MHIF FEATURED STUDY:

REBIRTH

OPEN AND ENROLLING:

EPIC message: *Research MHIF Patient Referral*

CONDITION:
Cardiac catheterization / Coronary artery disease

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SPONSOR:
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DESCRIPTION:

Radial vs. State-Of-The-Art FEmoral Access for Bleeding and Access SIte Complication Reduction in Cardiac CaTHeterization (REBIRTH) is a phase IV, prospective, open label, randomized-controlled study that will compare radial access with state-of-the-art femoral access in patients without ST-segment elevation acute myocardial infarction undergoing cardiac catheterization. Subjects will be randomized 1:1 into 2 treatment groups: radial access and state-of-the-art femoral access. Similarly, a second sub-randomization will be performed in the femoral access group into use of 18 vs 21 gauge needles, also in a 1:1 fashion.

CRITERIA / QUALIFICATIONS:

Inclusion:

- Age ≥18 years
- Undergoing diagnostic angiography for ischemic symptoms with possible PCI, or planned urgent or elective PCI
- Equally eligible to undergo cardiac catheterization via radial or femoral access

Exclusion:

- Primary PCI for STEMI; planned right heart catheterization; valvular disease requiring surgery or other planned surgeries or interventions within 30 days of index procedure
- Hemodialysis access in the arm to be used for PCI
- Peripheral arterial disease prohibiting vascular access; presence of bilateral internal mammary artery coronary bypass grafts
- International normalized ratio ≥1.5 while treated with oral vitamin K antagonists (i.e. warfarin)
- Receipt of oral factor Xa or IIa inhibitors ≤24 h before procedure
- Planned dual arterial access (for example for chronic total occlusion PCI)

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Serious Illness Conversations with Patients with Heart Failure

October 4, 2021

Jan Richardson, MD
Physician Lead * Serious Illness Care Program * Allina Health

Emily Downing, MD
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Medical Director * Inpatient Services * Minneapolis Heart Institute
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Cardiology * Minneapolis Heart Institute

1

Disclosures

- No relevant financial relationships
- Parts of this presentation and the Allina Serious Illness Care Program are based on work by Ariadne Labs, a joint center for health systems innovation at Brigham and Women's Hospital and Harvard T.H. Chan School of Public Health

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Objectives

1. Assess a patient's prognosis and have increased skill in communicating that to the patient
2. Identify seriously ill patients who would benefit from a serious illness conversation
3. Locate patient's goals and preferences in the Advance Care Planning Navigator

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What we plan to share today

- Overview of Allina's Serious Illness Care Program
- Serious Illness Conversation Guide
- Serious Illness Filter
- Documenting conversations in the new ACP Navigator

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What is this all about?

Patients

- Living longer with more burden of illness
- Uninformed about the big picture

Frustration

Misunderstanding

Clinicians

- Often trapped between pressure to do more and more while being uncertain if it's really what the patient wants

"Why didn't anyone tell me?"
"If we had only known…"

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Case: Advanced CHF

- 72 year old retired salesperson
- CHF with EF of 15%, diabetes, osteoarthritis, obese
- Just referred for home oxygen
- Two hospitalizations this year for CHF exacerbation
- Not a candidate for advanced heart failure therapies
- Needs help with shopping
- Difficulty walking two city blocks
- Married and lives with her husband; adult children do not live locally

Prognosis: Likely less than 1 year, but death could be sudden and without warning.

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Questions about the case

- Do you agree with prognosis? Why or why not?
- What do you expect the patient's medical course will be over the coming year?
- What would help the patient most at this time?

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What is serious illness communication?

