A System for Person-Centered Decision Making that Transforms Healthcare

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Learning Outcomes

1. Define person-centered decision-making programs.

2. Describe the four key elements and related strategies in designing an effective system for person-centered decision making for all populations.

3. Provide evidence-based outcomes of these programs.
Respecting Choices...
A division of C-TAC Innovations

C-TAC Innovations is a nonprofit affiliate of C-TAC devoted to implementing delivery systems for advanced illness and assuring that people receive care matching their preferences and values.

The Coalition to Transform Advanced Care (C-TAC) is dedicated to the idea that all Americans living with serious illness receive high-quality, person-centered care that aligns with their values and honors their dignity.
Knowing and Honoring Preferences and Decisions

Care that is respectful of and responsive to individual patient preferences, needs, and values
Person-Centered Care

Advance Care Planning
Preparing for future healthcare decisions

Person-Centered Decision Making

Shared Decision Making in Serious Illness
Making current healthcare decisions
SDM is a process in which clinicians and patients work together to make decisions that align with what matters most to patients. To be effective, this process requires **Unbiased** evidence about alternatives — including no intervention — and risks/benefits of each

Expertise in **communication**, tailoring evidence for individuals

**Patient values**, goals, informed preferences and concerns, which may include treatment burdens

(National Quality Partners™ Action Brief, October 2017).
In serious illness, decisions are more complex and have a wider range of benefits and burdens. Effective SDM in serious illness requires skilled communication and a process that Begins with discernment of patient value, goals, and defining ‘unacceptable outcomes’. Presents unbiased evidence about alternatives – including no intervention – Always addresses burdens - including risk for the ‘unacceptable outcome’ - in addition to clinical risks of each option.
The Five Promises

PROMISE #1
We will initiate conversations.

PROMISE #2
We will provide assistance with person-centered decision making.

PROMISE #3
We will make sure plans are clear.

PROMISE #4
We will store, update, and use plans.

PROMISE #5
We will honor preferences and decisions.
Stages of Person-Centered Decision Making

**First Steps® ACP**

**Target Population:**
- Adults who have not started or engaged in a planning process

**Purposes of ACP:**
- Select and prepare a healthcare agent
- Discuss goals of care for a severe, permanent brain injury
- Identify personal, cultural, spiritual beliefs

**Document Created:**
Advance Directive (AD)

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**Next Steps ACP**

**Target Population:**
- Individuals engaged in active disease management experiencing complications

**Purposes of ACP:**
- Understand future complications based on illness trajectory
- Identify goals if complications result in “unacceptable outcomes”

**Document Created:**
Statement of Treatment Preferences (SoTP)

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**Advanced Steps ACP**

**Target Population:**
- Individuals in their last few years of life

**Purposes of ACP:**
- Define preferences in context of life-limiting illness and “living well”
- Integrate individuals’ preferences into physician orders

**Document Created:**
Physician Orders for Life-Sustaining Treatment (POLST)

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**Shared Decision Making in Serious Illness**

**Target Population:**
- Individuals with serious illness making a current healthcare decision

**Purposes of SDM:**
- Integrate individuals’ preferences into any current healthcare decision
THE IMPORTANCE OF A SYSTEM
Implementing this System Requires Leadership Commitment at All Levels

• Be engaged to understand the nature of the work
  — To know what questions to ask
  — To ensure the work is well-positioned in the organization
  — To align with other system initiatives and priorities

• Manage competing organizational priorities

• Invest in financial and human resources

• Thoughtfully identify and address barriers

• Define, track, and use outcomes data

• Persevere (not quick work)

• Recognize evolution from implementation to spread to sustain phases
Core Concept:
Four Key System Elements

1. System Redesign: Hardwire behavior change
2. Education and Certification: Improve competence of team
3. Community Engagement: Messaging that is aligned and motivating
4. Continuous Quality Improvement: Measure what matters
Design Elements for Promise #1

We will initiate conversations.

Staged approach

First Steps
Next Steps
Advanced Steps

ACP Facilitator
Physician
Other Members

Team approach

ACP SDMSI

Define conversation

Staged approach

PROMISE #1

We will initiate conversations.

