# Integrating Serious Illness Communication into Existing Programs: Challenges and Opportunities

**Dr Joshua Lakin, MD**
**13 November 2024, Wednesday**
**1230 – 1330**

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Dr. Lakin works as an attending Palliative Care Physician at the Dana-Farber Cancer Institute and the Brigham and Women's Hospital in Boston, Massachusetts. He also serves as the director for the KidneyPal palliative care service dedicated to patients with advanced kidney disease. He is the clinical lead for the Serious Illness Care Program (Ariadne Lab) at Brigham & Women's Hospital and he currently teaches at the Harvard Medical School Center for Palliative Care.

In terms of research pursuits, Dr. Lakin is interested in working to build scalable and measurable models for delivering palliative care, especially high-quality serious illness communication. He spends his time primarily at the intersection of clinical palliative care and systems work in the Population Health Management realm. He has been leading a program aimed at improving serious illness communication in the high-risk primary care population at Brigham and Women's Hospital. Dr. Lakin is now working to make this program a sustainable part of ongoing work for the primary care, specialist, and hospital-based teams throughout Partners Healthcare in his role as Palliative Care Consultant to the Population Health Management group.

## Integrating Serious Illness Communication into Existing Programs: Challenges and Opportunities

Serious illness communication does not happen for most patients for many reasons, including barriers for clinicians and failures in health provision systems. Improving serious illness communication requires multi-pronged, systematic approaches.

In this talk, we will consider some of the key barriers to improving serious illness communication and examine some ways to integrate improvement efforts into ongoing programs.

# Integrating Serious Illness Conversations into Existing Programs

## Challenges and Opportunities

November 13th, 2024

Joshua Lakin, MD

# THANK YOU!

# I have no conflicts of interest to disclose

# Objectives for Today

- Explore the reasons that serious illness communication does not happen well

- Describe programmatic interventions to remove barriers and improve upon system failures

- Discuss ways to integrate new change models for serious illness communication into existing programs

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# WHY DO SERIOUS ILLNESS CONVERSATIONS NOT HAPPEN WELL?

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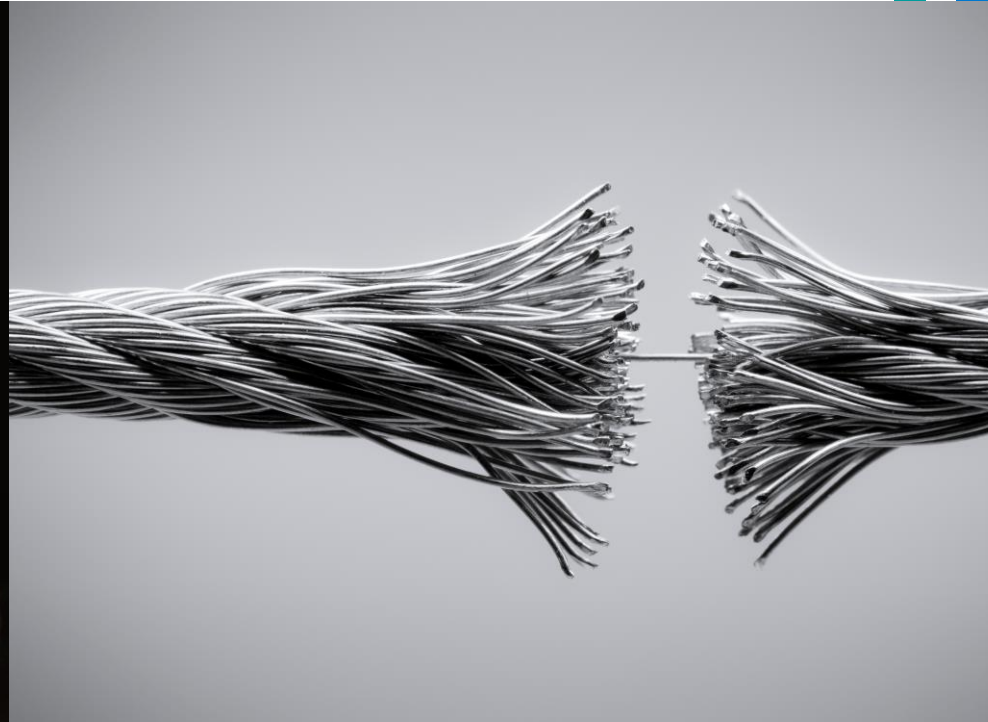# While things have improved, many people experience serious illness conversations that are…



