

THE IMPACT OF GOALS OF CARE CONVERSATION TRAINING

Temu K Brown, MD¹; Marianne Klumph, MA²; Kayla Heslin, MPH³; Elizabeth Duthie, PhD²; Timothy Jessick, DO⁴

¹Aurora Health Care Palliative Medicine Fellowship, Milwaukee, WI; ²Center for Urban Population Health, Milwaukee, WI; ³Aurora Research Institute, Milwaukee, WI; ⁴Aurora West Allis Medical Center, Milwaukee, WI

PROBLEM

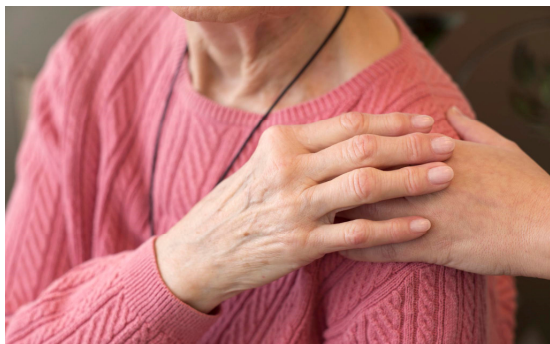
The need for specialty palliative services outpaces the current supply of specialists.

BACKGROUND

- A key primary palliative medicine skill is holding goals of care (GOC) conversations with patients early during their hospital stay. However, many physicians struggle with integrating patients' preferences into their end-of-life care.⁴
- Documentation in the electronic health record (EHR) can serve as a measure of such planning. The use of templates within EHRs can help capture key domains of communication during GOC discussions.
- Studies have revealed that priming physicians to conduct brief GOC discussions increases the occurrence, documentation, and overall quality of these conversations.⁵
- Throughout 2017-2018 Aurora-employed hospitalists were asked to attend a half-day training session covering GOC discussions, in effect priming them to have these conversations in their daily clinical practice. A GOC discussion template dotphrase (DP) was introduced during this training, accessible via the Epic EHR. Hospitalists can insert this DP into their history and physical notes (H&Ps) completed shortly after a patient's admission to the hospital. This template can help guide hospitalists' discussions with their patients.

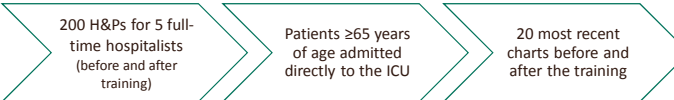
OBJECTIVE

- Primary aim:** To explore whether GOC training sessions increased hospitalists' utilization of the GOC dotphrase (DP) generated by the EPIC Electronic Health Record (EHR).
- Secondary aim:** To evaluate whether there was an improvement in the quality of GOC conversations that were held with patients upon admission.



METHODS

- Hospitalists from across the Aurora system participated in training sessions covering GOC conversations on various dates between 6/27/2017 to 1/17/2018.



- Further inclusion criteria:
 - Documented GOC, including the use of the GOC DP.
- The following comorbid conditions were tabulated:
 - Number of patients with >1 of the following comorbid conditions: decompensated congestive heart failure, severe chronic obstructive pulmonary disease; end stage renal disease; end-stage liver disease; advanced dementia/neurodegenerative disease; and metastatic cancer.
- Quality assessment was done by searching for goal-concordant keywords and their synonyms within these conversations.
 - High-caliber notes were determined by the inclusion of language that built a good narrative, clearly showcasing active engagement of patients (or their surrogates) in GOC discussions, and taking patient's wishes regarding treatment options into consideration.
 - Notes which explicitly documented "writer *discussed* with patient..." (or other synonyms) as well as "patient *wants*..." (or other synonyms) were indicative of good-quality conversations.
- Basic descriptive statistics were used to describe the population. Chi square tests and t-tests were used as appropriate to compare groups.

