Sessions
- Reminders and Follow-up
Team Development for Sustainability

ACP Coordinator

Faculty

Instructors

Facilitators

Honoring Choices®
PACIFIC NORTHWEST

AN INITIATIVE OF
Washington State Hospital Association
Washington State Medical Association

YOUR PLAN
The Role of **Lead Faculty**

- Develop, mentor and coach faculty
- Chart the course
- Recruit and start onboarding new organizations
- Assign teams to Faculty
- Identify educational needs and assign Faculty to develop curriculum
- Monitor overall implementation progress
The Role of Faculty

- Organization Consulting
  - Design and Implementation
  - Spread/Dissemination

- Educational and Networking Webinars
  - Coordinator
  - Facilitator
  - Instructor

- Content experts
  - Leadership engagement
  - EMR
  - Concordance
  - Community, family and patient engagement

Assigning Faculty and Organizations

- Geographically
- Small vs. Large
- Health System vs. Medical Group
- EMR
Lessons Learned: Cohort & Staffing Structure

• **Cohort:**
  – Cohort model works well at the beginning, but doesn’t hold together after 1-2 years.
  – Assign faculty to organizations earlier in process

• **Faculty:**
  – Selection of faculty
  – Plan for turnover
  – Allow time for Faculty to develop their skills before launch
  – Employed vs. contracted
    Dedicated vs. a portion of their job

Lessons Learned: Cohort & Staffing Structure

• **Administrative support**
  – Allows Faculty to focus on consulting and training
  – Provides teams with standard resources and expectations

• **Sharing information:**
  – Centralized team consultation documentation
  – Faculty calls and retreats
Discussion: Cohort & Staffing Models

- How do you organize multiple teams/organizations?
- What are your staffing models and structures?
- What are your barriers?

TRAINING, COACHING AND CONSULTING STRATEGIES
Training, Coaching and Consulting Strategies

- Leadership Engagement
- Kick off Event
- EMR Integration webinar
- Design and Implementation
- Spread and Dissemination
- Certification Courses
- Team Development:
  - Coordinator Training and Development
  - Facilitator Training and Development
  - Instructor Training and Development

Faculty Consulting for Organizations

- Designing and Implementing Plan
  - D&I Course
  - Create Implementation Plan: 1:1 consulting
  - Small Test of Change
  - Spread
Grouping Teams Together

- Once plans were drafted, similar organizations were clustered into groups for consulting purposes.
  - Pros
    - Networking
    - Transparency
    - Efficient use of faculty time
  - Challenges
    - Different stages of implementation
    - Attendance and follow up
    - Efficient use of faculty time?

Team Updates: The Five Promises

1. Initiate the conversation
   - Defining and identifying target population
   - Invitation strategy: process, wording, cues

2. Provide assistance with advance care planning
   - Scheduling
   - Including health care agent
   - Reminder process
   - Preparing for facilitated conversation

3. Make sure plans are clear
   - Facilitator support
   - Health care agent’s presence
   - Documentation brevity, accuracy and completeness
   - Auditing to ensure quality

4. Maintain and retrieve plans
   - Staff education on availability of ACP documents
   - EMR: narrative documentation, AD, access, review/updates

5. Appropriately follow plans
   - Support health care agent by clarifying written document and using shared decision making
   - Concordance
   - Document that choices were honored

Leadership
- Leadership Team and Steering Cmte
- Strategic planning for spread and dissemination
- Problem-solving
- Messaging and promotion
ACP Program Updates (all teams)
Successes, Challenges and Plans for the Future

• Steering Committee
• ACP Leadership Team
• Strategic plan
• Cohort 1 spread status
• Cohort 2 spread status
• Plans for dissemination
• Group ACP facilitations
• Facilitator development
• Community outreach
• EMR integration

Team Member Development

Faculty

ACP Coordinator

Instructors

Facilitators
Team Member Education and Coaching

- Educational Webinars
  - 6 topics: New facilitators
- Networking Webinars
  - Facilitators
  - Instructors
  - ACP Coordinators

Faculty – Webinar Assignments

- Facilitator Educational: Each Faculty teach one
  - Jessica
  - Kim
- Facilitator Networking
  - Kim
- Instructor
  - Kim
  - Bonnie
- Coordinator
  - Kellie
  - Sue
  - Jessica
Facilitator Educational Webinar

