Quality Indicators for Serious Illness Conversation and Advance Care Planning Programs

Measuring the Success of your Advocacy

November 15th, 2024

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THANK YOU!

I have no conflicts of interest to disclose

Objectives for Today

- Describe the ways in which SIC and ACP programs improve healthcare

- Consider means to measure impact in each of these areas

- Explore opportunities and challenges in measuring SIC and ACP programs

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How are ACP and SIC helpful?

Impacts on people who are seriously ill

- Help people to be heard and seen on their terms

- Ease burden of psychological distress – less anxiety and depression

- Help with the distress of in the moment decision work

- Improve overall well-being and "quality of life"

- Create connection with care teams

Mack JCO 2010; Wright JAMA 2008; Detering BMJ 2010; Bernacki JAMA Intern Med 2019; Malhotra J Card Fail 2020
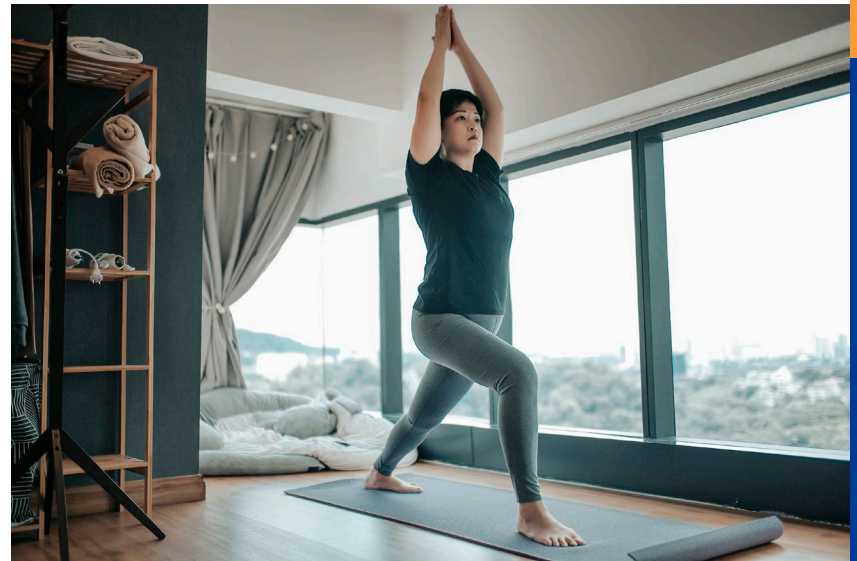
Impacts on care partners and family

- Improve bereavement and grief

- Decrease burden and conflict around decisions

- Helps to prepare and plan for tough times – control

Wright JAMA 2008, Chiarchiaro AATS 2015, Kumar JCO Onc Pr, 2020

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Impacts on clinicians

- Improved self-confidence in communication skills

- Lower anxiety in challenging conversation situations

- Meaningful experiences – connection with patients, improved role satisfaction, desire to have the conversation themselves if they were ill

Paladino BMC Palliat Care 2023, Paladino J Palliat Med 2020, Paladino Cancer Med 2020, Lagrotteria, Jama Netw Open 2021

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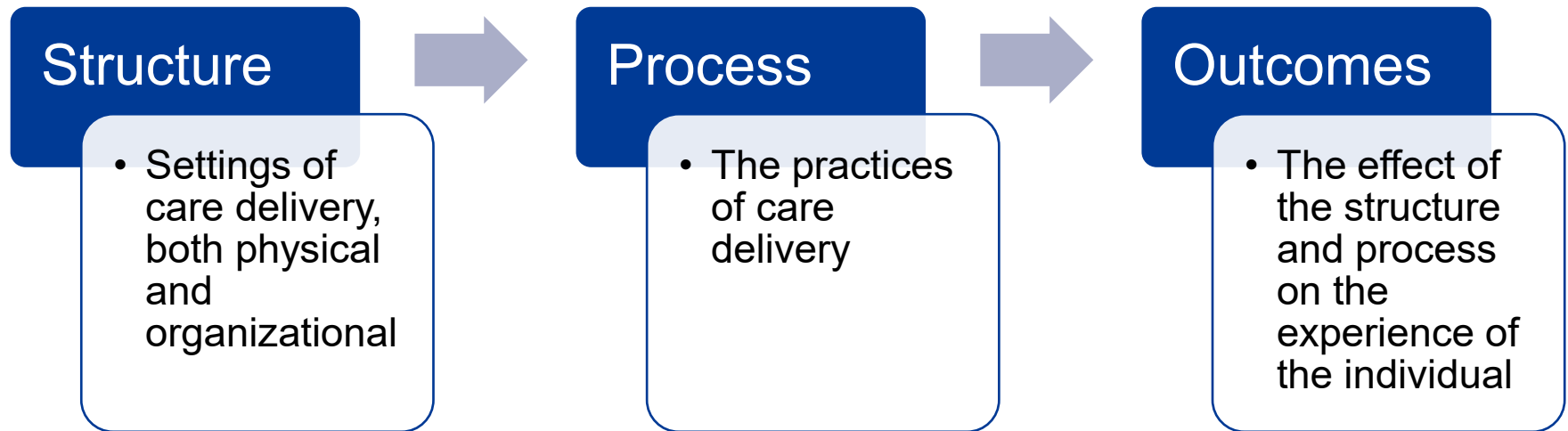
Impacts on health systems

