2C | Advance Care Planning in Rural Communities

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Objectives:

After participating in this session, attendees will be able to

• Provide general information about Advance Care Planning (ACP)
• Define a target population and identify a need within their community
• Develop and access a network of colleagues, students and partners to support the rural workforce
• Identify the first steps in implementing a system-driven or community driven ACP program within their own community or health care system.
• Design educational components that increase understanding of effective ACP
Advance Care Planning helps people think and talk about healthcare treatment options they would want if, in the future, they were unable to speak for themselves.

*Advance Care Planning is a process — not a document.*
At its core, Advance Care Planning is 3 questions:

A. Who would you want to make decisions for you if you couldn’t make them yourself?

B. What would be the goals of treatment if you lost the ability to know who you were, who you were with, or where you were?

C. What spiritual, personal, and cultural values would you like your loved ones and your health care team to know about?
How can you bring Advance Care Planning to your community?

A. Take advantage of national awareness

B. Seek out local partners

C. Identify what makes your community unique — then, use that knowledge to build your plans
What’s happening nationally?

Growing awareness of end-of-life issues

**National Organizations:**
- Respecting Choices
- The Conversation Project

**Books, media appearances:**
- Atul Gawande, *Being Mortal*
- Paul Kalanithi, *When Breath Becomes Air*
- *TED Talks* – many on living and dying well
What’s happening nationally?

Growing awareness of end-of-life issues

**Pop Culture**
- Television medical drama episodes
- Movies

**Legislative Action**
- Federal bills introduced and discussed
- Minnesota legislative appropriations
What’s happening in Minnesota?

Thanks to growing support and legislative funding

**Greater MN ACP Program (GMACP)**
- Honoring Choices selected as Technical Advisor to implement ACP program specifically focusing on Greater Minnesota
- Assembly of planning team
- Strategic partnerships
- Letters of introduction and invitation to all hospitals
What’s happening in Minnesota?

Development of first Cohort of Communities

To join the GMACP cohort

- Hospital leadership on board
- Commitment of resources to build program
- Interest within community
- Appreciation for collaborative nature of program
What’s happening in Minnesota?

Role of Honoring Choices Minnesota (HCM)

HCM provides
- Dedicated staff to work closely with communities
- Development of Tool Kit and resources to be shared and used
- Networking with more experienced ACP programs
- Connection to potential community resource: The Convenings
What’s happening in Minnesota?

Role of Honoring Choices Minnesota

**HCM provides**

- Training
- Information on state and federal regulations and requirements
- Guidance in ACP reimbursement
What’s happening in Minnesota?

Initial meetings with communities

*Similar to initial meeting with a patient*
  - Introductions and explanations
  - Identify strengths and challenges
  - Ask what assistance is desired
  - Guidance in ACP structure
Hello, my name is Lynn, I’m with Honoring Choices Minnesota. I help healthcare providers and community organizers learn to build Advance Care Planning programs. Tell me about your interest!

Tell me briefly about your experiences with Advance Care Planning. What have you learned from those experiences?

One of the most important pieces in developing an ACP program is identifying and selecting your program partners. You will want to reach far and wide!

What cultural, political, social or other considerations about your unique community need to be taken into consideration as you start to plan?

How much information would you like me to share?
**ELY**
Community partners include the Chamber of Commerce, Community College, all health care sites, and community volunteers. 12 ACP Facilitators have been trained. A community-wide launching event was held in November, 2016.

**AITKIN / CROSBY**
18 Facilitators trained in February. Advisory Councils are developed for each town, and work collaboratively. A medical student is helping train doctors.

**STAPLES**
The ACP Team displayed at the Staples Business Fair in the fall of 2016. Area churches are involved in planning. Training coming in spring, 2017.

**ST. LUKE’S DULUTH**
Being Mortal public event held with great success! Training held in 2016 certified 19.

**NORTHFIELD**
20 trained to Facilitate ACP conversations. Both area colleges involved, as well as business leaders, churches, and the Mayor!

**FARIBAULT / OWATONNA**
2 hospitals working together plus the Rotary Club, businesses, churches & the county. Seeking to hire their ACP Coordinator.