RESULTS

	N	(%)		N	(%)
RACE/ETHNICITY			NUMBER OF COMORBIDITIES		
White	189	(94.5)	No Comorbidities	93	(46.5)
African American	4	(2.0)	1 Comorbidities	90	(45.0)
Hispanic	5	(2.5)	2 Comorbidities	15	(7.5)
Other	2	(1.0)	3 Comorbidities	2	(1.0)
GENDER			DID A GOC CONVERSATION TAKE PLACE?		
Female	117	(58.5)	Yes	47	(23.5)
Male	83	(41.5)	No	153	(76.5)
COMORBIDITIES			WAS THE EPIC DOT PHRASE USED?		
Congestive Heart Failure	43	(21.5)	Yes	96	(48.0)
COPD	34	(17.0)	No	104	(52.0)
End-Stage Renal Disease	12	(6.0)	WAS THE CONVERSATION CONSIDERED GOOD QUALITY?		
End-Stage Liver Disease	6	(3.0)	Yes	35	(17.5)
Metastatic Cancer	8	(4.0)	No	165	(82.5)
Advanced Dementia	23	(11.5)			

Table 1. Characteristics of Patients

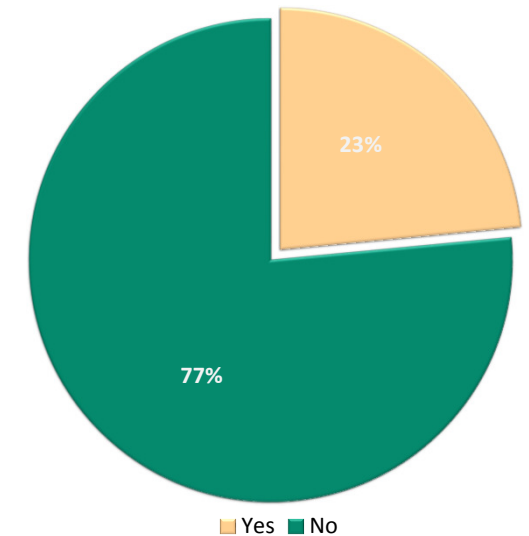


Figure 1. Percentage of Actual Goals of Care Conversations

- Older patients (mean=84) were more likely to have a GOC conversation (P<0.001).
- Although there was an increase in usage of the GOC DP after training sessions (73% compared to 31%; P<0.01), only 23% of all patients in the study population actually had a GOC conversation.
- The overall quality of the GOC conversations that were held both before and after the intervention remained essentially unchanged (17% vs 18%).

CONCLUSION

- Usage of the GOC dotphrase among hospitalists increased after the intervention (73% compared to 31%; P<0.01).
- However, only 23% of all patients had a GOC conversation.
- This study can be expanded upon in a number of ways.
 - Reviewing H&Ps from a greater number of hospitalists from more hospitals within the Aurora system, thus increasing the sample size.
 - Instituting training sessions held on a more frequent basis would have value, helping to capture new hires as well as serving as a "refresher" for hospitalists with more seniority to reinforce skills.

REFERENCES

1. E. Haley, D. Meisel, Y. Gleim, L. Dingfield, D. Casarett and N. O'Connor. Electronic goals of care alerts: An innovative strategy to promote primary palliative care. *Journal of Pain and Symptom Management* 53:932-937, 2017.
2. K. R. Courtney and N. R. O'Connor. Towards Scalable Hospital-Based Palliative Care: Challenges and Opportunities for Hospitalists. *Journal of Hospital Medicine* 13:1281-882, 2018.
3. S. Z. Pantilat. Palliative care and hospitalists: a partnership for hope. *Journal of Hospital Medicine* 11:5-6, 2006.
4. R. K. Sharma, K. A. Cameron, J. M. Zech, S. F. Jones, J. R. Curtis and R. A. Egelberg. Goals-of-Care Decisions by Hospitalized Patients with Advanced Cancer: Missed Clinician Opportunities for Facilitating Shared Decision-Making. *Journal of pain and symptom management*, 2019.

5. J. R. Curtis, L. Dornay, A. L. Black, et al. Effect of a patient and clinician communication-priming intervention on patient-reported goals-of-care discussions between patients with serious illness and clinicians: a randomized clinical trial. *JAMA Intern Med*. Jul 1;178(7):930-940, 2018.
6. J. Paladino, A. Kennedy, N. O'Connor, L. Kilpatrick, R. Prabhakar, E. Fromme. Training Nonpalliative Care Clinicians in Serious Illness Communication: Results of a Train-the-Trainer Model in Three Health Systems. *Journal of Pain and Symptom Management*, Volume 57, Issue 2, 449 - 450, 2019.
7. Rodanbach, R., Kavalariotou, D., Tambar, A., Tipper, C., Resick, J., Arnold, R., & Childers, J. Coaching Palliative Care Conversations: Evaluating the Impact on Resident Preparedness and Goals-of-Care Conversations. *Journal of palliative medicine*, 2019.