- May drive less use of intensive types of treatments for those who don't want them – resuscitation, ventilation, ICU and hospital use

- May, for a limited time, lower total and inpatient costs

Zhang Annals 2009, Wright JAMA 2008, Lakin Healthcare 2020

Measuring Impact

Model for thinking about quality measures

Structure
- Settings of care delivery, both physical and organizational

→

Process
- The practices of care delivery

→

Outcomes
- The effect of the structure and process on the experience of the individual

Donabedian, A. The Milbank Quarterly. 2005

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Evaluation of each of these steps is helpful and important in SIC and ACP

| Structure | → | Process | → | Outcomes |

What measures help us ensure we have the right structure in place?

How can we tell that our processes are driving towards what we are most interested in?

In what ways are we affecting our key stakeholders: patients, caregivers, clinicians, and systems?

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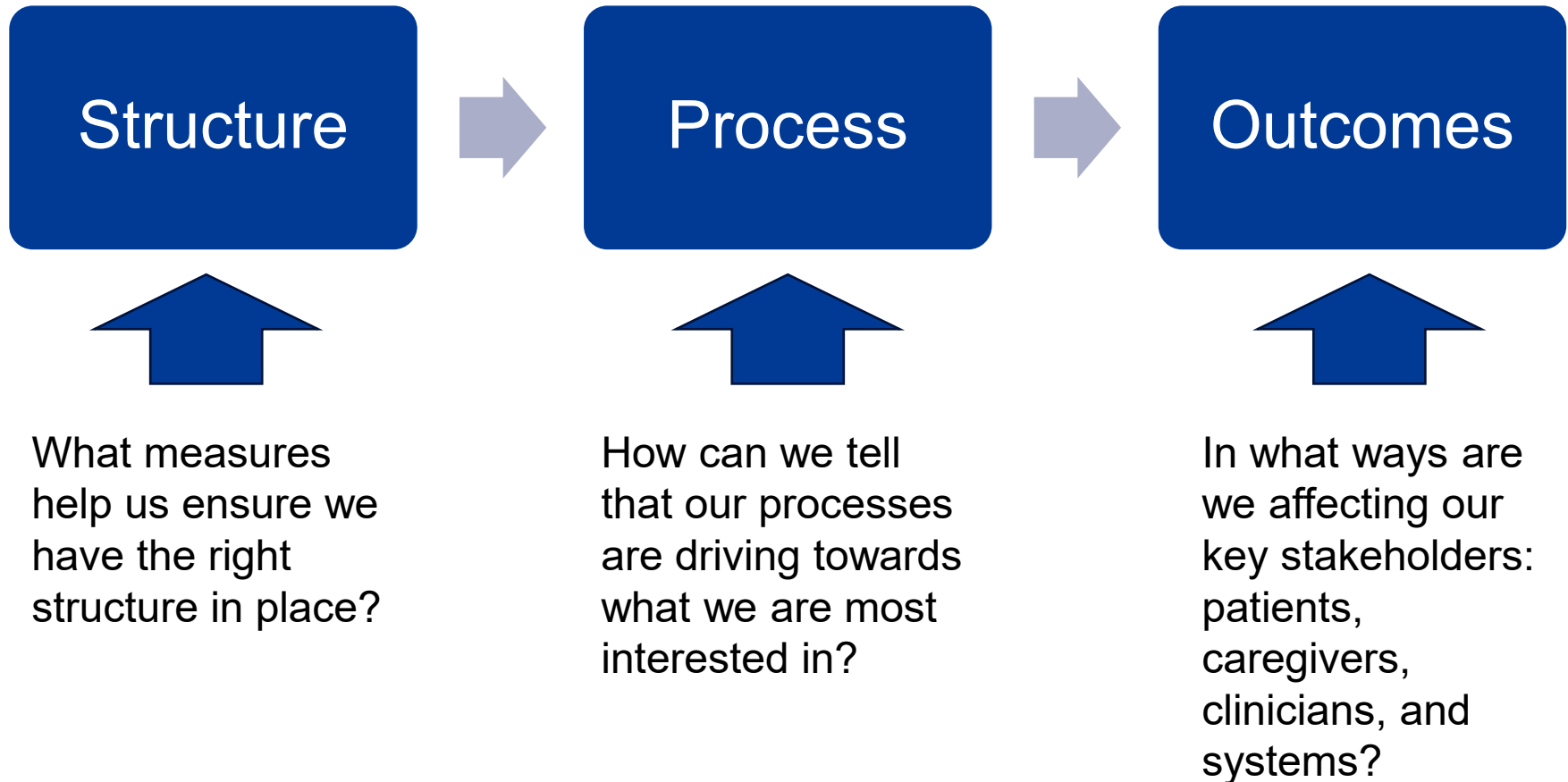
Example of the Serious Illness Care Program
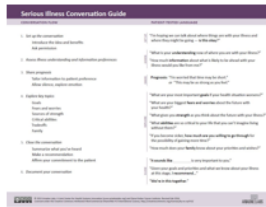
Tools
- Serious Illness Conversation Guide
- Patient preparation materials