**LUVERNE**
Community partners include the elected officials, the local Community Foundation, as well as all health care sites. 15 ACP Facilitators have been trained. A community launch event February, 2017, was front page news.
AITKIN / CROSBY

Let's take a closer look.....
Identifying a Need

* Aging population in Aitkin County
* Limited resources for advance care planning
* Only one social worker at the hospital
* Patient Inquiry
Qualitative Assessment: Nurses

Aitkin Nursing Skills Day Survey Results: 65 Participants

- Self-rated baseline knowledge about ACP
  - None: 0
  - Not much: 7
  - Some: 33
  - More than most: 24
  - Expert: 1

- Self-rated personal comfort having ACP discussions with patients
  - Not at all: 2
  - Not very: 8
  - Some comfort: 26
  - More than most: 20
  - Very comfortable: 9

- 27/65 have filled out a HCD personally or for a loved one
- 44/65 know where to find the HCD in the Riverwood EMR
- 35/65 are aware of resources available for patients regarding ACP
Qualitative Assessment: Nurses

Crosby Nursing Skills Day Survey Results: 184 Participants

- Self-rated baseline knowledge about ACP
  - None: 3
  - Not much: 20
  - Some: 103
  - More than most: 55
  - Expert: 3

- Self-rated personal comfort having ACP discussions with patients
  - Not at all: 4
  - Not very: 24
  - Some comfort: 73
  - More than most: 56
  - Very comfortable: 27

- 86/184 have filled out a HCD personally or for a loved one
- 99/184 know where to find the HCD in the Riverwood EMR
- 112/184 are aware of resources available for patients regarding ACP
Qualitative Assessment: Provider

Riverwood Clinic (Aitkin) Provider Survey Results: 10 Participants

* Self-rated baseline knowledge about ACP
  ◦ None: 0
  ◦ Not much: 1
  ◦ Some: 7
  ◦ More than most: 2
  ◦ Expert: 0

* Self-rated personal comfort having ACP discussions with patients
  ◦ Not at all: 0
  ◦ Not very: 2
  ◦ Some comfort: 4
  ◦ More than most: 3
  ◦ Very comfortable: 1
Qualitative Assessment: Provider

* 1/10 has added ACP to a patient’s problem list
* 1/10 said PATIENT AGE was a barrier
* 1/10 said KNOWLEDGE was a barrier
* 1/10 said PATIENT COMFORT was a barrier
* 4/10 are aware of resources available for patients regarding ACP
* 5/10 know where to find the healthcare directive in the EMR
* 5/10 know where to bring completed healthcare directives
* 5/10 know how to add ACP to a patient’s problem list
* 6/10 know that ACP is covered by insurance, 4/10 didn’t know
* 6/10 think there is adequate time to address ACP in an annual visit
* 7/10 have filled out a healthcare directive personally or for a loved one
* 10/10 said TIME was barrier for discussing ACP during a clinic visit
Quantitative Assessment: Chart Review

Medicare Wellness Visit → MWV Smart Set → Evaluate ACP Documentation
# Quantitative Assessment: Chart Review

<table>
<thead>
<tr>
<th>MAY 2016</th>
<th>Aitkin Clinic</th>
<th>McGregor Clinic</th>
<th>Garrison Clinic</th>
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<tbody>
<tr>
<td># Medicare Wellness Visits</td>
<td>37</td>
<td>32</td>
<td>10</td>
</tr>
<tr>
<td>Scanned directives</td>
<td>6</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Scanned w/in the last 6 months</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Potential ACP conversations (Patients w/o directives)</td>
<td>31</td>
<td>24</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>16: Yes w/o explanation</td>
<td>12: Yes w/o explanation</td>
<td>4: Yes w/o explanation</td>
</tr>
<tr>
<td></td>
<td>4: No w/o explanation</td>
<td>8: No w/o explanation</td>
<td>1: No w/o explanation</td>
</tr>
<tr>
<td></td>
<td>9: No documentation</td>
<td>4: No documentation</td>
<td>2: No documentation</td>
</tr>
<tr>
<td></td>
<td>2: Yes with explanation</td>
<td>0: Yes with explanation</td>
<td>0: Yes with explanation</td>
</tr>
<tr>
<td>ACP on Problem List</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
## Quantitative Need Assessment: Chart Review

