

Commitment to the Ariadne Labs Serious Illness Care Program

MaineHealth (MH), a not-for profit health care system serving 12 counties located in Maine and northern New Hampshire, and the MaineHealth Accountable Care Organization (MHACO), an independent LLC with a network of over 1,500 providers, 10 hospitals, and 378 practice sites with value based agreements covering approximately 215,000 covered lives, have made a commitment to develop a comprehensive approach to incorporate the Ariadne Labs Serious Illness Care Program (SICP) into population health management.

Background

An important goal of the MH and MHACO Palliative Care and End-of-Life Care Program is to promote advance care planning across the continuum utilizing evidence and outcome based approaches.

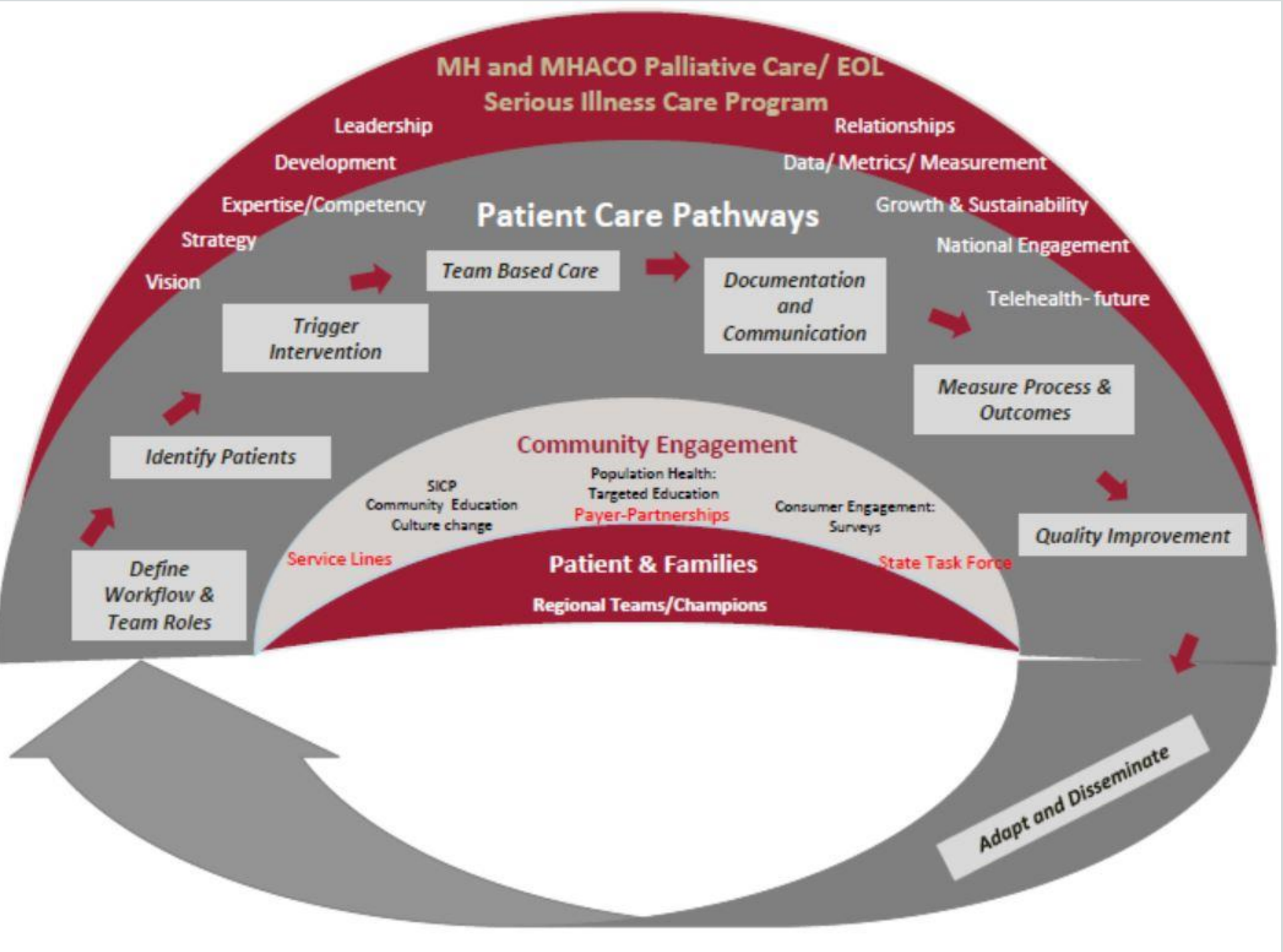