Education
- Training
- Coaching

Systems Change
- Patient Screening → Reminder System → Conversation using the Guide → Documentation template in EMR → Revisit Conversation
- Measurement and Improvement (QI)
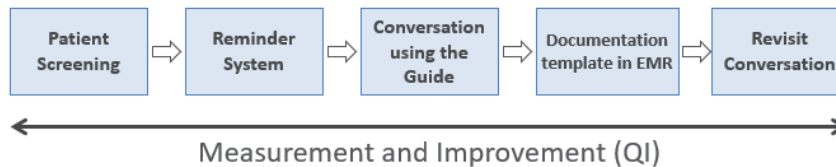
Using as an example for today's discussion

Provides a program structure to consider metrics in SIC/ACP

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Quick Confession

Measuring the structure of the work

- Do you have the key programmatic elements of the work in place?
  - Have you chosen which tools you will use?
  - What patient/family facing materials might you use?
  - Do you have a training program and platform?
  - Do you have trainers and coaches? A plan to sustain and evolve?
  - Have you chosen a patient identification strategy?
  - Do you have a structured EMR in place?
  - Do you have an analytics team to assess and distribute outcomes?
  - Do you have leadership champions? Key project teams?

Structure → Process → Outcomes

The importance of process measures

- What indicators do you have to help you know how your systems are working the way you are hoping?
  - Conversation characteristics – content, timing, quality, who is doing them, timing, etc.
  - % of interprofessional interventions/who is doing it?
  - Training characteristics – is training affecting what we want it to? Does it energize clinicians?
  - Patient selection effectiveness – are we getting the right people at the right time?

Structure → Process → Outcomes

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Dashboard examples

- Conversation Characteristics

Conversation by Provider Department
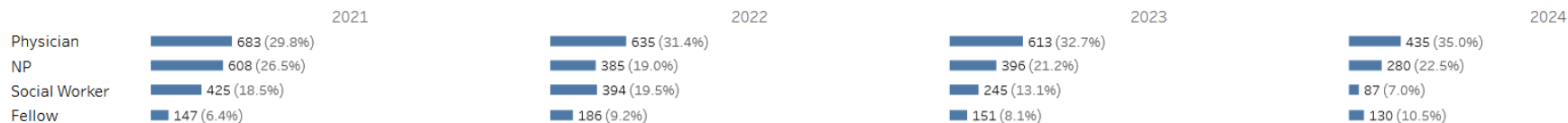*(data from 01/2019 onwards)*