- Conversations about expected course of a serious illness and patient's goals, values, and priorities that can inform treatment decisions
- Type of advance care planning but NOT a "code status" discussion
- **Not necessarily an end-of-life** discussion -- rather, aim is to prepare patients and families for an uncertain future

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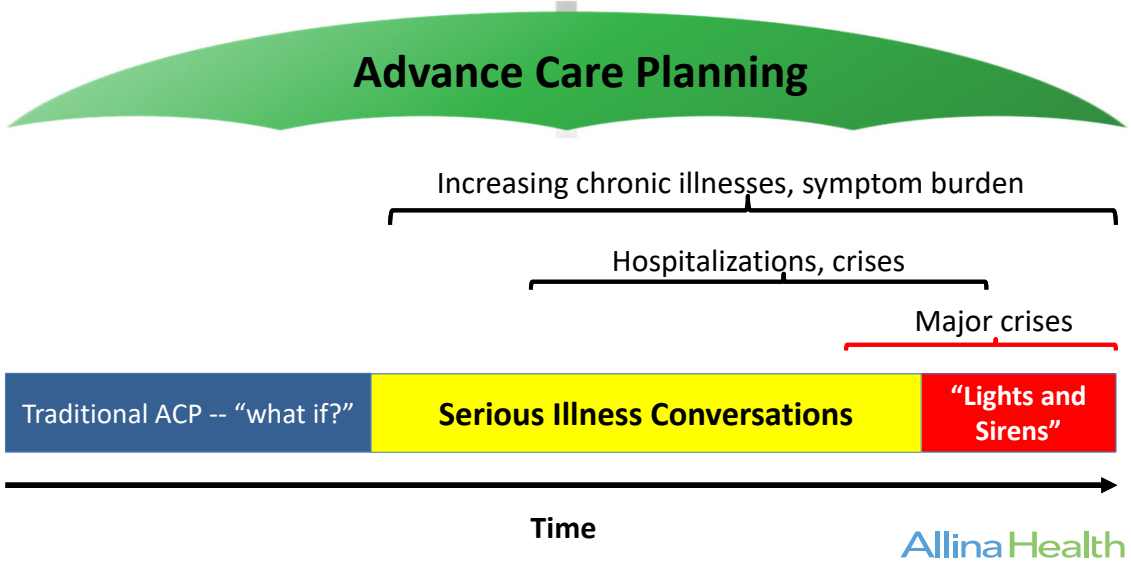
Moving Serious Illness Conversations upstream



9

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Why is this important for patients?

- More time to plan
- Care that is concordant with patient's goals and priorities
- Better quality of life
- Fewer hospitalizations
  - Vast majority of patients want to spend final days at home
  - Currently 70% hospitalized in last 90 days

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How is this relevant to Cardiologists?

- A quality issue
  - We tolerate poor end-of-life care (care not aligned with patient's goals and priorities)
  - The system and cardiology are not achieving in-patient mortality outcomes, specifically related to failure to plan
- Allina-wide quality initiative for 2021 and beyond
  - Hospitalists
  - Primary Care providers
  - Oncologists
  - Home Health Care and Senior Health

11

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Isn't it Primary Care's responsibility???

Yes, and …… also every other clinician's!

Including the consultant!

- The conversation is at the heart of all informed decision making
- We are all part of the continuum of care – and it takes many conversations
- Not enough Palliative Care providers

