



The multiplier effect

# Advancing ACP Education in Medical Practices

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## BACKGROUND

- Advance Care Planning (ACP), as a process to assist individuals in making informed decisions about future medical care, is gaining ground in New York’s Capital Region. Whereas Phase I (*Community Conversations: Bringing Voice to Advance Care Planning in Schenectady, NY*), was a program to educate the general community about ACP and its relevance to their health and health choices, Phase II (*Advancing ACP Education in Medical Practices*) directly involves medical groups, physicians and their clinical teams.
- Through a structured training program based on the Respecting Choices model, and impetus from the Delivery System Reform Incentive Payment (DSRIP) project in New York State, this author developed and facilitates ACP facilitator certification trainings for these clinical professionals.
- The newly trained ACP certified facilitators conduct Advance Care Planning conversations with their patients, assist with completing Advance Directives, and capture the instructions for patients’ goals and wishes for placement in the medical record.

## PURPOSE

The Institute of Medicine’s (IOM) consensus report *Dying in America* (2014) identifies a need for “public education and engagement about end-of-life care planning.” Moreover, education is needed to motivate and facilitate advance care planning and meaningful conversations with a person’s family members and caregivers.

Clinical professionals have a patient population in their practices who could benefit from exploring their goals, values and preferences for future medical care. Everyone over the age of 18, well or ill, should consider their preferences and how to communicate them if they were unable to express them due to illness or accident.

The clinical practices want to have that information on record, but often face barriers when eliciting patient participation. (Barriers include but are not limited to patient/clinician discomfort with the topic, undeveloped skills in starting the conversation, patient reluctance, clinician time limitations, strategies for integrating the dialog into a patient visit, and so on.)

Providing ACP training to clinical professionals, reinforcing skills for them to begin the conversation with their patients, and providing them with tools to explore what matters most to their patients provides them with concrete steps.

The skills promote confidence in the clinical staff to have these conversations, leading to the increased likelihood of patients preparing Advance Directives.

Establishing ACP functionality in medical practices as a routine practice, has the potential to make having the conversation with patients about what matters most to them, a normative process that informs patient, family and practitioner at once.

## METHODS

### Established ACP Facilitator Trainings with Medical Professionals

- Collaboration with Individual Physicians
  - Identified and partnered with physicians who encouraged this ACP facilitator/instructor to meet with their patients on a regularly scheduled day every other week.
  - 20-minute sessions with patients/families in a private setting; described the importance of planning, identifying a Health Care Proxy, providing clear and convincing evidence of wishes through a conversation with loved ones, preparing an Advance Directive, and distributing it to those involved with the patients’ care.
  - Engaged the medical office staff, who realized the value of this service to their patients, and trained them as facilitators.
- Casting a Wider Net
  - Gave presentations to medical professionals at regional and quarterly meetings, offering train-the-trainer sessions and discussing successes with reaching patients.
  - Strategized with DSRIP and the palliative care project members to train professionals embedded in medical practices; trained physicians, PAs, nurses, NPs, chaplains, social workers, community care workers, and community volunteers.
  - Collaborated with hospital systems and home health agencies to train greater numbers of medical providers.

### Joined a Community Coalition

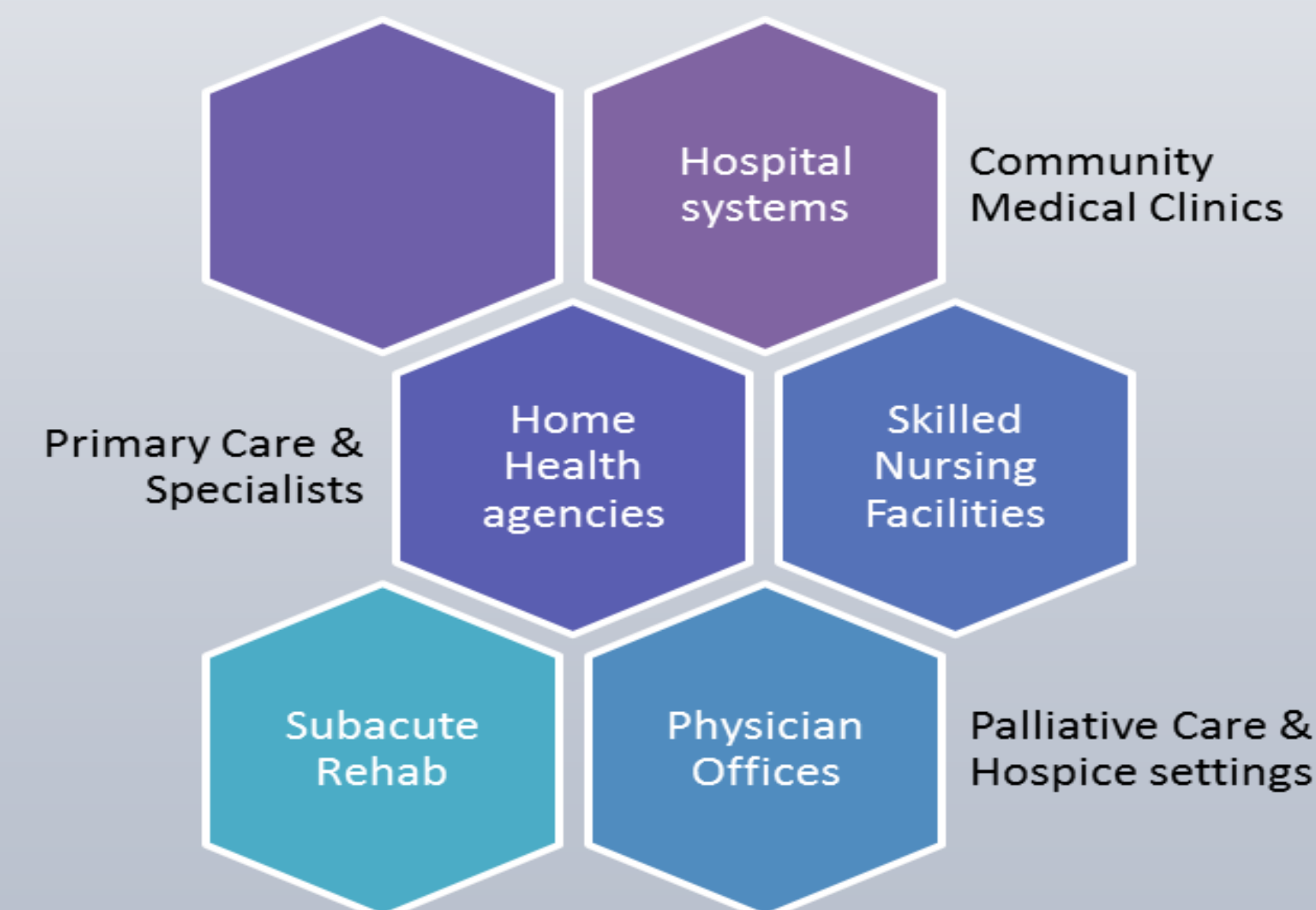
- Participated in strategic and tactical planning for a community-wide initiative to bring attention to ACP.
- The strategic plan outlined the delivery of ACP training to professionals in each of the member organizations.
- Prepared grant applications to secure funding for education, training and marketing.