Inpatient/Outpatient (All) ▾

Transplant Surgery	NP	6 (0.1%)
Thoracic Surgery	Physician	87 (0.8%)
	NP	31 (0.3%)
	Fellow	28 (0.2%)
	Social Worker	24 (0.2%)
	Null	8 (0.1%)
	Resident	5 (0.0%)
	RN	1 (0.0%)
	PA	1 (0.0%)
	Medical Student	1 (0.0%)
Surgery	Physician	115 (1.0%)
	Social Worker	73 (0.6%)
	NP	70 (0.6%)
	PA	45 (0.4%)
	Fellow	31 (0.3%)

ACP Flowsheet Sections Filled Out by Providers
(data from 02/2020 onwards)

Illlness Understanding	87%
Hopes	89%
Worries Expressed	82%
Prognostic Information	79%
Importance to Patient	81%
Recommendation(s)	80%
All sections Filled Out	58%

Conversations by Provider Type

	2021	2022	2023	2024
Physician	683 (29.8%)	635 (31.4%)	613 (32.7%)	435 (35.0%)
NP	608 (26.5%)	385 (19.0%)	396 (21.2%)	280 (22.5%)
Social Worker	425 (18.5%)	394 (19.5%)	245 (13.1%)	87 (7.0%)
Fellow	147 (6.4%)	186 (9.2%)	151 (8.1%)	130 (10.5%)

*Unpublished, artificial data

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Dashboard examples

- Characteristics of Patients with Conversations with a Comparison Population

Unique Patients in Location

Unique Patients in Race G
- WHITE
- BLACK
- OTHER
- ASIAN — 18
- UNKNOWN/MISSING — 67 (1
- DECLINED — 66 (1
- TWO OR MORE — 36 (0
- AMERICAN INDIAN/ALASKA .. — 10 (0.
- NATIVE HAWAIIAN OR OTHE.. — 2 (0.0

Unique Patients in Ethnicity Group
- NON HISPANIC — 4,870 (90.3%)
- HISPANIC — 391 (7.2%)
- UNK/MISSING — 133 (2.5%)

Unique Pts in Ethnicity Group (All BWH Pts)
- NON HISPANIC — 2,193,867 (46.7%)
- UNK/MISSING — 2,171,666 (46.2%)
- HISPANIC — 333,028 (7.1%)
- DECLINED — 1 (0.0%)

Unique Patients in Age Gr
- 0-19 | 3 (0.1%)
- 20-29 — 62 (1.1%)
- 30-39 — 206 (3.8%)
- 40-49 — 342 (6.3
- 50-59
- 60-69
- 70-79
- 80-89
- 90-99 — 341 (6.3
- 100+ | 11 (0.2%)

*Unpublished, artificial data

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Dashboard examples

- Patient Selection Characteristics

The Serious Illness Care Program (SICP), is a multicomponent intervention designed to support best practices in communication to increase conversations between clinicians and patients with serious il[l] in 2014 at Brigham and Women's Hospital (BWH) within the Integrated Care Management Program (iCMP), a primary care-based, high-risk care management program for risk-contracted patients.
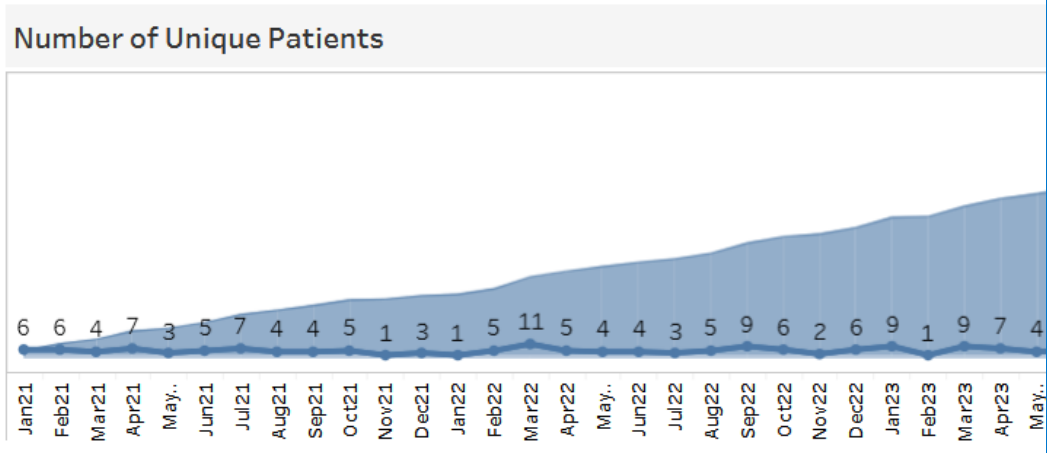
Total ICMP Pop. with SIC	Total ICMP enrolled	%
292	2,730	10.70%