# Infrequent, confusing, late, and focused on what matters to us

Heyland DK Open Med 2009; Mack AIM 2012; Wright JAMA 2008

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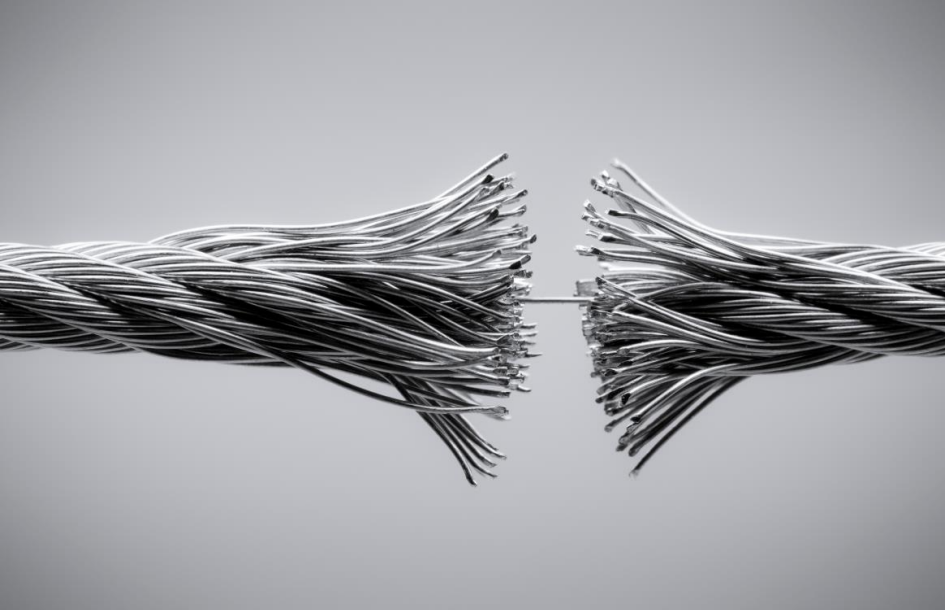
# Why does this happen?



## Clinician Barriers

## System Failures

Bernacki RE Block SD. JAMA Intern Med 2014. Lakin JR et al. JAMA Intern Med. 2016.

# For Clinicians



- Intensely time pressured environment

- Inconsistent and varied training

- Anxiety about conversation and outcomes

- Difficult to get to the right people, right time

- Moral injury

Block SD. J PalliatMed. 2002. Buss MK et al. Cancer. 2011; Bernacki RE Block SD. JAMA Intern Med 2014. Lakin JR et al. JAMA Intern Med. 2016.

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# **For Systems**

- Despite many people's wishes to the contrary, system default is to keep testing and treating

- Many systems have not set up infrastructure to do the work

- Variable EHR infrastructure makes doing the work (and measuring outcomes) difficult

Bernacki RE Block SD. JAMA Intern Med 2014. Lakin JR et al. JAMA Intern Med. 2016.

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# WHAT ARE SOME OF THE SYSTEMATIC INTERVENTIONS TO ADDRESS THESE ISSUES?

# Why system's interventions?

# Tools



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**Serious Illness Conversation Guide**

PATIENT-TESTED LANGUAGE

SET UP — "I would like t... to you. Wou...

ASSESS — "To make sure... of what's hap...

"How much i... discuss toda...

