

PROVEN: Pragmatic Trial of Video Assisted Advance Care Planning in Nursing Homes

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**NIH PRAGMATIC TRIALS
COLLABORATORY**

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Disclosures

- Dr. Vincent Mor has no disclosures to report.

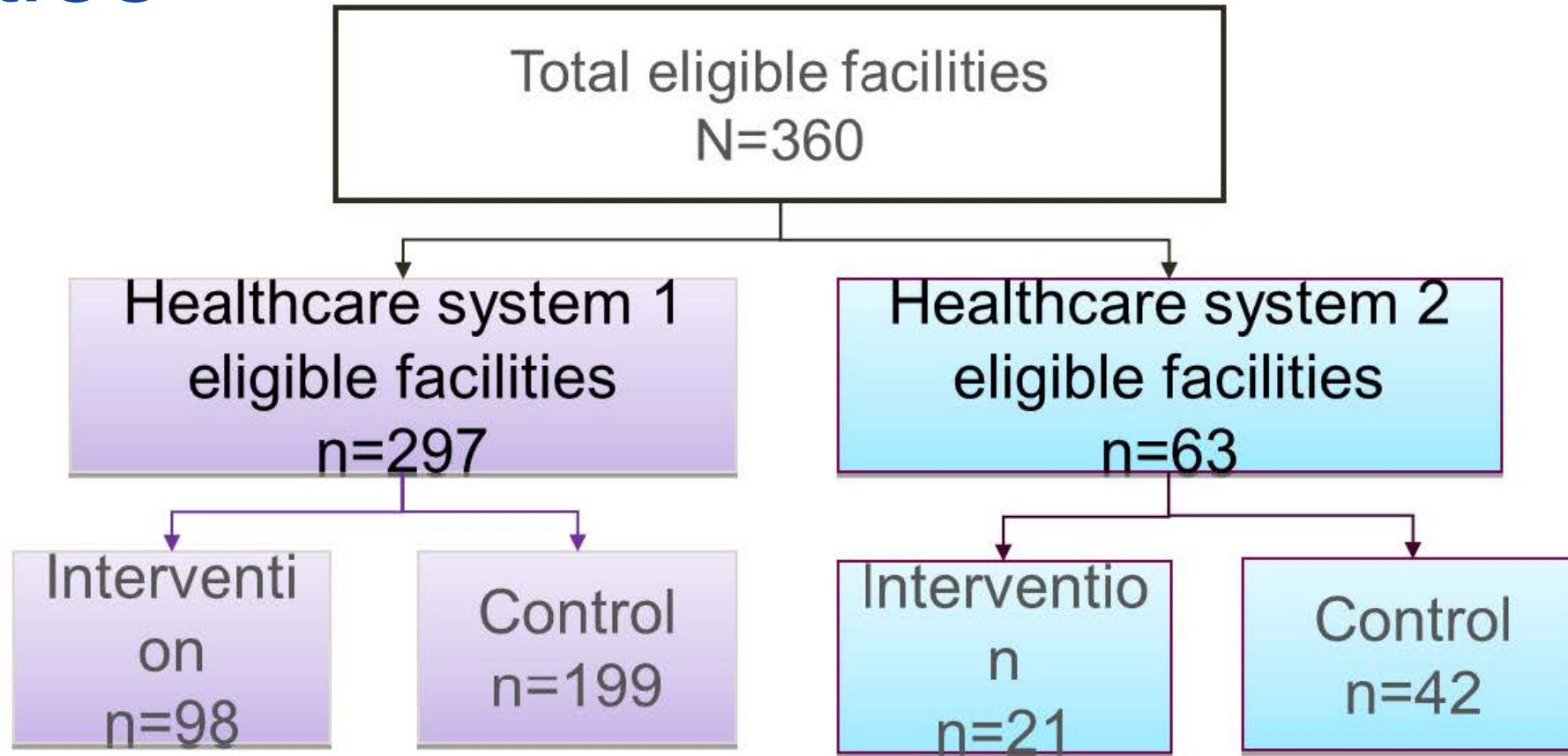
Objectives

- To conduct a pragmatic cluster RCT of a video assisted advance care planning intervention in nursing home patients with advanced comorbid conditions in 2 nursing home healthcare systems
- To test the impact of video-assisted advance care planning on seriously ill residents' transfer to hospital (inpatient, emergency department, or observational stays)

