

Honoring Choices Wisconsin: Improving Advance Care Planning Across the State

FOCUS
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John Maycroft
Director of Policy Development and Initiatives
Wisconsin Medical Society
www.honoringchoiceswi.org

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What is Advance Care Planning?

Advance Care Planning is **process** of understanding, reflecting on, and discussing future medical decisions, including end-of-life preferences.



Advance Care Planning Includes:

- **Understanding** your health care treatment options
- **Clarifying** your health care goals
- **Weighing your options** about what kind of care and treatment you would want or not want
- **Making decisions** about whether you want to appoint a health care agent or complete a health care directive
- **Communicating** your wishes and any documents with your family, friends and health care provider



Statistics

- 90% of people say they would prefer to die at home, but only 20% do
- The median length of hospice service in 2010 was 19.7 days. The average length of service was 67.4 days
- About 29% of people have advance directives



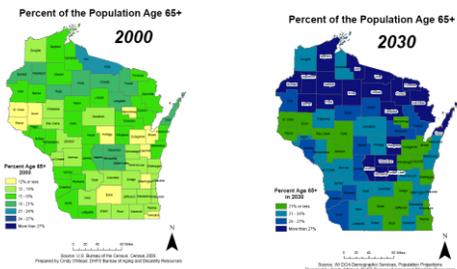
More Statistics

- Less than 50 percent of the severely or terminally ill patients studied had an advance directive in their medical record.
- Only 12 percent of patients with an advance directive had received input from their physician in its development.
- Between 65 and 76 percent of physicians whose patients had an advance directive were not aware that it existed.

-AHRQ 2003



Like others, Wisconsin's population is aging



Opportunity

- To Convene Disparate Stakeholders
- To Harmonize Efforts, Share Language
- To Improve Patient Experience
- For Better Patient Engagement Around an Uncomfortable Topic



Physicians' Duty

- To encourage advance care planning
- To support the team in offering and conducting conversations
- Not to make or force the patient's decision



The La Crosse Experience, La Crosse, WI

Gundersen Lutheran and Mayo-Franciscan

90% of decedents have an advance directive
 99.4% of those decedents' advance directives were found in the medical record where they died.
 98% of treatment decisions were found consistent with instructions

Dramatic effect on Family Satisfaction

(LADS 2007-08, Detering et al 2012)



It's About the Conversation!



The Facilitation Process

- REFLECT on experiences and thoughts about death and medical emergencies
- CHOOSE a health care agent
- DISCUSS your wishes for care
- SHARE important spiritual, cultural and other beliefs





Twin Cities, Minnesota

An effort of the Twin Cities Medical Society and its Foundation to encourage families and communities to have discussions regarding end-of-life care choices.



Honoring Choices Wisconsin

The mission of Honoring Choices Wisconsin is to promote the benefits of and improve processes for advance care planning across the state, in health care settings and in the community.



Honoring Choices Wisconsin will accomplish this by:

- Advocating for advance care planning as a process of planning and communication, with conversation at its core
- Making First Steps facilitated advance care planning conversations a routine part of health care for all capable adults
- Working with people of all backgrounds, faiths, cultures and identities to create an environment in which the conversation is normalized and thrives
- Ensuring that advance care planning documents are properly stored and retrievable in the medical record across health care settings
- Sharing successes, challenges and lessons learned with others



Honoring Choices Wisconsin

What it is **NOT**:

- Encouraging one particular decision over another
- Legislation
- POLST (Physicians Orders for Life Sustaining Treatments)



Health Systems Agree To:

- A shared approach, including pilot projects
- A shared language around advance care planning
- Share lessons
- Not compete around advance care planning
- Contribute financially



Clinical Pilots

- Offer facilitated ACP conversations to a targeted patient demographic
- Utilize Respecting Choices training and principles
- Learn lessons for broader implementation



Facilitated Conversations must be:

- Offered
- Scheduled
- Conducted
- Documented in an advance directive
- Entered consistently into the medical record



Round 1 Participating Systems:

1. Community Care, Inc
2. Fort HealthCare/Rainbow Hospice/Jefferson Co. ADRC
3. ProHealth Care
4. Group Health Cooperative-SCW
5. Meriter Health Services
6. UW Hospital & Clinics
7. William S. Middleton Memorial Veterans Hospital



The Clinical Pilot Approach

Key Elements:

1. System Design
2. ACP Facilitation Skills and Education
3. Community Engagement
4. Continuous Quality Improvement



The Clinical Pilot Approach

Fall

- Design & Implementation training

Winter

- Facilitators trained

March 1 – September 1

- Trial implementation

October

- Sharing the Experience Conference
- Wider implementation



Outcomes and Measures

>50% of people invited to participate will agree to schedule an appointment with a facilitator.

100% of people who complete an ACP discussion will have this conversation documented.

>50% of people who participate in a conversation will complete a written plan.



Outcomes and Measures

Participants will rate the conversation 3 or greater on a 5 point scale.

Agents will feel more prepared to make healthcare decisions for the patient as a result of the conversation.

Facilitators will be able to integrate ACP conversations into their routines of care as measured by time spent on ACP.



Outcomes and Measures

Facilitators will become more confident in their facilitation skills over time.

Facilitators will provide feedback on the advance directive document.

And the stories!





Building a Vocabulary

- Glossary & Style Guide
- Standardizing across participants
- Working with reporters & media
- Moving away from focus on documentation



Standardized Documentation and Storage

Although legally acceptable ADs can take many forms, standardization will improve community understanding and participant engagement.

Advance care plans must follow the patient, and be accessible in the medical record



Community Outreach

- Faith Communities
- Multicultural Organizations
- Senior Groups
- Disability Community
- LGBT Organizations



Faith Ambassador Program

- Through Meriter Association of Spiritual Caregivers
- 17 clergy speak to audiences in faith and other settings
- Attendees can sign up for individual facilitation
- AD connected to individual’s medical home



“Hub and Spoke” Model

- Multiple points of contact: ADRCs, allies, Society staff, clergy, media, others can all introduce individuals to the concept
- Pool of facilitators available to meet with patient—organized by area hospice, local coalition, or other association
- AD completed and connected to individual’s medical home



INTRODUCTION



FACILITATION



DOCUMENTATION



MEDICAL RECORD



Media Outreach

- Television
- Internet
- Social Media
- Newspapers
- *Consider the Conversation*



Wisconsin Public Television



Challenges

- Collaboration
- Physician and Stakeholder Understanding
- Lack of common language
- Wisconsin-Specific Legal Barriers
- Competition for Time / Resources
- Community Awareness Building



Lessons for the Movement

- Importance of Medical Society's convener role
- Strategic mapping
- Fundraising
- Woodwork effect
- Political savvy and diplomacy



Supporting Organizations

- Wisconsin Health Care Association
- Wisconsin Center for Assisted Living
- Wisconsin Cancer Control Program
- *Consider the Conversation* Co-Producers Mike Bernhagen & Terry Kaldhusdal
- Rainbow HospiceCare
- Agrace Hospice and Palliative Care
- Greater Milwaukee Business Foundation on Health
- Unity Health Insurance
- United HealthCare
- Humana
- WPS Health Insurance
- Dean Health Plan
- Physicians Plus
- Meriter Foundation
- Fox Valley End-of-Life Care Coalition
- Milwaukee End-of-Life Coalition
- Wisconsin Nurses Association
- Wisconsin Institute for Healthy Aging



Conversation