SHARE — "Can I share m...
Uncertain: "I... possible for... could get si... OR
Time: "I wish...

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Lakin JR et al. Health Aff. 2017

Rennels CF et al. J Am Geriatr Soc. 2023

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# Patient Identification

- The Goldilocks phenomenon and finding the "right" patients for the "right" conversations

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## Earlier identification of seriously ill patients: an implementation case series

Joshua R Lakin [1], Meghna Desai [1], Kyle Engelman [1], Nina O'Connor [2], Winifred G Teuteberg [3], Alison Coackley [4], Laurel B Kilpatrick [5], Atul Gawande [1] and Erik K Fromme [1]

Correspondence to Dr Joshua R Lakin, Ariadne Labs, Boston, MA 02215, USA; jlakin@partners.org

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# Clinician Nudges

- Leveraging behavioral economics

January 12, 2023

# Long-term Effect of Machine Learning–Triggered Behavioral Nudges on Serious Illness Conversations and End-of-Life Outcomes Among Patients With Cancer
## A Randomized Clinical Trial

Christopher R. Manz, MD[1,2]; Yichen Zhang, PhD[3]; Kan Chen, MA[4]; et al

≫ Author Affiliations | Article Information

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# Training and Coaching

- Iteratively augmenting clinician skill sets

# Interprofessional Workstreams

- Engaging the whole care team

Original Article

## Interprofessional Work in Serious Illness Communication in Primary Care: A Qualitative Study

Joshua R. Lakin, MD,[1–3] Emily Benotti, MPH,[1] Joanna Paladino, MD,[1,2] Natalie Henrich, PhD, MPH,[1] and Justin Sanders, MD, MSc[1–3]

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REFS

# EMR Templates

- Designing the medical record to support, rather than hinder, the work

## Rapid Adoption of a Serious Illness Conversation Electronic Medical Record Template: Lessons Learned and Future Directions

Erica Wilson, MD,[1,2] Rachelle Bernacki, MD, MS, FAAHPM,[2–4] Joshua R. Lakin, MD, FAAHPM,[2–4] Corinne Alexander, MD,[1,2] Vicki Jackson, MD, MPH,[1,2] and Juliet Jacobsen, MD[1,2]



**FIG. 1.** Serious Illness Conversation flowsheet for documentation. Text boxes allow for free text while check boxes encourage efficient documentation and data collection.

# Measurement and Feedback

- Using data to refine, adjust, and motivate



Context: High-risk care management program in primary care clinics implementing the Serious Illness Care Program
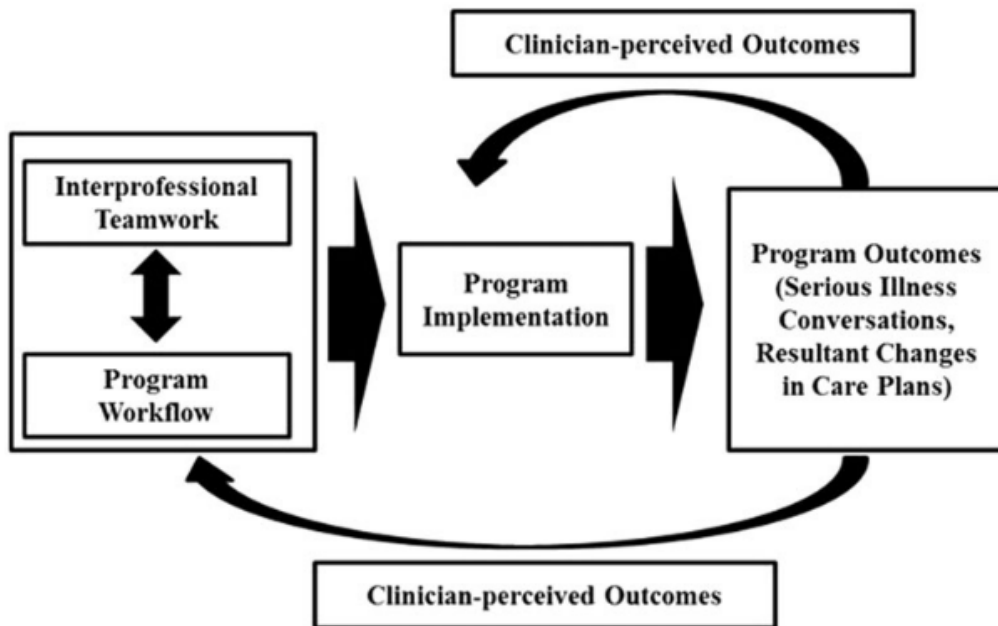
**Clinician-perceived Outcomes**