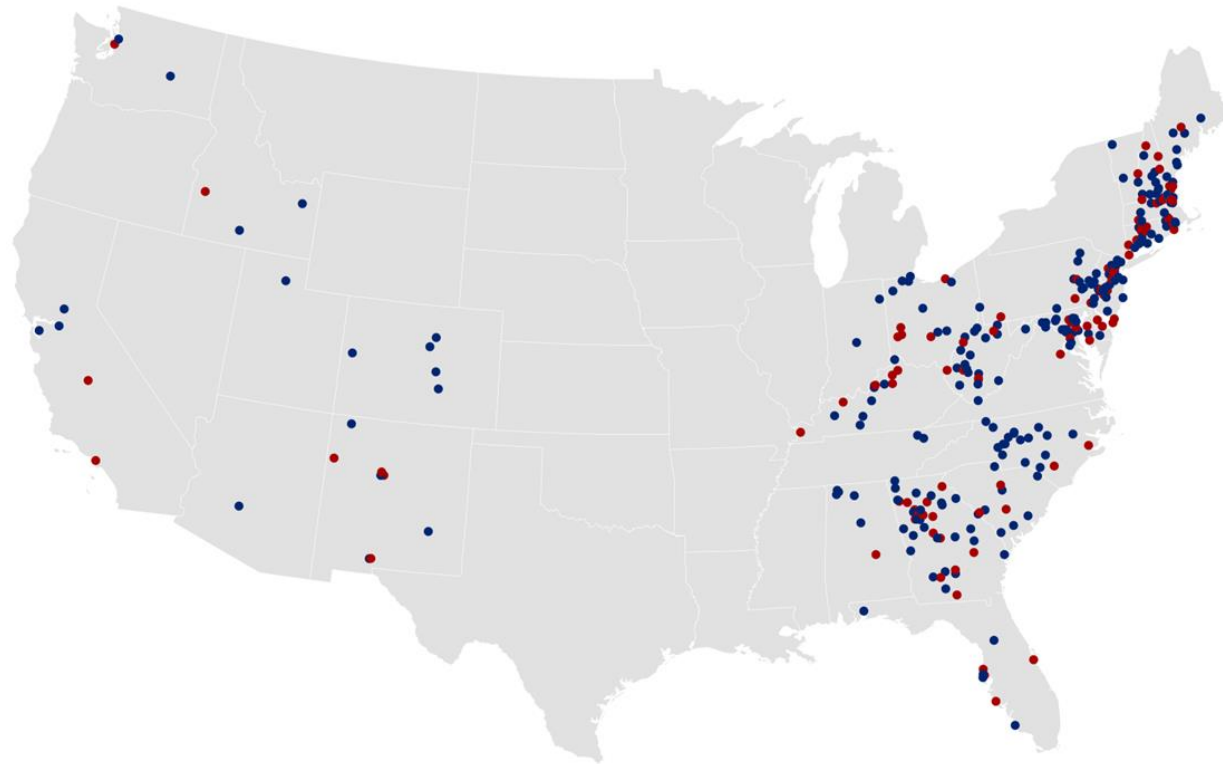
Study design

- Cluster randomized trial with 197,692 residents in 360 nursing homes in 32 states
- Nursing homes owned by 2 for-profit corporations
- 241 nursing homes were randomly assigned to the control group
- 119 facilities were randomly assigned to the intervention

Facilities



Distribution of PROVEN nursing homes



PROVEN centers
(as of 2/16/2017)

