ACP PEACE

Promoting Effective & Aligned Communication in the Elderly

James A. Tulsky MD
Angelo Volandes MD, MPH
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

Duke Health

MAYO CLINIC

Northwell Health
ACP PEACE: UG3 Aims

Working with NIH Collaboratory…

• Establish organizational structure
• Establish procedures and infrastructure
• Pilot 1 oncology clinic per site (3 total clinics)
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: LESSON #1

It’s all about data…

- Primary outcome ACP documentation
- Oncologists rarely use the structured variable
- NLP code
- RA audit
ACP PEACE: LESSON #2

Can’t get enough…

• Default was a half-day training
• Clinicians felt this was not enough
• Preference only for clinic team members
• Learning to combine both interventions
ACP PEACE: LESSON #2

Survey

- 60% response (N=15)
- 87% definitely learned something to implement in their practice
- 80% learned skills they don’t have
- 93% atmosphere to learn from peers
You’ve seen one clinic, you’ve seen one clinic…

• Default workflow
• Before visit
• During visit
• After visit
Where can ACP Videos be viewed?

- View at Home
- View in a Clinical Setting
Viewing Options for Clinicians, Patients & Families

Mobile App

Website
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.mysacpdecisions.org](http://www.mysacpdecisions.org) on your computer

Or download the [ACP Tools App](http://www.mysacpdecisions.org) 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

Oct 31 | Nov 28 | Dec 26 | Jan 23 | Feb 20 | Mar 20
---|---|---|---|---|---
5 | 0 | 3 | 2 | 1 | 0
PROGRESS REPORT

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

- Completed In-Person
- Completed by Codes
# 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>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit 3 Clinics</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention Refinement &amp; Training Plans</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention Implementation</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Program Database</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Extraction, Merging, Cleaning</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Validation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Preliminary Analyses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Exit Interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>1m</td>
</tr>
<tr>
<td>1, 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3, 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5, 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7, 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9, 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11, 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barrier</td>
<td>Level of Difficulty*</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Enrollment and engagement of patients/subjects</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Engagement of clinicians and health systems</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Data collection and merging datasets</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Regulatory issues (IRBs and consent)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stability of control intervention</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Implementing/delivering intervention across healthcare organizations</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
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
  – Dan Gundersen, MA
  – 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
  – Craig Devoe MD

• Organizational Partners
  – ACP Decisions
    • Aretha Delight Davis, MD, JD
  – Vital Talk
    • Lisa Ravenel
ACP PEACE
Promoting Effective & Aligned Communication in the Elderly