ADVANCING PERSON-CENTERED ACP EDUCATION IN MEDICAL PRACTICES THROUGH COLLABORATION WITH PHYSICIANS

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Learning Outcomes

After this presentation, you will be able to:

• Identify at least one strategy where collaborative efforts between organizations can be influential in establishing a stronger presence of trained person-centered ACP facilitator resources

• Describe how a trained First Steps ACP Instructor engages with community stakeholders to have a multiplier effect of training many, creating increased access to ACP information and person-centered ACP resources in the community

Getting started...

• Clinical rotation in clinical ethics consultation
  – *Icahn School of Medicine at Mount Sinai (NYC)*

• Bioethics internship – Inpatient Palliative Care
  – *Ellis Medicine (Schenectady, NY)*
  – *Recognized need to reach people earlier than time of crisis/calamity*

• Certification as ACP Facilitator & Instructor
  – *Respecting Choices™ (La Crosse, WI)*

• Visiting Nurse Service of Northeastern NY
National/International Publications

- Blue Ribbon poster at Center to Advance Palliative Care (CAPC) National Conference (2017)
- 8 published articles
  - *Journal of Palliative Medicine*
  - *Journal of Ethics, Medicine and Public Health*
- Presentations

Engage & Strategize

- Community Conversations
  - Developed using RC™ principles
    - Slide show, talking points
    - Handouts
    - Demonstration of tools (Health Care Proxy, MOLST)
  - Outreach to community groups
    - Faith-based groups
    - Civic organizations
    - Men’s, women’s groups, etc.
Early Program Data


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<th># of Presentations</th>
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<th># of Completed Evaluations</th>
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Establish Liaison Relationships

- Burgeoning interest among physicians
- Pilot in General Practitioner’s office
  - Leadership commitment, trained the staff
  - Designated on-site hours in his office
  - Met with every patient
    - Discussed Health Care Proxy, Advance Directive, the Conversation
    - Compelling reasons to think about and complete
  - Championed by MD
    - Printed personalized HC proxy forms
Establish Liaison Relationships

• Student interest (Union College)
• Opportunity for **sustained** activity
• Benefits:
  – Students fulfill vol. requirement in clinical setting
  – Medical staff not over-burdened
  – Physician gets the HC Proxy & AD in medical record (upstream from illness, in many cases)
  – Patients learn how to have the conversation with loved ones
  – Patients’ wishes can be honored – the ultimate goal!
A Growing Interest

- Inquiries changed direction
- Colleagues shared the success, enthusiasm
- Caught attention of stakeholders
- Scheduled training events
  - For groups at large
  - For private medical offices, personnel

Stakeholders

- Hospital systems
- Programs within the Hospital systems

Other
- Individual physician groups
- NHDD – NYS Dept. of Health, Commissioner’s Office
- Healthcare Coalition (Insurance Co., Universities, Hospitals, EMT/Ambulance)
Securing Funding

- Local grants
  - Provided $$$ to purchase Respecting Choices™ materials, handouts

- Support from NYS Delivery System Reform Incentive Payment (DSRIP) Program
  - Provided $$$ to member organizations to provide education...aka RC™ First Steps Facilitator Certification

Why ACP is Important – Points to Stress for Leadership Buy-In

- American Academy of Physicians
  - One of the top high-quality, low-cost interventions for providers for increasing patient satisfaction, and can lead to:
  - More efficient allocation of resources
  - Reduced admissions
  - Improved facilitation of skilled nursing facility transfers
  - Reduced provider stress
  - Proper use of MOLST
  - Improved patient & family satisfaction
Essential Conversations

The Quadruple Aim

The Missing Aim

Adapted from graphic by Cardiac Interventions Today
Opportunity to be on the cutting edge of culture change

3 principles steer the activities and scope

– **Availability**: bringing this to people who need it
– **Accessibility**: tools to get started, easier access to advance directives
– **Awareness**: engagement events
**Approach - People**

- Physician engagement & alignment
  - Introduce concept and plan
  - Kick-off next steps presentation (ex. Primary care)
  - Identify clinicians for pilot
  - Develop tactical schedule for pilot

**Approach - Productivity**

- Determine format of trainings
  - General education focus, ACP facilitator certification, non-certification, topical in-services, etc.
  - Identify materials to be used in training
    - PP
    - Handouts
    - Scripts
    - Etc.
Approach - Quality

• Measurements/Outcomes
  – Determine summary of what success looks like
    • # of MD offices engaged, # ACP trainings, # clinicians trained
    • # patients engaged, # ADs prepared, #ADs in record

  – Develop tracking tools
  – Develop plan to report outcomes

Approach - Growth

• Marketing plan for engaging groups beyond the pilot
  – Develop plan to publish outcomes
  – Collect testimonials
  – Develop sustainability strategy
  – Establish speakers bureau

• Balanced Scorecard (visual assessment of progress)
• Performance Improvement Plan
• Implementation of timeline
280+ clinicians trained as ACP Facilitators (6/2017 - 9/2018)
- To start the conversation with patients, in their offices
- To help patients complete HC Proxy and AD paperwork
- Answer questions
- MDs, PAs, NPs, RNs, LPNs, MSWs, Chaplains
- 3 hospital systems

Gateway to conversations with patients when prognosis changes
- Logical progression of conversation
- Understanding what matters most to each patient

Hospitalists and Medical Residents
- Compelling reasons to start the conversation with your patients