- Intervention
- Control

Outcomes

- No. hospital transfers/1000 person-days alive among long-stay (> 100 days) Medicare beneficiaries \geq 65 with advanced dementia, CHF or COPD
- Medicare Claims
- Transfers = admissions, observation stays, emergency room visits
- Up to 12-month follow-up
- Censored on Switch to MA: last date of FFS Medicare coverage

Intervention

- 24-month accrual; 12-month follow-up
- Suite of 5 advance care planning videos
 - Goals of Care, Advanced Dementia, Hospitalization, Hospice, ACP for Healthy Patients
- Offered facility-wide
 - All new admits, at care-planning meetings for long-stay, readmission
- Flexible (who, how, which video)
- Tablet devices, internet via URL and password
- Training: corporate level, webinars, toolkit

Why should nursing homes participate?

- Medicare rehospitalization penalty prompted hospitals to build networks of NHs with low rehospitalization rates
- ACOs committed to controlling post-acute spending
- CMS planning a re-hospitalization penalty that was applied to SNFs in 2018
- NH leadership views goal of care to reduce transfers that are inconsistent with patient preferences

Longer-term rationale

- One NH company was developing an ACO;
 - Financially and clinically accountable for long stay patients
- Another NH company was developing an Institutional Special Needs Plan (HMO)
 - Financially and clinically accountable for long stay patients
- Implementing an ACP Program viewed as a challenge for both

Barriers/challenges during implementation

- Changes at healthcare system partners
 - Changes in corporate office
 - Changes in participating facilities
- Changes in health care policy environment
- Changes in regulatory environment

Healthcare system partners

- **CHALLENGE #1:** Turnover in key partner staff
 - Both of our healthcare system partners experienced turnover (twice) in the system implementation liaison role.
- **SOLUTIONS:**
 - Kept engaged with senior leadership in our healthcare system partners.
 - Provided one-on-one orientation with newly-hired system liaison staff.
 - Began including implementation liaison on our monthly steering committee calls which included CMO and/or System Level Director of Nursing.

Healthcare system partners

- **CHALLENGE #2:** Turnover in Facility Specific ACP Champion staff
 - More than half of nursing home had at least 1 Champion turnover.

	# of NHs	% of NHs
No turnover in ACPCs	55	46.22%
1 ACPC loss	39	32.77%
2 ACPC losses	22	18.49%
3 ACPC losses	2	1.68%
5 ACPC losses	1	0.84%
Total intervention NHs	119	

Data as of 2/15/2017

Healthcare system partners

- **CHALLENGE #3: Changing Environment**
- **Changes in Health Care Policy Environment**
 - New Option to pay MDs/NPs for ACP conversation
 - Declining Length of Stay with Medicare Advantage growth
 - Planning for new SNF payment system
- **More intensive Quality Inspection Schedule**
- **A policy environment where nothing stands still!**

Healthcare system partners

- **CHALLENGE #4: Divestitures**

- At one partner, a total of 12 nursing homes were divested after they were randomized to the study sample.
- These divestitures occurred after the ACP Video Program had launched.

Solutions/lessons learned for ACP

- Videos selected because standardized and ready for broad implementation
- Unanticipated complications in the “mechanics” of introducing videos into daily operations—seemed so simple!
- Just showing video doesn’t mean going to next step of signing advance directive
- Lots of anecdotal stories of families’ resistance to discuss advance directives
- Since MDs & NPs can now bill for advance care planning, perhaps that is best strategy. -- BUT, even now very low use of these extra visits
- But still a challenge even if MDs & NPs can be reimbursed

Solutions/lessons learned for ePCTs

- Integrating interventions into health care systems means changing standard operating procedures
- Implies a mandate from management, not a research project
- Continuum of intervention complexity; easy to substitute one thing for another, hard to change clinical guidelines and practices
- Even corporate buy-in may not be enough; essential to have fully engaged local and regional managers