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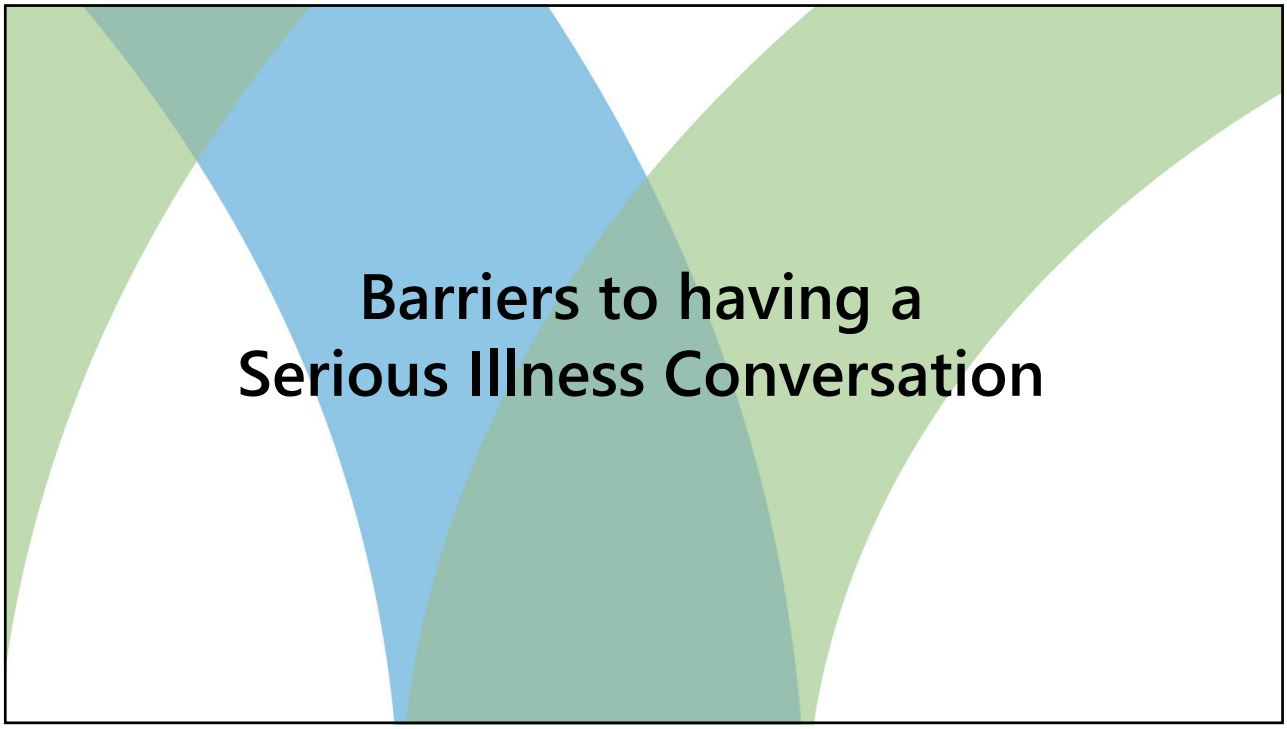

13

Barriers

Provider

- Time
- Uncertainty about prognosis and fear of dashing hopes
- 68% not trained to have these conversations

Medical system

- Defaults to aggressive care for the terminally ill

Patient

- "Fighter" mentality
- Deference to specialist who offers another intervention

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Serious Illness Care Program

- **Communication tools**
  - Serious Illness Conversation Guide
- **Training programs**
- **System changes**
  - New Serious Illness Filter – to nudge us
  - New ACP (Advance Care Planning) Navigator
  - Serious Illness Standard Work

15

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Serious Illness Care Program vision

Allina Health will reliably:

- Use data to recognize seriously ill patients sooner
- Provide timely and accurate information to our patients about their prognosis and options for treatment
- Understand, document and act on the care goals of our patients in light of their illness
- Connect patients with care programs that best support their goals

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Prognosis

17

Disease-specific vs. functional status prognostication

- **Disease-specific prognostication** tools (e.g., NYHA class for heart disease, MELD score for liver disease, GOLD staging for COPD) helpful but are often limited in validity
  - Difficult to use when patient has multiple chronic diseases
  - Based more on lab tests than on individual patient's situation
- **Functional status** is also data

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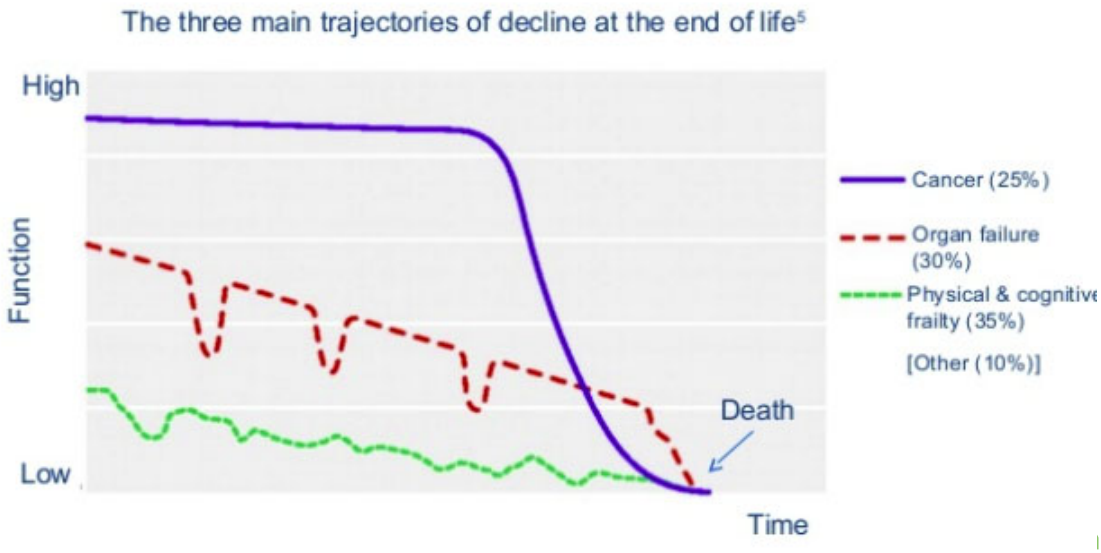
Illness trajectory toward death



