

Promoting Effective & Aligned Communication in the Elderly



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Investigators & Collaborators

Core Team

- Michael Paasche-Orlow MD
- Josh Lakin MD
- Michael Barry MD
- Yuchiao Chang PhD

NIH

- Dr. Marcel Salive (NIA)
- Dr. Jeri Miller (NINR)

Organizational Partners

- Vital Talk
- ACP Decisions

Duke Health



- Kathryn Pollak PhD
- Yousuf Zafar MD

Mayo Clinic

- Jon Tilburt MD
- Charles Loprinzi MD

Northwell Health

- Diana Martins-Welch MD
- Maria Carney MD
- James D'Olimpio MD



ACP PEACE: Objective

 Pragmatic step wedge cluster randomized trial of a Comprehensive ACP Program in oncology clinics at 3 systems









ACP PEACE: Intervention

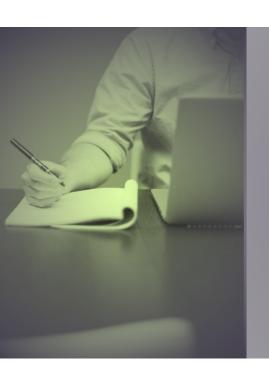
- Comprehensive ACP Program
 - -VitalTalk communication skills training
 - -ACP Decisions video decision aids







Why VitalTalk?





VitalTalk is the leader

More evidence with clinicians than any other organization

Founders nationally recognized



Our track record

>600 clinician-faculty over the past 5 years

Our flagship course: no marketing



We innovate constantly

Brought in research on expertise

First web video and smartphone apps







VitalTalk Vision

44

To enable every patient with a serious illness to discuss care plans with a clinician who has the communication skills needed to match patient values to medical treatments.

77





Mastering Tough Conversations



Targeted Didactic Sessions

- Cognitive talking maps to signpost steps in serious illness conversations
- Interactive, engaging learning style



Role Playing in the 'Hot Seat'

- Uses trained simulated patients
- Real-time feedback and coaching for learners







Quality & Outcomes

Evidence that supports the efficacy of VT curriculum and materials

- Key publications in peer-reviewed journals: JAMA Internal Medicine, J Clin Oncol, Ann Intern Med, JAMA Oncology.
- VT train-the-trainer increases best practice teaching behaviors.
- Under review: a positive randomized study of a VitalTalk-powered PC intervention in heart failure









Categorie









Goals of Care

CPR

Cancer

Advanced Disease









Healthy Adults

Understanding Advance Care Planning

Skilled Nursing Facilities

Palliative Care









Renal Disease

Feeding Tubes

Dementia

Heart Failure









Hospice

ICU

Hawaii Collection

Foreign Language



Language







Evidence



20 Clinical Trials



Over 5000 Subjects



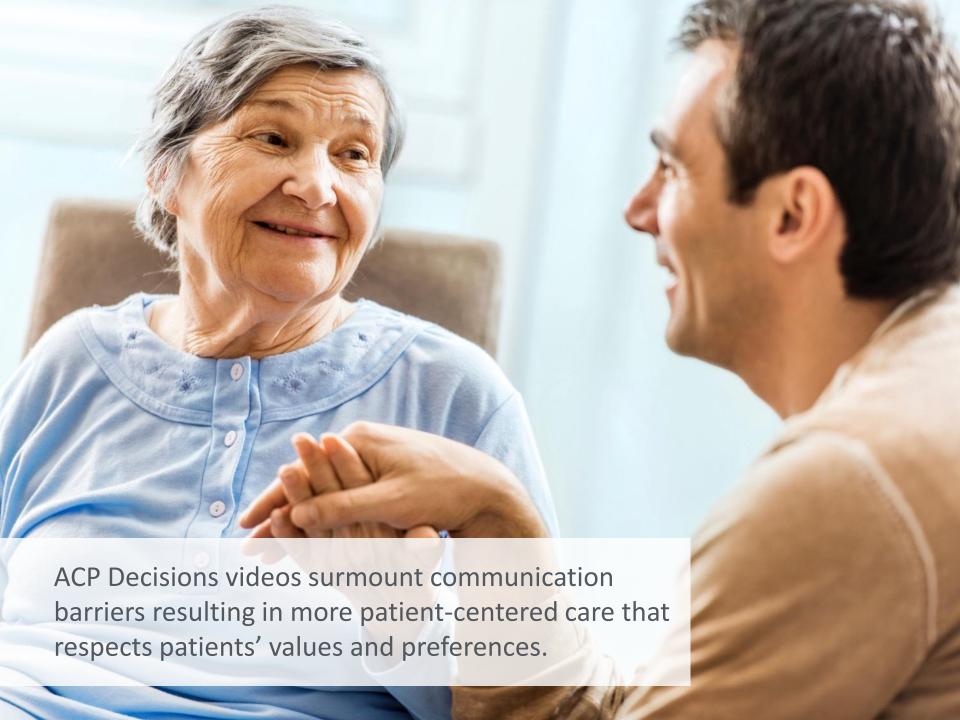
Inpatient, Outpatient, ICU, & SNF Clinical Settings



