ACP-COVID

A Trial to Evaluate an Advance Care Planning Video and Communication Skills Training Intervention for Older Adults During an Evolving Pandemic

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Dr. Volandes has a financial interest in ACP Decisions, a non-profit organization developing advance care planning video decision support tools. Dr. Volandes’ interests were reviewed and are managed by MGH and Mass General Brigham in accordance with their conflict-of-interest policies. No other disclosures to report.
THANK YOU!

National Institute on Aging

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Northwell Health
NIH Common Fund
NIH Collaboratory
ACP PEACE
Promoting Effective & Aligned Communication in the Elderly
ACPCOVID

Communicating with Outpatients for Vital Informed Decisions
Have The Conversation
Talk to your loved ones
Talk to your health care team
Coronavirus Disease 2019
Fever
Coughing
Problems
Breathing
Respiratory System
Pfizer and Moderna
Cómo funcionan
Efectos secundarios
Preguntas frecuentes
There is nothing more powerful than a clinician that knows how to listen and respond.

Every patient deserves a clinician who meets their health needs with clear and empathic communication.

*It is from this mission that VitalTalk was born.*
WHO WE ARE

VitalTalk is a nonprofit founded by three doctors, born out NIH research funding.

We have over 650 clinician-faculty trained across the country.

We are the leading organization providing evidence-based communication trainings with nationally recognized founders.

Our experience ranges from tertiary medical centers to community clinics, training cardiologists, oncologists, hospitalists, and more.

“VitalTalk is the gold standard of clinician communication trainings”

JOHNS HOPKINS PROVIDER
Where do we get stuck when discussing goals of care?
Learning a new skill is about observation, practice, and feedback.
Today

- Intros
- Learn/See a talking map for goals of care
- Skills practice: 2 Patients
- ACP COVID study discussion
REMAP
For Late Goals of Care Conversations

REFRAME the situation

EXPECT EMOTION respond with empathy

MAP out important values

ALIGN with the patient & family

PLAN treatment to uphold values
**Analysis**

**Trial Design:** Pre-Post, open cohort, non-randomized, controlled pragmatic trial

- Two Control Periods:
  - Pre-COVID-19 Baseline (Sept 15, 2019-March 14, 2020)
  - First wave COVID-19 Baseline (March 15, 2020-Sept 14, 2020)
- Intervention Period (Dec 15, 2020 – June 14, 2021)

**Primary analysis:** Compare Intervention and First Wave
Statistical Design:
- Intention-to-Treat Analysis
- Generalized estimating equations approach to account for clinic practice clustering and repeated measures over time
- Prespecified subgroup analyses: change from control to intervention between white and non-white minorities (combined and separate)

Sample Size: 7,800 patients and 150 clinicians
STRUCTURED DATA
Extracted from EHR and ready for analysis
MASSACHUSETTS HEALTH CARE PROXY – PAGE 1 OF 4

APPOINTMENT OF AGENT

(1) I, ____________________________, hereby appoint ____________________________ (name, home address and telephone number of proxy) as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise below.

This Health Care Proxy shall take effect in the event that a determination is made by my attending physician that I lack the capacity to make or to communicate my own health care decisions. My attending physician shall make such determination in writing, and shall include his or her opinion regarding the cause and nature of my incapacity, as well as its extent and probable duration.

(2) Name of alternate agent if the person I appoint above is unable, unwilling, or unavailable to act as my health care agent (optional):

__________________________________ (name, home address and telephone number of alternate agent)

(3) I direct my agent to make health care decisions in accord with my wishes and limitations as may be stated below, or as he or she otherwise knows. If my wishes are unknown, I direct my agent to make health care decisions in accord with what he or she determines to be my best interest.
UNSTRUCTURED DATA
Clinical annotations embedded in EHR
past medical history of a blood dyscrasia requiring weekly transfusions, and on admission found to have pancytopenia. His family (2 daughters and a son) are all in agreement that they would like no heroic measures, no blood transfusions, no resuscitations, and no blood pressure interventions. They would like comfort measures only, however would like their father to remain intubated until they arrive

Chief complaint:
70-80% of patient EHR data is unstructured

40% of structured data is recorded incorrectly or are duplicative
Rule-Based NLP

Natural Language Processing (NLP) refers to a branch of artificial intelligence which allows computers to process and analyze language.

Rule-Based NLP relies upon a pre-specified set of rules (i.e., keywords and phrases) to process and analyze language.
Rule-Based NLP in ACP-COVID

1) Identify the outcome of interest and outline its related domains
Rule-Based NLP in ACP-COVID

1) Identify the outcome of interest and outline it’s related domains
2) Create a keyword library and annotations guidelines which represent how the domains are documented
“During goals-of-care discussion with patient and family, patient expressed wish to be home and walking with a cane instead of a walker is one of their goals of care.”
Study Demographics
Female (%)
Hispanic or Latino (%)
Pre-COVID-19 (N = 14,107)

Wave 1 COVID-19 (N = 12,805)

Intervention (N = 15,106)

Non-Hispanic Black (%)

One Dot ~ 200 Individuals

Non-Hispanic Black

9.1%
9.3%
9.9%
EHR Notes per Study Period
• 185 clinicians trained from 22 Northwell Health sites
  • 9 trainings over 4 months

• 82% of participants were **very or somewhat likely** to recommend the course

• 74% of participants were **very likely** to put the skills they learned into practice
Describe one or two of the most important take-away lessons for you personally....

“This course allowed me to . . . improve on my shortcomings in conveying information”

“Course instructors were fantastic, very enthusiastic and comprehensive”

“Empathy never causes harm”

“Asking permission . . . places more focus on what matters to the patient”
What aspects of the course did you find most impactful…

“Real simulated patients, empowered by proposed steps to take”

“Participating in and observing my peers work through challenging conversations”

“Telling my patients honestly that despite them being healthy, they were at high risk of dying if they acquired COVID-19”
“It’s all about implementation, implementation, implementation.”

Vince Mor and Susan Mitchell
FUTURE

iPad

iPad

texts

emails

video cards

2320

5302
Staff training

~50% 85%

0-7 0

Dedicated ACP Staff?
Medium Diversity

High Diversity
- Black
- Hispanic

Over-sample
- Black
- Hispanic
- Rural
- SGM
Randomized  Pre-Post  Randomized
THANK YOU!

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