19

Communicating prognosis does not take away hope

- *When well done* -- does not take away hope, cause depression, increase anxiety, or harm the relationship with the clinician.
- In contrast, some evidence that it supports hope and peace of mind, even when prognosis is poor.

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Serious Illness Score- *supporting prognostication and identification of seriously ill patients*

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Why proactively identifying patients matters

- Difficult to step back in the midst of a hectic day to look at big picture
- Historically, serious illness "dawns on" providers:
  - Multiple hospitalizations, ED visits
  - "Failure" of treatments
  - Patient/caregiver burden
- 2000 study showed physicians, on average, predicted their patients would live *5 times longer* than the patients actually did
- A systematic trigger can help us identify seriously ill patients **earlier**

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How does the SI identification tool work?

Diagnosis Factors

- COPD
- CHF
- Cancer
- Dementia
- Kidney disease
- Liver failure
- CAD
- Peripheral vascular disease
- Degenerative neuromuscular disease
- Stroke
- Cerebrovascular disease

Patient-Specific Factors

- Trended lab values
- Procedures
- Medications
- Active oxygen order
- Associated diagnoses on problem list

Utilization Factors

- Prior palliative care involvement
- Hospital utilization
- *Excludes patients currently enrolled in Allina Hospice*

"SI Category Score"

1 2 3 4 5

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Filter output

Category 5:
- High illness burden, high risk for prolonged, complex hospitalization
- Likely medically eligible for hospice

Category 4:
- Increasing burden of illness, high risk for hospitalization
- Nearing medical eligibility for hospice

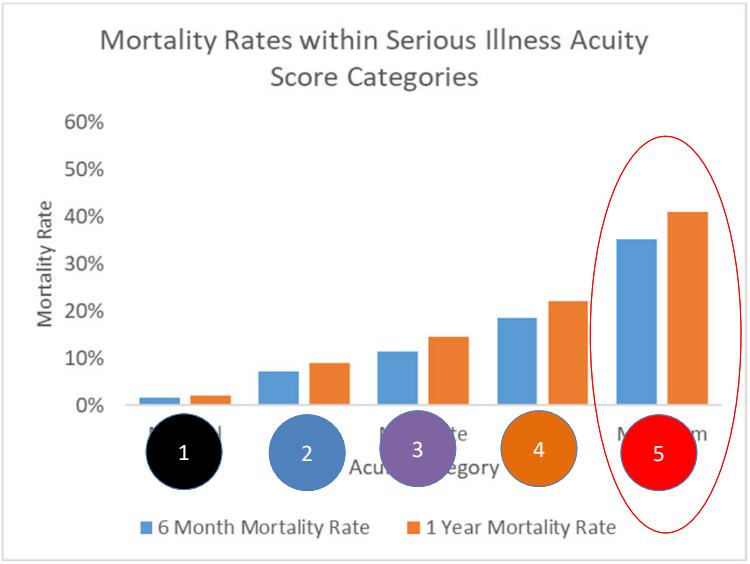
Category 3:
- Increasing risk of ED and hospital utilization
- Unlikely to qualify for hospice

- Visible as column on Excellian patient lists

24

24

Serious Illness Flag Mortality Predictive Value



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Considerations when using the Serious Illness Filter

- Only uses data available in Allina's EMR
- If patient receives majority of their care *outside* Allina system
  - They may not generate a score
  - Or generate a score incongruent with clinical assessment
- Does not **replace** clinical judgment -- rather it's a **supplement** to clinical judgment
  - Don't let the score stop you from initiating a serious illness conversation or connecting patient with a serious illness support program