Diverse Patient Populations









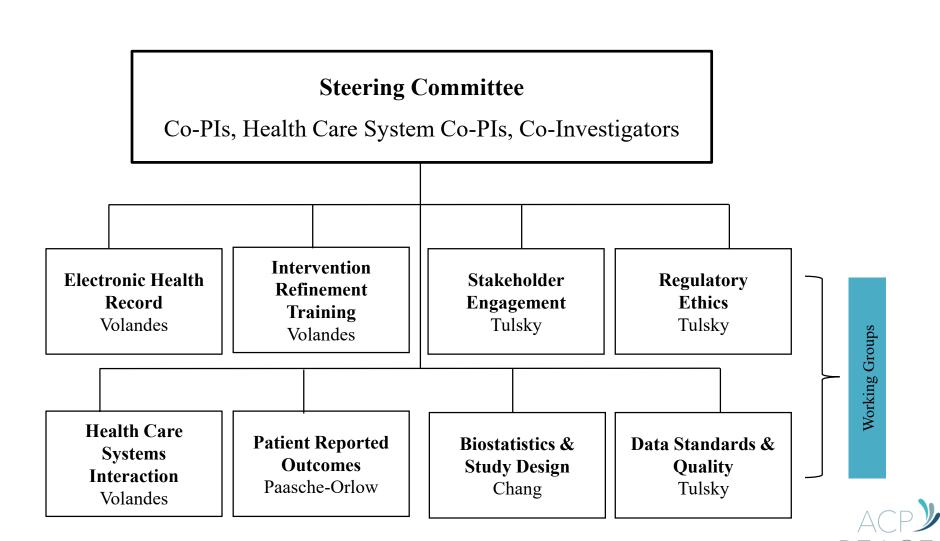
ACP PEACE: UG3 Aims

Working with NIH Collaboratory...

- Establish organizational structure
- Establish procedures and infrastructure
- Pilot 1 oncology clinic per site (3 total clinics)



Weekly and Monthly Meetings



Pilot one oncology clinic per site

Eligibility

- >30% patients
 - > age 64
- >1 oncologist
- No administrative barriers

- Mayo: Head &Neck
- Northwell: Hepatobiliary
- Duke: Sarcoma

2 in-person trainings: VT + ACP videos



UG3 Implementation Schedule

Timeline for Pilot Testing										
Activity	3m	4m	5m	6m	7m	8m	9m	10m	11m	12m
Recruit 3 Clinics	x									
Intervention Refinement & Training Plans		X	x	X						
Intervention Implementation		X	X	x	X					
Program Database		X	X	X						
Data Extraction, Merging, Cleaning				x	X	X	Х	X		
Measurement Validation							Х	Х		
Preliminary Analyses									Χ	X
Exit Interviews							Х	Х	X	X



