ACP PEACE

Promoting Effective & Aligned Communication in the Elderly
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DANA-FARBER
CANCER INSTITUTE

HARVARD
MEDICAL SCHOOL

MGH
1811
ACP PEACE: Funding

• NIA 1UG3AG060626-01
  – Dr. Marcel Salive (NIA)
  – Dr. Jeri Miller (NINR)
ACP PEACE: Background

• Many people with serious illness die without receiving goal-concordant care

• Patients > age 65 with cancer experience this disproportionately
Advance Care Planning:

• Empowers patients to express their goals
• Prepares pts/families
• Leads to higher satisfaction
• Lack of ACP associated with:
  – ↑ aggressive interventions
  – ↑ terminal hospitalizations
  – ↓ hospice use
  – ↑ health care costs
  – worse family bereavement
High Quality ACP Still Rare

• Clinicians need effective, scalable, training that empowers them to have difficult conversations

• Patients are more receptive if “primed” for discussions
ACP PEACE: Intervention

• Comprehensive ACP Program
  – VitalTalk communication skills training
  – ACP Decisions video decision aids
ACP PEACE: Objective

• Pragmatic step wedge cluster randomized trial of a *Comprehensive ACP Program* in oncology clinics at 3 systems
ACP PEACE: Vital Talk
Good communication…. 

• Provides straightforward, understandable information 

• Elicits and responds to patient concerns 

• Is receptive to when pts ready to talk 

• Balances *honesty* and *empathy* 

• *Attends to emotion* 

Wenrich et al., Arch Int Med 2001
**Empathy** mediates information response

<table>
<thead>
<tr>
<th></th>
<th>Explicit + Empathy +</th>
<th>Explicit + Empathy -</th>
<th>Explicit – Empathy +</th>
<th>Explicit – Empathy -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncertainty</td>
<td>↓↓↓↓</td>
<td>↓↓↓</td>
<td>↓↓</td>
<td>↓</td>
</tr>
<tr>
<td>Anxiety</td>
<td>↓↓↓</td>
<td>↑</td>
<td>↓↓</td>
<td>↑</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>↑↑↑↑</td>
<td>↑↑</td>
<td>↑↑↑</td>
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<tr>
<td>Satisfaction</td>
<td>↑↑↑↑</td>
<td>↑↑</td>
<td>↑↑↑</td>
<td>↑</td>
</tr>
</tbody>
</table>

Emotion floods cognition
A model of empathic communication

- Empathy = “I could be you”

Empathic opportunities → Empathic continuers

Empathic terminators

Suchman A. JAMA 1997
In practice....

- Physicians miss empathic opportunities

- 297 Australian cancer visits
  - 28% response to empathic opportunities

- 398 U.S. cancer visits
  - 27% response to empathic opportunities

Butow et al. Psychooncology 2002
Can we learn these skills from practice?

Patient-rated competence

Doctor self-rated competence

Dickson et al. J Pall Med
Communication is a learned expertise
Expertise comes from:

- specific observations
- deliberate practice
- feedback on performance
Improving oncologists’ communication skills

Intensive retreats for Medical Oncology fellows led by:

Anthony Back, MD
Robert Arnold, MD
Walter Baile, MD
James Tulsky, MD
Kelly Fryer-Edwards, PhD

ENTER HERE

FUNDED BY THE NATIONAL CANCER INSTITUTE
Table 5. Communication Skill Changes for Giving Bad News Encounter

<table>
<thead>
<tr>
<th>Coding Scheme</th>
<th>Participant Behavior Code</th>
<th>% of Fellows With Skill</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Before Retreat</td>
<td>After Retreat</td>
</tr>
<tr>
<td>SPIKES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td>Not assessed</td>
<td>25</td>
<td>59</td>
</tr>
<tr>
<td>Perception</td>
<td>Assesses the patient’s perception of the situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invitation</td>
<td>Requests the patient’s permission to proceed before giving news</td>
<td>5</td>
<td>42</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Uses the specific word cancer when giving bad news</td>
<td>16</td>
<td>54</td>
</tr>
<tr>
<td>Emotion</td>
<td>Waits at least 10 s after giving bad news</td>
<td>45</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Makes an empathic statement as the first response after giving bad news</td>
<td>52</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Asks for the patient’s emotional reaction to the bad news</td>
<td>17</td>
<td>38</td>
</tr>
<tr>
<td>Summary</td>
<td>Summarizes the follow-up plan</td>
<td>57</td>
<td>51</td>
</tr>
<tr>
<td>Empathic verbal skills (NURSE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naming</td>
<td>Names an emotion that the patient seems to be experiencing but has not explicitly articulated at any point</td>
<td>39</td>
<td>71</td>
</tr>
<tr>
<td>Understanding</td>
<td>Expresses understanding or appreciation of a patient emotion</td>
<td>97</td>
<td>100</td>
</tr>
<tr>
<td>Respecting</td>
<td>Expresses respect or praise about how the patient is handling the situation</td>
<td>6</td>
<td>41</td>
</tr>
<tr>
<td>Supporting</td>
<td>Makes a statement of support or nonabandonment</td>
<td>54</td>
<td>70</td>
</tr>
<tr>
<td>Exploring</td>
<td>Explores the patient’s emotional state at any point</td>
<td>59</td>
<td>83</td>
</tr>
</tbody>
</table>

VITALtalk makes communication skills for serious illness learnable.