26

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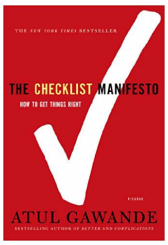
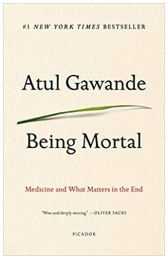
Serious Illness Conversation Guide

27

Serious Illness Conversation Guide





- Framework for BEST communication practices in setting of serious illness
- Like the Surgery Checklist, it:
  - Ensures completion necessary tasks during complex, stressful situations
  - Reduces anxiety
- Developed by:
  - Ariadne Labs, research center at Brigham and Women's Hospital and Harvard School of Public Health
  - Dr. Atul Gawande is founding executive director
- Used and tested world-wide

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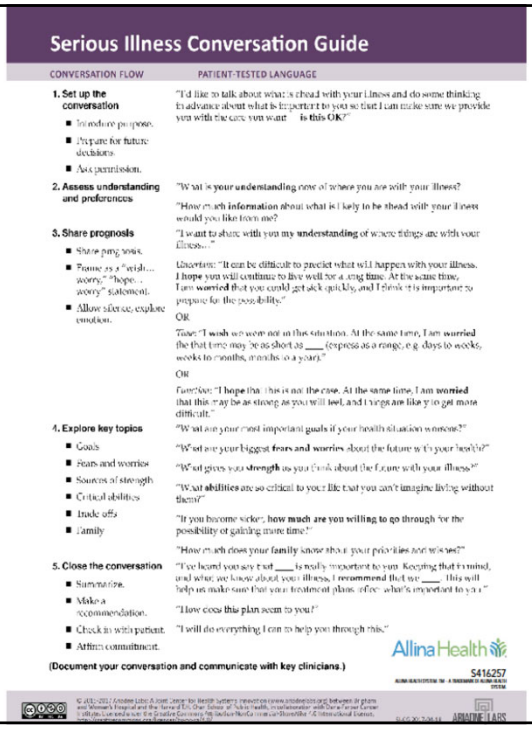
28

The Guide

- **Effective and efficient** tool
- Wording and sequence of the questions carefully crafted to **foster alignment** with the patient.
- Questions **can be read verbatim** – they work.



Serious Illness Conversation Guide

CONVERSATION FLOW	PATIENT-TESTED LANGUAGE
1. Set up the conversation ■ Introduce purpose. ■ Prepare for future decisions. ■ Ask permission.	"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — is this OK?"
2. Assess understanding and preferences	"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 "wish… worry," "hope… worry" statement. ■ Allow silence; explore emotion.	"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 illness. I **hope** you will continue to live well for a long time. At the same time, I am **worried** that you could get sick quickly, and I think it is important to prepare for the possibility." OR Time: "I **wish** we were not in this situation. At the same time, I am **worried** the that time may be as short as ___ (express as a range, e.g. days to weeks, weeks to months, months to a year)." OR Function: "I **hope** that this is not the case. At the same time, I am **worried** that this may be as strong as you will feel, and I urge us like you to get more difficult."
4. Explore key topics ■ Goals ■ Fears and worries ■ Sources of strength ■ Critical abilities ■ Trade-offs ■ Family	"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 **abilities** are so critical to your life that you can't imagine living without them?" "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.	"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."

(Document your conversation and communicate with key clinicians.)

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29

Overall arc of the conversation

1. **Set up the conversation – explain rationale**
2. **Assess patient's illness understanding and information preferences**
3. **Share prognosis**
4. **Explore what matters most**
   - Patient's goals and priorities in light of that prognosis
   - Trade-offs they are willing or not willing to make
5. **Close with recommendation grounded in the patient's values and priorities**

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Demonstration of conversation

- Produced by Ariadne Labs
- Physician: Dr. Fromme, Director of the Ariadne Labs Serious Illness Care Program
- Patient: Actor
- Setting: Post-hospital clinic visit

https://youtu.be/bu7V-k9tvL8

31

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Pitfalls in communication with patients with advanced heart disease