ACP PEACE: UH3 Aim 1

Randomize 36 clinics (12 per system) in 6 "steps"

	UG3	UH3							
Cluster	Baseline	1m	7m	13m	19m	25m	31m		
1, 2									
3, 4									
5, 6									
7, 8									
9, 10									
11, 12									



ACP PEACE: UH3 Aim 2

- Test intervention effect in 4,500 patients with advanced cancer on:
 - Advance care plan completion
 - Resuscitation orders
 - Palliative care consultations
 - Hospice use

Hypothesis: A higher proportion of patients in the intervention phase (vs. control) will: complete advance care plans (**primary trial outcome**), have documented electronic health record orders for resuscitation preferences, be seen in palliative care consultation, and enroll in hospice



Barriers Scorecard

Barrier		Level of Difficulty*						
		2	3	4	5			
Enrollment and engagement of patients/subjects								
Engagement of clinicians and health systems								
Data collection and merging datasets								
Regulatory issues (IRBs and consent)								
Stability of control intervention								
Implementing/delivering intervention across healthcare organizations								

Barriers Scorecard



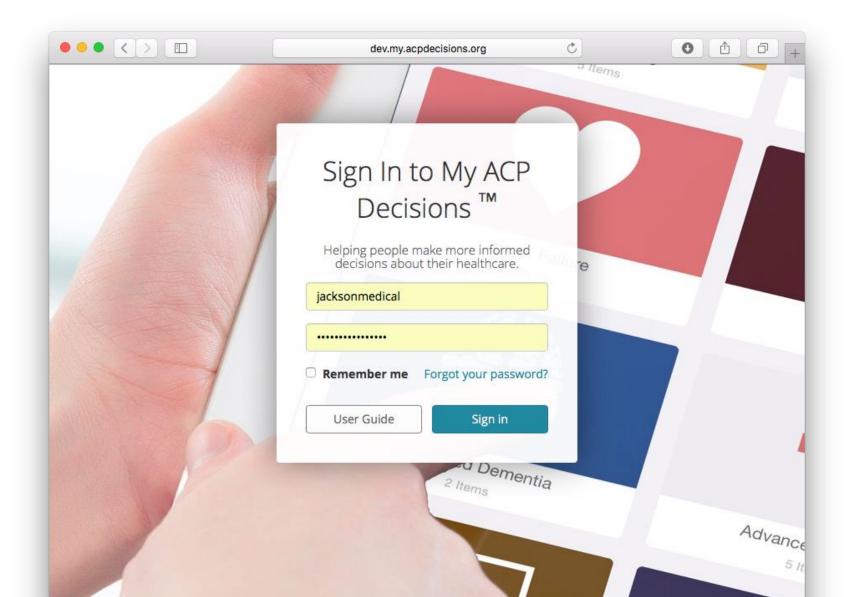


 VSR-UDA; Fidelity to the intervention; "What's in the syringe?" Tracking of video use under the hood.





Group Logins



My ACP Decisions | Reporting 4/18/18, 11:34 PM

MY ACP DECISIONS

Get Help | Sign Out Jane Doe, MD

DASHBOARD CONTENT LIBRARY REPORTING NETWORKS USERS

PROGRESS REPORT

This report includes the total number of completed viewings for videos within the chosen time period (such as daily, weekly, or monthly).

MEEKS ▼ LAST 90 DAYS ▼

DOWNLOAD RAW DATA

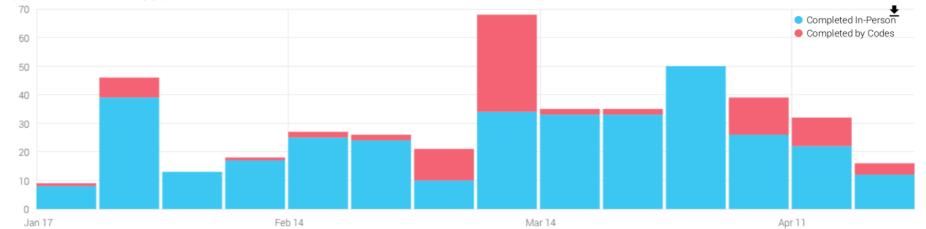
Apr 17, 2018

Apr 17, 2018

PREFRESH REPORT

MULTIPLE NETWORKS ▼

COMPLETED VIEWINGS OVER TIME



ALL TIME ACTIVITY

Between Jan 17, 2018 and Apr 17, 2018...

