ACP PEACE
Promoting Effective & Aligned Communication in the Elderly
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James A. Tulsky MD
Angelo Volandes MD, MPH
Investigators & Collaborators

• Core Team
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  – 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
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.
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
Languages:

- Cantonese
- English (US)
- German
- Ilocano
- Japanese
- Korean
- Mandarin
- Marshallese
- Persian
- Russian
- Samoan
- Somali
- Spanish
- Tagalog
- Vietnamese
Evidence

20 Clinical Trials

Over 5000 Subjects

Inpatient, Outpatient, ICU, & SNF Clinical Settings

Diverse Patient Populations
ACP Decisions videos promote more informed preferences for serious illness care by providing realistic expectations of disease in less time.
ACP Decisions videos surmount communication barriers resulting in more patient-centered care that respects patients’ values and preferences.
Hilo, Hawai‘i
43,000 People

ACP Documentation 37% ↑
Hospital Deaths 15% ↓
Hospice Growth 51% ↑
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

**Steering Committee**
Co-PIs, Health Care System Co-PIs, Co-Investigators

- **Electronic Health Record**
  Volandes

- **Intervention Refinement Training**
  Volandes

- **Stakeholder Engagement**
  Tulsky

- **Regulatory Ethics**
  Tulsky

**Working Groups**

- **Health Care Systems Interaction**
  Volandes

- **Patient Reported Outcomes**
  Paasche-Orlow

- **Biostatistics & Study Design**
  Chang

- **Data Standards & Quality**
  Tulsky
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

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ACP PEACE: UH3 Aim 1

Randomize 36 clinics (12 per system) in 6 “steps”

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<tr>
<th>Cluster</th>
<th>UG3</th>
<th>UH3</th>
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<td>11, 12</td>
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</table>
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.
Patient-Centered Outcomes
<table>
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<th>Barrier</th>
<th>Level of Difficulty*</th>
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<td>Enrollment and engagement of patients/subjects</td>
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<tr>
<td>Engagement of clinicians and health systems</td>
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<tr>
<td>Data collection and merging datasets</td>
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<tr>
<td>Regulatory issues (IRBs and consent)</td>
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<tr>
<td>Stability of control intervention</td>
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<tr>
<td>Implementing/delivering intervention across healthcare organizations</td>
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Barriers Scorecard

- VSR-UDA; Fidelity to the intervention; “What’s in the syringe?”
- Tracking of video use under the hood.
Sign In to My ACP Decisions™

Helping people make more informed decisions about their healthcare.

jacksonmedical

Password

Remember me

Forgot your password?

User Guide

Sign in
PROGRESS REPORT

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

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.

CLINICIAN PLATFORM USAGE
Web (55%), IOS (44%), Android (1%)

TOP 10 MOST ACTIVE USERS

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>VIEWINGS IN-PERSON</th>
<th>VIEWINGS FROM CODES</th>
<th>NAME</th>
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<tr>
<td>44</td>
<td>39</td>
<td>5</td>
<td>Cardiology Department</td>
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Barriers Scorecard

- VSR-UDA; Fidelity to the intervention; “What’s in the syringe?”
- Lack of ACP communication skills and standardization
- Tracking of video use under the hood.
- VitalTalk in-person training and use of communication skills app
Barriers Scorecard

- VSR-UDA; Fidelity to the intervention; “What’s in the syringe?”
- Lack of ACP communication skills and standardization
- HCS/Clinicians change priorities or are overwhelmed
- Tracking of video use under the hood.
- VitalTalk in-person training and use of communication skills app
- Direct-to-patient video viewing
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.

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.
My ACP Decisions™

For Patients
Enter a code to view videos and documents.

For Clinicians
Share videos and documents with your patients.

Use My Code  Login
Enter the code provided to you by your healthcare provider.

L 8 T C

Submit
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• 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.)?