Unique Patients *(to date)*
Same patients could visit both BWH and BWFH on different dates/times

BWH	Grand Total
186	186

Conversations
(in the time period displayed below)

BWH	Grand Total
262	262

Total Uniqu[e] Patients
(from 01/2019 onw[ard])

266

Panel Size

Reached And Receptive

ICMP Team Lead	SIC	Total R&R panel	% w. SIC
	12	138	9%
	12	141	9%
	23	143	16%
	7	141	5%
	14	132	11%
	6	152	4%
	31	146	21%
	13	122	11%
	18	98	18%

Number of Unique Patients

6 6 4 7 3 5 7 4 4 5 1 3 1 5 11 5 4 4 3 5 9 6 2 6 9 1 9 7 4

Jan21 Feb21 Mar21 Apr21 May.. Jun21 Jul21 Aug21 Sep21 Oct21 Nov21 Dec21 Jan22 Feb22 Mar22 Apr22 May.. Jun22 Jul22 Aug22 Sep22 Oct22 Nov22 Dec22 Jan23 Feb23 Mar23 Apr23 May..

*Unpublished, artificial data

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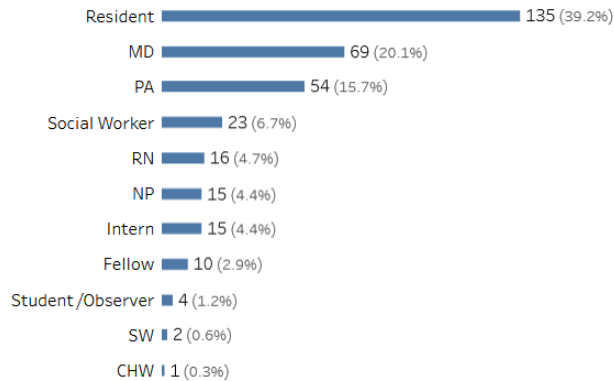
Dashboard examples

- Training characteristics

Total Training Participants: by Provider Type
(data from 01/2019 onwards)

Resident	135 (39.2%)
MD	69 (20.1%)
PA	54 (15.7%)
Social Worker	23 (6.7%)
RN	16 (4.7%)
NP	15 (4.4%)
Intern	15 (4.4%)
Fellow	10 (2.9%)
Student /Observer	4 (1.2%)
SW	2 (0.6%)
CHW	1 (0.3%)

Average Conversation Conducted Pre & Post Training
(data from 01/2019 onwards)

Avg. conv 6m pre training
Avg. conv 6m post training

	Pre	Post
SW	0.00	49.00
Resident	0.11	0.70
Social Worker	0.10	2.77
NP	0.41	5.18
PA	0.10	0.28
MD	0.04	0.11
RN	0.02	0.36
Intern	0.00	0.40
Fellow	0.00	0.30
Student /Observer	0.00	0.00
CHW	0.00	0.00
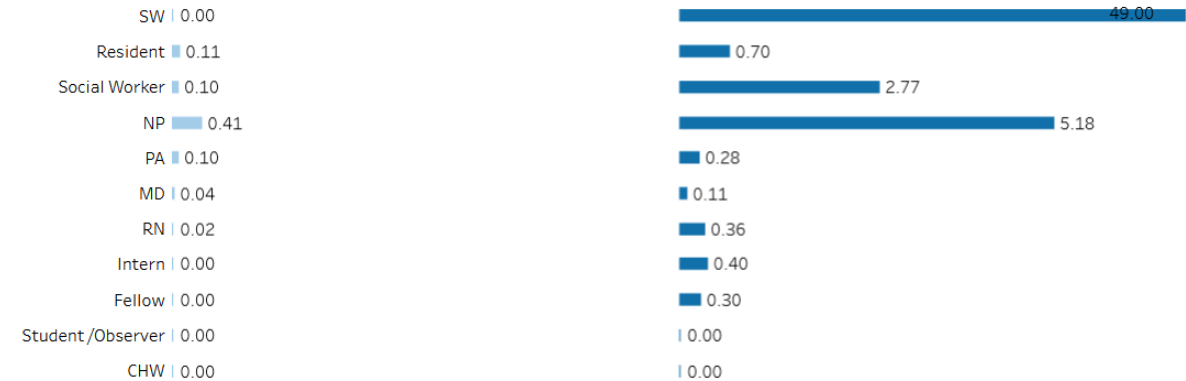
Total Training Participants: by Tools Used
(data from 01/2019 onwards)