### Established Liaison Relationships

- Connected college student volunteers with local medical clinic.
  - Students trained as ACP facilitators volunteered to meet with patients & families to start the conversation, discuss goals, values and preferences, and facilitate preparation of Advance Directives.
  - Multiple benefits: students gained experience in patient interaction; practitioners gained time in passing the ACP conversation to students; patients received invaluable information in this layered approach of provider services. Best of all: no financial cost to student or provider!

### Department In-services

- Valuable mini-sessions - discussing elements of ACP in short team meetings: MOLST, Health Care Proxy, the conversation, completing advance directives with patients, and more. At VNS, we have made a commitment to all our staff to provide information useful to their work with patients and on a personal level. It is an essential component of our strategic plan, addressing *People, Quality, Productivity and Growth* in all departments of our agency.



Medical Professionals Trained as Advance Care Planning (ACP) Facilitators  
Jan – July 2017

Date 2017	Total # Trained	MDs, PAs, Medical Students	RNs, LPNs, NPs	Social Workers & Chaplains	PT, OT, Comm Health Workers
January	101	2	71	28	
February	35		12	23	
March	22	2	16	4	
April	13		10	2	1
May	6		2	2	2
July	25		16	8	1
Total	202	4	127	67	4

## RESULTS

### Professionals trained in ACP:

- Become validated stakeholders in the commitment to change the way their patients think about advance care planning
- Have the ability to influence the number of meaningful conversations about goals, values and preferences that lead to the preparation of advance directives
- Comprise numerous and varied disciplines, in a range of settings
- Demonstrate confidence in skills as a direct and positive result of facilitator training
  - “I’ve gained skills that will make me more confident in discussing ACP with my patients. I’ll be able to demystify their apprehensions.”
  - “I will encourage my patients to complete a Health Care Proxy.”
  - “I envision new opportunities for implementation in my practice.”
  - “Very useful, practical, understandable materials. Will have more conversations with my patients.”
  - “Great tools! Really helped me find my comfort level when approaching this subject, along with realizing patients’ discomfort. Relieved my own anxieties about the topic.”

## CONCLUSIONS

- Training medical professionals in ACP techniques is creating a richer forum for expanding the conversation in our community.
- Discussion and engagement of ACP topics is demonstrating to patients that these conversations are important and valued.
- Far-reaching opportunities exist for incorporation of ACP topics within a variety of medical practices and health care agencies.
- In six months, over 200 medical professionals were trained by one trainer...it is estimated that on average each of those 200 have had ACP conversations with five patients during that time. That translates to 1000 more conversations on ACP topics than had happened previously!

## REFERENCES

1. Briggs, Linda and Bernard J. Hammes. 2013. Respecting Choices Advance Care Planning: First Steps, ACP Design and Implementation. La Crosse, Wisconsin: Gundersen Lutheran Medical Foundation, Inc.
2. Delivery System Reform Incentive Payment (DSRIP) Program, [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/DSRIP](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/DSRIP)
3. Institute of Medicine of the National Academies (IOM). Report Brief: September 2014. Dying in America: Improving quality and honoring individual preferences near the end of life. Washington, DC: <http://www.iom.edu/Reports/2014/Dying-in-America-improving-quality-and-honoring-individual-preferences-near-the-end-of-life.aspx>

## ACKNOWLEDGMENTS

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