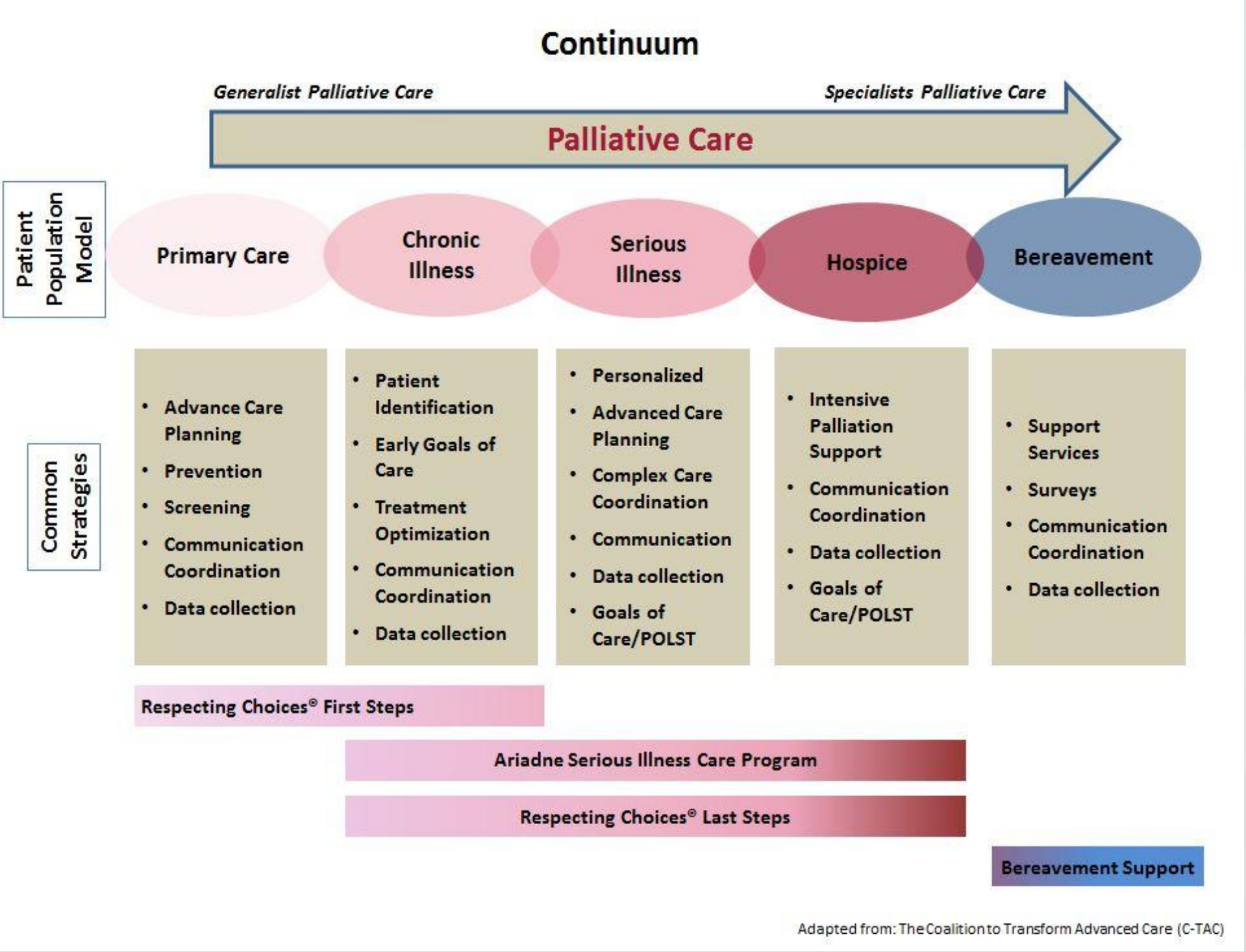
While a greater than 4 year implementation of the Respecting Choices® model had laid a foundation for Advance Care Planning to building “systemness”, the “Serious Illness Conversation” remained a gap.

As evidence has shown, early discussions about goals of care for patients with serious illness have been found to be associated with better quality of life, reduced utilization of non-beneficial medical care at end-of-life, enhanced care that is consistent with goals of the patient, positive family outcomes, and reduced health care costs (Bernacki & Block, JAMA, 2014).

Challenges of achieving this goal are: (1) clinicians are often uncomfortable with these conversations, and (2) a lack of a systems approach to facilitate effective conversations presents a barrier to implementation.