VitalTalk	167 (46.5%)
SIC - Virtual	118 (32.9%)

Total Conversation Conducted Pre & Post Training: by Training Tool
(data from 01/2019 onwards)

	Pre	Post
SIC - Virtual	10 (6.2%)	151 (93.8%)
SIC	14 (12.5%)	98 (87.5%)

*Unpublished, artificial data

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The holy grail – your outcome measures

- How do we know if we are impacting our stakeholders?

Structure ➡ Process ➡ Outcomes

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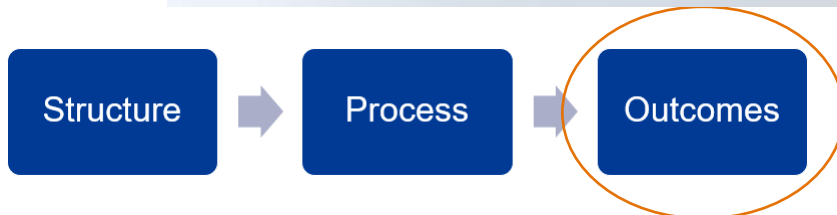
The holy grail – your outcome measures

- How do we know if we are impacting our stakeholders?
  - Patient – communication and psychologic experience
  - Caregivers – bereavement, control, conflict
 - Clinician – effectiveness, satisfaction, empowerment

Structure → Process → **Outcomes**

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What about system outcome measures?

Structure → Process → **Outcomes**

Choosing a suite of measures

- How do we know if we are impacting our stakeholders?
  - We measure our process and keep it true to the intention of the work
    - For example – Key communication characteristics – goals and values in the context of compassionate prognostic work – earlier for the right patients
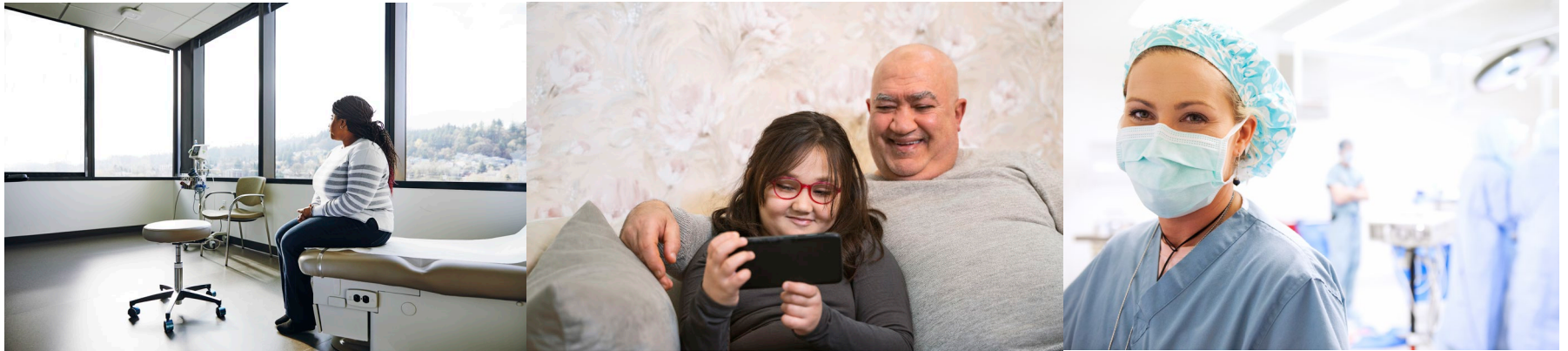
  - We evaluate select patient, caregiver, and clinician outcome measures
    - Heard and understood, anxiety/depression/well-being, bereavement and grief, clinician satisfaction and experience measures

Structure ➡ Process ➡ Outcomes

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Considering Opportunities and Challenges