- **Dealing with emotions**
  - Talking while patient is absorbing
  - Missing emotional cues
  - Not responding to emotion explicitly
- **Eliciting values**
  - Skipping values to get to decisions
  - Overlooking cultural differences – value of cardiac treatments over other issues (spirituality, role responsibilities)

32

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Pitfalls in communication with patients with advanced heart disease

- **Preparing for the future**
  - Avoiding discussions about dying or treatment failure
- **Making decisions about goals of care**
  - Emphasizing extreme outliers in survival benefit
  - Omitting downsides of a procedure
  - Not offering the option of stopping treatment

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Documenting a Conversation

34

Documenting

ACP Navigator

- SmartForm template

Progress note

- SmartPhrase ".siconversation" pulls in answers documented in the ACP Navigator SmartForm
- Essential to document in progress note as well – subsequent SIC documentation will overwrite previous answers in SmartForm

35

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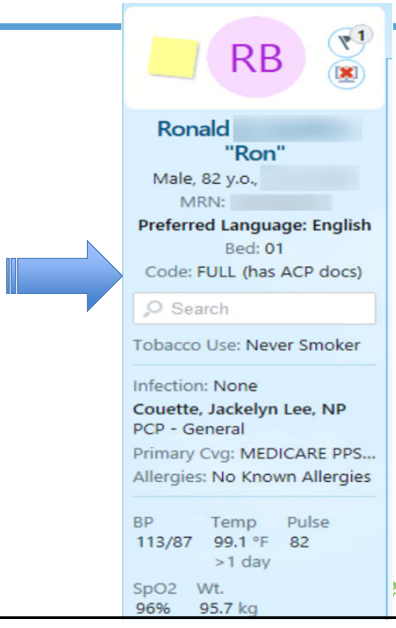
Accessing the SmartForm in the ACP Navigator

ACP navigator is accessible only by clicking on "Code" status on the patient Storyboard



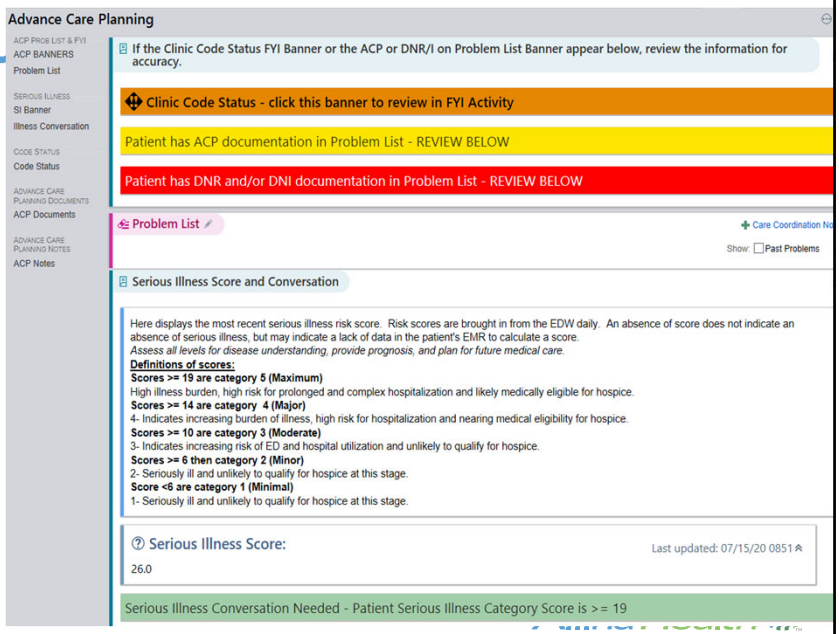
36

ACP Navigator

Sections

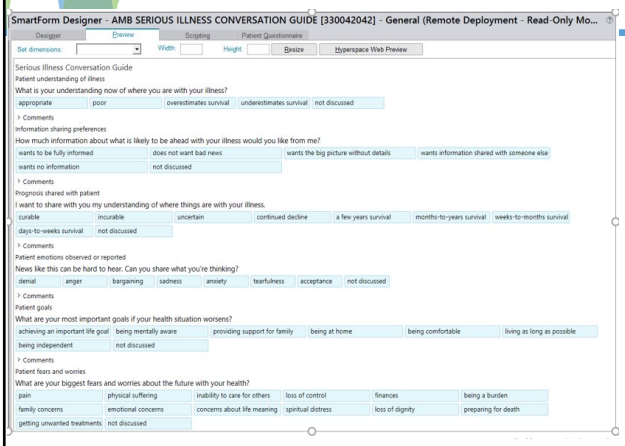
- ACP Problem List & FYI
- Serious Illness
- Code Status
- Advance Care Planning Documents
- Advance Care Planning notes