Starting with 5 champion clinicians (4 physicians, 1 NP) who trained as faculty in the SICP and a collaborative partnership with Ariadne Labs, a strategy was set out and supported through an MHACO grant in next steps of building and implementing Ariadne Labs’ SICP to overcome these challenges.

We identified champion partners within the regions of our health system who were interested in collaborating to implement the SICP and also to contribute to the development of a system-wide approach of the continuum of personalized advanced care planning. Since 2015 our system has supported the training of 18 faculty in the SICP through Ariadne and as a result more than 230 providers and health care team members have received SICP training.



Serious Illness Conversation Guide	Serious Illness Conversation Guide
CONVERSATION FLOW	PATIENT-TESTED LANGUAGE
1. Set up the conversation Introduce purpose Prepare for future decisions Ask permission	1. "I'd like to talk about what is ahead with your illness and do some thinking in advance so that I can make sure we provide you with the care you want -- is this okay?"
2. Assess understanding and preferences	2. "What is your understanding now of where you are with your illness?" "How much information about what is likely to be ahead with your illness would you like from me?"
3. Share prognosis Share prognosis Frame as a "bad, worry" statement Allow silence, explore emotion	3. "I want to share with you my understanding of where things are with your illness..." Uncertain: "It can be difficult to predict what will happen with your disease. Some people live well for a long time, but others can get very sick very quickly (to the point that their night day)" OR Team: "While we were not in this situation, but I am worried that time may be as short as ____" OR Function: "I hope that this is not the case, but I'm worried that things are likely to get more difficult."
4. Explore key topics Goals Fears and worries Sources of strength Critical abilities Traditions Family	4. "What are your most important goals if your health situation worsens?" "What are your biggest fears and worries about the future with your health?" "What gives you strength as you think about the future with your illness?" "What situations are so bad that you can't imagine living in that situation?" "If you become sicker, how much are you willing to go through for the possibility of gaining more time?" "How much does your family know about your priorities and wishes?"
5. Close the conversation Summarize Make a recommendation Check in with patient Affirm commitment	5. "I've heard you say that ____ is really important to you. Keeping that in mind, and what we know about your illness, I recommend that we ____ This will help us make sure that your treatment plans reflect what's important to you." "How does this plan seem to you?" "I will do everything I can to help you through this."
6. Document your conversation	
7. Communicate with key clinicians	

Serious Illness Care Program Survey Results

During August and early September 2017, MaineHealth and the MaineHealth ACO conducted a SICP survey with all of the people who could be reached who had participated in SICP training since the start of the program. Response rate was 30%.

Almost half of the respondents were from inpatient settings followed by ambulatory settings, with specialty care represented higher than primary care. 44% of the respondents identified as physicians or advanced practice providers, 31% as nurses, 25% as others including Social Workers, Therapists, Chaplains, and Administrators.

Only 52% responded that they had used the SICP Guide since the training, with half reporting they did not have any opportunity to use the guide.

As regards to patient identification, 38% have no established method. Of these respondents, 59% reported that they would like further information about how to create a method or that they have a plan to create a method for patient identification.

The ability to document effectively and efficiently in the Electronic Medical Record (EMR) is an essential element in the successful implementation of the SICP. Only 8% of the respondents reported the ability to document in conversation in the EMR in a retrievable manner. 13% are currently working on EMR processes and the remaining 79% reported that they are interested in EMR implementation processes.

In response to a competency question, 49% answered that they are interested in a Coaching Session to follow-up on the training.

As it relates to reimbursement, 84% of the respondents are not submitting reimbursement for the time spent with the patient conducting the conversation.

To summarize: The comments were very positive with regards to the training and the program being beneficial to respondents. Suggestions for improvement include patient identification methods, duration of training, applicability to various disciplines, coaching mechanisms, ability to document in the EMR and further information on reimbursement.

Conclusions and Next Steps

Our conclusion is that a comprehensive implementation strategy is needed to achieve the desired “systemness” which aims for a continuum of goals of care conversation to include Respecting Choices® and the SICP with achievement of the Quadruple Aim as an overarching goal. Although significant training has been accomplished, without a solid infrastructure and implementation plan, the full potential of the SICP, including sustainability and measurable outcomes, cannot be realized.

The development of a comprehensive program based on Ariadne Lab’s Implementation Roadmap of the SICP requires the following next steps:

1. Securing the Foundation
2. Plan Implementation
3. Launch Pilot Sites
4. Expand, support and evaluate the program.