Perfect vs. Good enough

- Unfortunately, I have not heard a "right" answer in this clinical area

- Don't let perfect be the enemy of the good

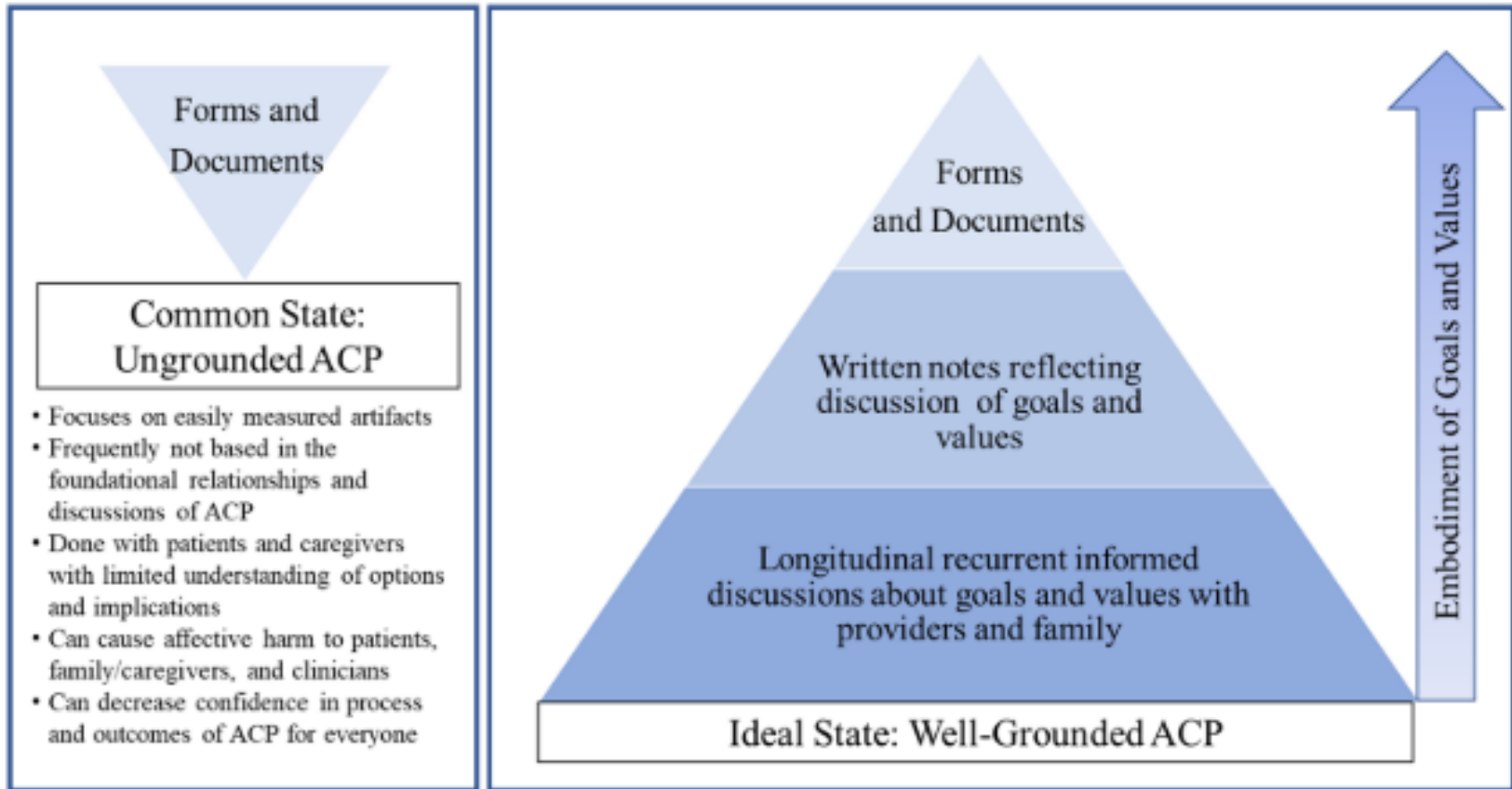# But not good enough can also be an issue, even with good intentions

Figure 1   Costs of ungrounded vs. promise of well-grounded advance planning.

"trying to kind of force it in the box of current medicine feels pretty bad"

Murray JGIM 2023

Choose, Evaluate, Change, Repeat…

- Use some simple structure measures
  - I then use these for program management and iterative work

- Choose a broad suite of process measures for your key processes

- Build out, where you can, a set of outcome measures that aligns with your core purpose

- Then prepare to learn, adapt, and persist

- Prepare for some new AI opportunities soon

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THANK YOU!

QUESTIONS?