• Monthly for 6 months
• Topics Covered:
  – How to review a completed AD
  – Preparing for the conversation
  – Conversations with couples
  – Capacity in conversations
  – Cultural diversity
  – Group facilitations

Facilitator Networking Webinar

• Every other month → quarterly
• Recurring Agenda:
  – Educational topic
  – Program updates
  – Open discussion
Instructor Webinar

- Every other month then quarterly after two years
- Topics Covered:
  - Preparing to teach your own class
  - Preparing to teach the educational webinars
  - Other roles that the instructor plays, i.e. community support, spread and dissemination
  - How to mentor and coach your facilitators

ACP Coordinator Webinar

- Every other month → quarterly
- Topics Covered:
  - Strategic Planning
  - Teaching the D&I Course
  - Advanced dissemination
  - Partnering with community groups
  - Concordance
  - Centralized ACP Services
  - Implementation science – change management strategies
Spread Education and Coaching

Additional Training, Coaching and Consulting

- Updates on Advance Directive Revisions
- National Healthcare Decision Day
  - Started talking about this in summer of ‘17 for April of ‘18
  - Generated ideas for ACP coordinators
  - Suggested advertising early
  - Engaged instructors and facilitators
  - Provided promotional videos
Celebrating our Partners:

- Share the Experience
- Governor's Proclamation for National Health Care Decisions Day
- Testimony to WA state Legislature
- *WSMA Report* articles
- WSMA Patient Safety Awards
- Press releases
- Other articles (nursing magazine, etc.)

Lessons Learned

- Grouped teams get out of sync
- Balance being directive/prescriptive vs. adaptive/customized
- Team member time considerations
- Succession planning for team members
Discussion

• What strategies are you using to train and support your organizations?
• How do you celebrate your teams?
• What barriers do you see with organizational and team support?

MEASURING SUCCESS
Quality Improvement

- Reporting expectations
- Process vs outcome measures and goals
  - Launch vs. ongoing
- Measurement tracking tool and submission form
- Incorporating results into consultations and QI
- Managing up: sharing results with leadership

ACP Documents on File

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Measures and Goals for *Group* Conversations

- Total # of sessions
- Total # of attendees
- 25% of attendees’ health care agents are present
- <15% of attendees request a 1:1 follow-up conversation.
- On average, individuals who participate in a group facilitated ACP conversation rate their satisfaction as 4 out of 5 or higher.

Measures and Goals for *Individual* Conversations

- 80% of target population are invited to participate in ACP facilitation.
- 50% of individuals invited to participate in ACP facilitation accept and schedule an appointment with a Facilitator.
- 75% of individuals who scheduled an appointment go on to have a conversation
- Total number of conversations (includes 1st, 2nd, 3rd)
- Total number of people who had a conversation
- 50% of facilitated conversations with an individual include the health care agent.
- 50% of individuals who participate in an ACP facilitated conversation return a completed Advance Directive.
  - 95% of returned ADs include a DPOAH form
  - 75% of returned ADs include a Health Care Directive
- 95% of returned completed ADs are stored in your EMR
- 95% of conversations are documented by Facilitator in EMR
- ACP Facilitators spend <60 min per conversation.
- On average, individuals who participate in a one-on-one facilitated ACP conversation rate their satisfaction as 4 out of 5 or higher.
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**Simplified Measures**

**INDIVIDUAL**
- # of participants in individual conversations
- # of individual conversations that include the health care agent

**GROUP**
- # of group sessions held
- # of participants in group conversations
- # of participants who had a health care agent present

**OVERALL**
- # of completed advance directives returned and stored in the EMR

**EDUCATIONAL PRESENTATION**
- # of participants in educational presentations
Assessing ACP Program and Faculty

- Online evaluation of curriculum, program and faculty
- 1:1 calls w/ACP Coordinators and a set list of questions
Lessons Learned

• Tracking data is complex.
• Take what you can get.
• Data informs consulting.
• Data are information; stories are wisdom.

Discussion: Data and Reporting

• Have you created short and long term goals?
• Do you have a baseline measurement?
• Ideas on how you will collect data?
Looking ahead

• Physician communication skill-building
• Central repository for AD and POLST
  – EMR integration
  – Patient interface: learn about ACP and complete AD
• Advocacy: AD completion requirements
• Expand community-based program
• Website redesign
  – Public facing
  – Participating organization portal
Thank you!