Our evidence-based trainings empower clinicians and institutions.

Grow as a CLINICIAN
We equip clinicians with expert strategies.

Join our FACULTY
We develop clinicians into advanced educators.

Strengthen your INSTITUTION
We build your capacity to provide patient-centered care.
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

“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 ‘Chair of Opportunity’

- Uses trained simulated patients
- Real-time feedback and coaching for learners
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.
ACP PEACE: ACP Decisions

ACP DECISIONS
Categories

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
ACP PEACE: ACP Decisions
Most important to you?

What concerns do you have?

Medical treatments that might be too much?

What are your beliefs?

ACP PEACE: ACP DECISIONS
Goals of Care Choices

Life-Prolonging Care
Limited Care
Comfort Care

Hospice Care
Symptom Relief
No Hospitalization
LIFE PROLONGING CARE

LIMITED MEDICAL CARE

COMFORT CARE
Evidence

20 Clinical Trials

Over 5000 Subjects

Inpatient, Outpatient & ICU Clinical Settings

Diverse Patient Populations
Our videos promote more informed preferences for end-of-life care by providing realistic expectations of disease in less time.
Our videos surmount communication barriers and insure more patient-centered care that respects patients’ values and preferences.
Viewing Options for Clinicians, Patients & Families

Mobile App

Website
Where can ACP Videos be viewed?

View at Home

View in a Clinical Setting
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.mycpdecisions.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.

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.

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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<tbody>
<tr>
<td>44</td>
<td>39</td>
<td>5</td>
<td>Oncology Department</td>
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</tbody>
</table>
ACP PEACE: UG3 Aims

Working with NIH Collaboratory…

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

Eligibility
• >30% patients
  > age 64
• >1 oncologist
• No administrative barriers

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

In-person trainings: VT + ACP videos
## UG3 Implementation Schedule

### Timeline for Pilot Testing

<table>
<thead>
<tr>
<th>Activity</th>
<th>3m</th>
<th>4m</th>
<th>5m</th>
<th>6m</th>
<th>7m</th>
<th>8m</th>
<th>9m</th>
<th>10m</th>
<th>11m</th>
<th>12m</th>
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<tr>
<td>Recruit 3 Clinics</td>
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<tr>
<td>Intervention Refinement &amp; Training Plans</td>
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<td>Intervention Implementation</td>
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<td>Program Database</td>
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<td>Data Extraction, Merging, Cleaning</td>
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<td>Measurement Validation</td>
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<td>Preliminary Analyses</td>
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<td>Exit Interviews</td>
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<td>X</td>
<td>X</td>
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</tbody>
</table>

**Note:** X indicates the month the activity is scheduled to begin.
**ACP PEACE: UH3 Aim 1**

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

<table>
<thead>
<tr>
<th>Cluster</th>
<th>UG3</th>
<th>UH3</th>
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<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>1m</td>
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<td>1, 2</td>
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<td>5, 6</td>
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<td>7, 8</td>
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<td>9, 10</td>
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<tr>
<td>11, 12</td>
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</tbody>
</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.*
ACP PEACE: UH3 Aim 3

• To characterize detailed patient-centered outcomes in a subgroup of 450 patients over 65 with advanced cancer, as well as analyses of ViDec from 240 of these patients.
  – Confidence in future care
  – Communication
  – Decisional satisfaction
  – Decisional regret

_Hypothesis: A higher proportion of patients in the intervention phase (vs. control) will have improved patient-centered outcomes_
ACP PEACE: ViDec
Confidence
ACP PEACE: Confidence

How confident are you that you will receive the type of care that you want if you become seriously ill?

1. not at all confident
2. slightly confident
3. somewhat confident
4. moderately confident
5. very confident
Regret
ACP PEACE: Decisional Regret

Please reflect on your goals of medical care after talking with your physician. Please show how strongly you agree or disagree with these statements.

- It was the right decision
- I regret the choice that was made
- I would go for the same choice if I had to do it over again
- The choice did me a lot of harm
- The decision was a wise one
Satisfaction
ACP PEACE: Satisfaction

You have been considering your goals of medical care with your health care provider about your cancer. Answer the following questions about your decision.

1. I am satisfied that I am adequately informed about the issues important to my decision.
2. The decision I made was the best decision possible for me personally.
3. I am satisfied that my decision was consistent with my personal values.
5. I am satisfied that this was my decision to make.
6. I am satisfied with my decision.
ACP PEACE: CAHPS

In the last 6 months, how often did this provider explain things in a way that was easy to understand?

...how often did this provider explain things in a way that was easy to understand?

...how often did this provider listen carefully to you?

...how often did this provider show respect for what you had to say?

...how often did this provider spend enough time with you?
Investigators & Collaborators

Duke Health
Northwell Health
Mayo Clinic
Investigators & Collaborators

- NIH Collaboratory
- Boston-based Team
  - Michael Paasche-Orlow MD
  - Josh Lakin MD
  - Charlotta Lindvall MD
  - Areej El-Jawahri MD
  - Michael Barry MD
  - Yuchiao Chang PhD
  - Lisa Quintiliani PhD
  - Julie Goldman MPH
- 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
- Organizational Partners
  - ACP Decisions
    - Aretha Delight Davis, MD, JD
  - Vital Talk
    - Lisa Ravenel
ACPEACE
Promoting Effective & Aligned Communication in the Elderly