63 videos were viewed a total of 435 times by 47 users and 24 code(s).

CODE AND ORDERING USAGE

15 prescribed video viewings were completed by patients/families.

This accounted for 23.81% of total viewings.

CLINICIAN PLATFORM USAGE

Clinicians used the web app 55% of the time, and mobile apps 45% of the time.

Web (55%), IOS (44%), Android (1%)

TOP 10 MOST ACTIVE USERS

TOTAL	VIEWINGS IN-PERSON	VIEWINGS FROM CODES	NAME	
44	39	5	Cardiology Department	

Barriers Scorecard





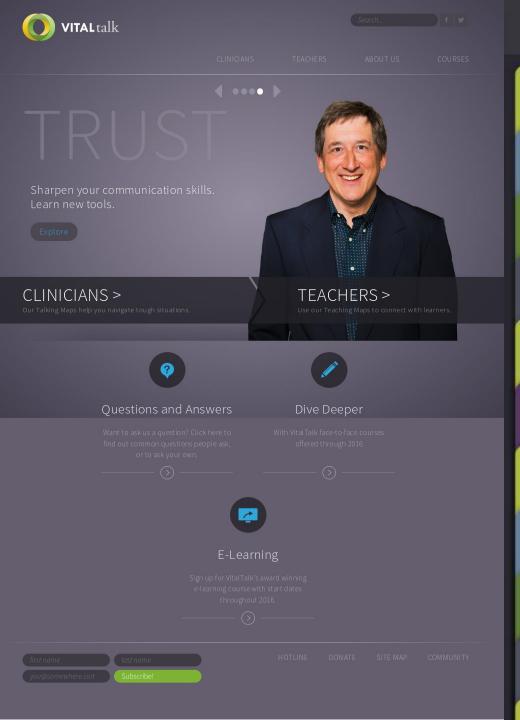
 VSR-UDA; Fidelity to the intervention; "What's in the syringe?"

 Tracking of video use under the hood.

 Lack of ACP communication skills and standardization

 VitalTalk in-person training and use of communication skills app









EMOTIONS

SERIOUS NEWS

PROGNOSIS

EARLY GOALS

GOOD NEWS

LATE GOALS

FAMILY

CONFLICT

COLLEAGUES

DYING

Barriers Scorecard





 VSR-UDA; Fidelity to the intervention; "What's in the syringe?" Tracking of video use under the hood.

 Lack of ACP communication skills and standardization VitalTalk in-person training and use of communication skills app

 HCS/Clinicians change priorities or are overwhelmed Direct-to-patient video viewing



Print these directions for your patient.

This screen has been automatically generated.

Welcome!

Your healthcare team wants to provide you with the best care possible. This means providing care that honors and respects you and your values.

They have chosen some educational videos just for you. Please take the time to watch these videos. Then, discuss with your healthcare team what matters most to you.

Here is the content from your healthcare team:

- Goals of Care: Advanced Cancer English (5m 40s)
- CPR: Advanced Cancer English (2m 24s)

You can watch these videos at home in either one of these 2 ways.



First



Visit www.myacpdecisions.org on your computer

Or download the **ACP Tools** App on your Apple or Android Device.



Follow the onscreen instructions to enter this code.

Your code is:

R2D2

Thanks for watching these videos. Now is a great time to talk with your healthcare team about what matters most to you.