<table>
<thead>
<tr>
<th>NOVEMBER 2016</th>
<th>Aitkin Clinic</th>
<th>McGregor Clinic</th>
<th>Garrison Clinic</th>
</tr>
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<tbody>
<tr>
<td># Medicare Wellness Visits</td>
<td>111</td>
<td>36</td>
<td>7</td>
</tr>
<tr>
<td>Scanned directives</td>
<td>36</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Scanned w/in the last 6 months</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
| Potential ACP conversations (Patients w/o directives) | 75  
39: Yes w/o explanation  
30: No w/o explanation  
4: No documentation  
2: Yes with explanation (Directive given) | 31  
12: Yes w/o explanation  
3: No w/o explanation  
9: No documentation  
7: Yes with explanation (3 directive given, 3 had directive at home, 1 agent discussion) | 7  
6: Yes w/o explanation  
0: No w/o explanation  
1: No documentation  
0: Yes with explanation |
| ACP on Problem List | 0 | 0 | 1 |
Choosing a Team

* Social Worker
* Medical Director
* Clinic Care Coordinator
* Medical Student
* NP Student
* Honoring Choices

* Other Potential Members
  * Physicians
  * Nurses
  * Community Members
Choosing an Approach

System Based → Community Based
Choosing a Target Group

Community

Inpatient

Oncology

Medicare Wellness
Advance Care Planning: Educational Tools

- Surveys
- Handouts
- PowerPoint Presentations
- Community Events
- Group training sessions
- Individual training sessions
- NetLearning Modules
- Chart Review
Community Events

* Atul Gawande’s *Being Mortal* Book Club Event
  - Book club sponsored by the hospital
  - Open to employees and community members
  - Opportunity to discuss advance care planning
* Information Sessions
* Radio Talk Shows
* The Convenings: Sponsored by Honoring Choices
Materials for Patients

Healthcare directives
* Honoring Choices Forms
* 5 Wishes
* POLST

Advance Care Planning Folders
* Patient checklist
* Contact form
* Honoring choices handouts
* Heathcare directive
Honoring Choices offers two
(and each is available in 5 languages)

- Traditional (8 pages, detailed)
- Short Form (2 pages)
- Downloadable; used by many Minnesota hospitals

To meet Minnesota law must be:

- In writing, with name clearly indicated
- Signed and dated
- Name an agent, and/or give healthcare instructions
- Properly witnessed (2 adults or Notary Public)
Barriers to Implementation

- Organization Efforts
- Time
- Cost
- Provider/Support Staff Compliance
- Community Response/Perception
At Honoring Choices, we’ve been doing this for a while ...

And we are excited to keep growing!

Please contact Honoring Choices to learn about joining a future GMACP cohort.

And please take a moment to read what our community partners are saying ...
I appreciate knowing I can contact Honoring Choices whenever we have questions or run into unusual situations. They coordinate opportunities for interaction with and learning from other program coordinators. We value updates on changes to forms & patient education materials. The work to do is so immense - it helps to know we are partners with others around Minnesota.

Honoring Choices MN is a wonderful resource! The shared presentations & informational handouts are particularly effective & appreciated. Without their help, this would have simply been too daunting to approach! Honoring Choices has been an invaluable resource for developing and improving our program for Advance Care Planning. The collaborative approach they have established between member health systems and communities is just one of the many benefits we all receive.
We Know How This Ends by Bruce Kramer and Cathy Wurzer

It’s OK to Die by Monica William-Murphy, MD and Kristen Murphy

Can’t We Talk About Something More Pleasant? by Roz Chast

When Breath Becomes Air by Paul Kalanithi, MD

The Conversation by Angelo Volandes, MD

Being Mortal by Atul Gawande, MD

HonoringChoices.org

TheConversationProject.org

RespectingChoices.org

TED.com – search on ‘New ways to think about death’ playlist
Directives, resources, and links available at www.HonoringChoices.org

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Thank You