Click on "Serious Illness Conversation" to get to template



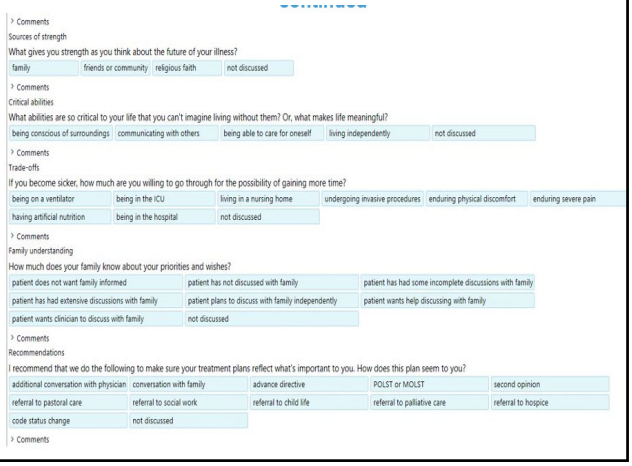
37

SmartForm



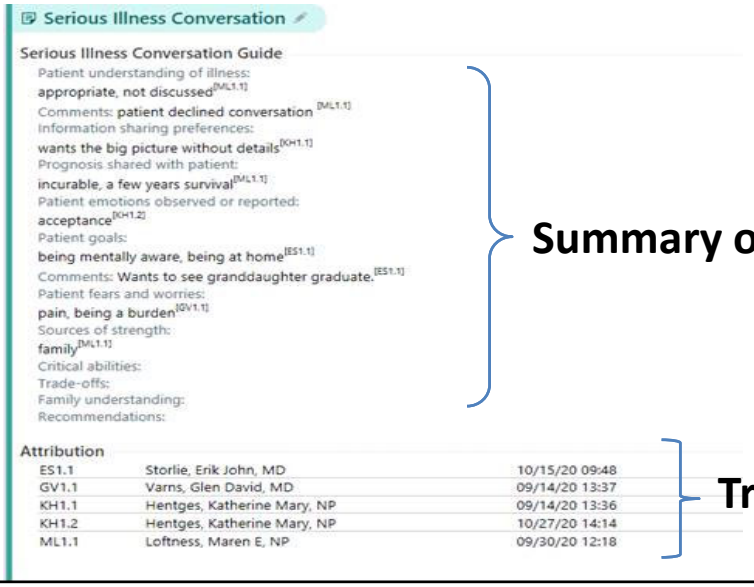
Provides possible patient answers, as well as option to free text their responses

Template includes the exact questions in the Guide



38

Summary



Summary of conversation

Tracking over time

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ACP billing codes

Bill like a procedure (type “ACP” into order box and sign “order” using ACP as “diagnosis”)

- **99497** (1.5 RVUs)
  - must spend 16 minutes of first 30 minutes on ACP
- **99498** (1.4 RVUs)
  - For each additional 30 minutes
  - Enter in addition to 99497

So you need to spend 46 minutes on ACP discussion to bill both codes

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Serious Illness Conversation Training

- Regularly scheduled 4-hour classes available a couple times a month
- Small groups (5-8 ideal)
- Includes opportunity to practice using the Conversation Guide and become more comfortable using it
- CME credit

41

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Final reflection

"We've been wrong about what our job is in medicine. We think our job is to ensure health and survival.

But really it is *larger* than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive."

Dr. Atul Gawande

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43

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43

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Thank you!

44

Handouts and documents mentioned in this presentation are available for viewing/downloading here:

https://mhif.syncedtool.com/shares/folder/rZ1rXhY3ZP7/