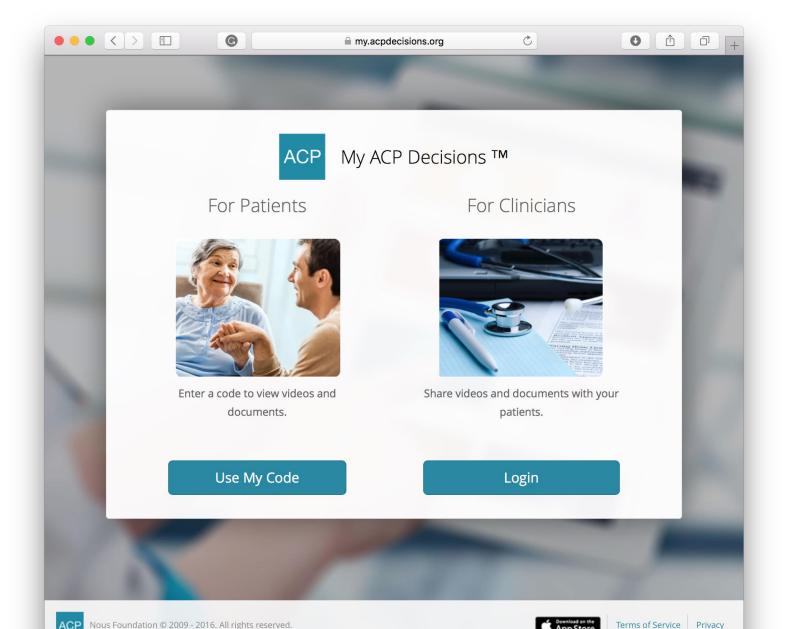


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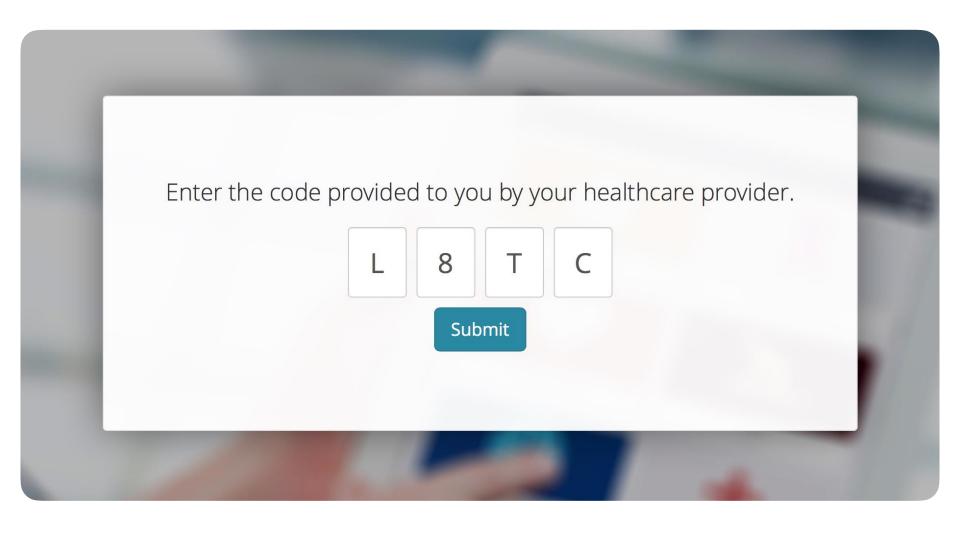


Patient Directions Printout





Entering a Code to View Content



Barriers Scorecard

Barrier		Level of Difficulty*						
		2	3	4	5			
Enrollment and engagement of patients/subjects			X					
Engagement of clinicians and health systems				X				
Data collection and merging datasets			X					
Regulatory issues (IRBs and consent)				X				
Stability of control intervention		X						
Implementing/delivering intervention across healthcare organizations					X			

Data Sharing UG3

- What is your current data sharing plan and do you foresee any obstacles?
- What information did the IRB require about how the data would be shared beyond the study in order to waive informed consent, if applicable?
- What data are you planning to share from your project (individual-level data, group-level data, specific variables/outcomes, etc.)?