Community engagement

Redesign workflows

Invitation
Referral
Schedule

Logo
Videos
Brochures
Online Tutorials

Target population
Outpatient
Disease Group
Age
Physician Champion

Respecting Choices®
PERSON-CENTERED CARE
The Five Promises

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PROMISE #4
We will store, update, and use plans.

PROMISE #5
We will honor preferences and decisions.
## Success: Person-Centered Care Keeps the 5 Promises

### Table: Comparison of Data Collection and Success Indicators

<table>
<thead>
<tr>
<th></th>
<th>LADS I Data collected in ‘95/’96 N=540</th>
<th>LADS II Data collected in ‘07/’08 N=400</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decedents with ADs (%)</td>
<td>459 (85.0)</td>
<td>360 (90.0)</td>
<td>.023</td>
</tr>
<tr>
<td>ADs found in the medical record where the person died (%)</td>
<td>437 (95.2)</td>
<td>358 (99.4)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Treatment decisions found consistent with instructions</td>
<td>98%</td>
<td>99.5%</td>
<td>0.13</td>
</tr>
</tbody>
</table>

(Hammes & Rooney, 1998)
(Hammes, Rooney, & Gundrum, 2010)
## Impact: Patient Experience*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intervention Group (N= 133)</th>
<th>Control Group (N=139)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall level of satisfaction with hospital care</td>
<td></td>
<td></td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>125 (93)</td>
<td>91 (65)</td>
<td></td>
</tr>
<tr>
<td>Satisfied</td>
<td>6 (5)</td>
<td>40 (29)</td>
<td></td>
</tr>
<tr>
<td>Not satisfied</td>
<td>2 (2)</td>
<td>8 (6)</td>
<td></td>
</tr>
</tbody>
</table>

*Questionnaire administered at hospital discharge. Values are percentages, unless stated otherwise.

(Detering, Hancock, Reade, and Silvester, 2010)
# Impact: Family Well-Being in Bereavement

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>n (%)</td>
<td>29 (19)</td>
<td>27 (17)</td>
<td>0.75</td>
</tr>
<tr>
<td>Age median, (IQR)</td>
<td>85 (84-89)</td>
<td>84 (81-87)</td>
<td>0.06</td>
</tr>
<tr>
<td>Patients completed ACP</td>
<td>25 (86)</td>
<td>0 (0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Wishes known and followed</td>
<td>25 (86)</td>
<td>8 (30)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Wishes unknown</td>
<td>3 (10)</td>
<td>17 (63)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Effect on family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact of Event Score: median</td>
<td>5 (2-5.5)</td>
<td>15 (5-21)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Effect on family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Depression Scale</td>
<td>0 (0-1.5)</td>
<td>5 (0-9)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
Australia  
Belgium  
Denmark  
Germany  
Italy  
Singapore  
Slovenia  
Spain  
The Netherlands  
United Kingdom
Respecting Choices Programs are Unique

- Program beyond communication skills
- Addresses the unique needs of identified target population
- Emphasis on the 4 key system elements for long-term success
- Levels of certification builds sustainability
- Includes concept of mass customization (freedom within a framework)
Respecting Choices

A System for Person-Centered Decision Making that Transforms Healthcare
"Ideally, healthcare harmonizes with social, psychological, and spiritual support as the end of life approaches. To achieve this goal, care near the end of life should be person-centered, family-oriented, and evidence-based."

Shared Decision Making Has the Power to Perfect Informed Consent

- A Standard of Care for All Patients
- A national call to action to integrate shared decision making into clinical practice as a standard of person-centered care
- Potential to improve experience, engagement, and value for patients
- Can become the standard for informed consent in healthcare

(National Quality Partners™ Action Brief, October 2017).
Mark your calendars!

October 23-26, 2018

Respecting Choices®
PERSON-CENTERED CARE

Minneapolis Airport Marriott
Bloomington, Minnesota
USA

respectingchoices.org

Registration opens
June 1
Thank you!