**Interprofessional Teamwork**

**Program Workflow**

**Program Implementation**

**Program Outcomes (Serious Illness Conversations, Resultant Changes in Care Plans)**

**Clinician-perceived Outcomes**

**FIG. 1.** Proposed conceptual diagram.

Lakin et al. J Palliat Med. 2019.

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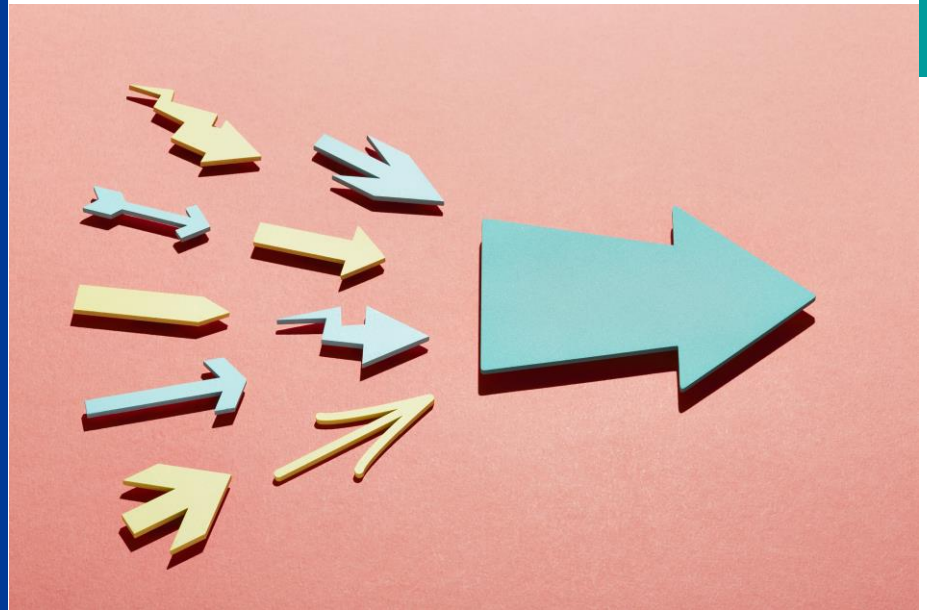
# Summary

- Tools

- Identify Patients

- Nudging Clinicians for Behavior Change

- Training and Coaching

- Interprofessional Workstreams

- EMR Systems

- Measurement and Feedback

# INTEGRATING INTO EXISTING PROGRAMS

# Integrating into existing programs

- What are the ways in which what I am hoping to do (Serious Illness Conversations) is failing to happen?

- Does it fit into this existing program? If so, why?

- What are the programmatic elements and interventions of the existing program?

- Can they address some of the barriers and failures I need to address?

- If so, how might we adapt and use them?

- If not, how do we integrate some new solutions to help augment and integrate?

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# An example from my experience

- **What are the ways in which Serious Illness Conversations are failing to happen in the iCMP program?**

- Does it fit into this existing program? If so, why?

- What are the programmatic elements and interventions of the existing program?

- Can they address some of the barriers and failures I need to address?

- If so, how might we adapt and use them?

- If not, how do we integrate some new solutions to help augment and integrate?



Lakin et al. J Health Aff. 2017.

# THANK YOU!



# QUESTIONS?