Title
Tailoring Advance Care Planning Interventions with Patient Activation (S774)

Journal
Journal of Pain and Symptom Management, 59(2)

ISSN
0885-3924

Authors
David, Daniel
Barnes, Deborah
Stephens, Caroline
et al.

Publication Date
2020-02-01

DOI
10.1016/j.jpainsymman.2019.12.335

Peer reviewed

Outcomes of Palliative Care Services Embedded in a Hepatology Clinic at a Large Public Hospital (S773)

Carin van Zyl, MD FACEP, University of Southern California, Los Angeles. Aaron Storms, MD, Keck School of Medicine, University of Southern California, Los Angeles. Welmoed Van Deen, MD PhD, Cedars Sinai Medical Center. Alicia Flores, LCSW, University of Southern California Medical Center, Los Angeles County. Robin Ellis, MSN, University of Southern California Medical Center, Los Angeles County. Lily Chu, MD, Mount Sinai Hospital. Tanu Patel Keck School of Medicine, University of Southern California, Los Angeles. Michael Hochman, MD, Gehr Center for Health Systems Science. John Donovan, MD, Keck School of Medicine, University of Southern California, Los Angeles.

Objectives

- Describe the design of an embedded palliative care service for non-transplant-eligible end-stage liver disease patients incorporating group visits and case-management.
- Discuss the impact of this palliative care delivery strategy on key markers of quality care for end-stage liver disease patients in a safety-net system.
- Apply lessons learned from collaboration with a transplant referral service and working with a vulnerable population with exceptionally complex psychosocial needs.

Background. Patients with end-stage liver disease (ESLD) in safety-net systems are often ineligible for liver transplantation due to immigration status, lack of insurance, inadequate social support, or active substance misuse. These patients facing terminal illness would benefit from the symptom management, intensive psychosocial support, and advance care planning (ACP) that palliative care (PC) offers. In collaboration with the hepatology department, we embedded PC services in the hepatology clinic of a large safety-net hospital.

Research Objectives. Assess the impact of PC services on healthcare utilization, ACP, hospice enrollment, and patient/family support.

Methods. From June 2016 to November 2017, we identified patients meeting the following inclusion criteria: 1) ESLD with MELD-NA score ≥20, 2) approval by a hepatologist for PC referral, 3) at least one serious complication of ESLD (i.e. hepatorenal syndrome, refractory ascites, refractory encephalopathy, history of serious infections). Patients were followed by a PC social worker and a PC nurse practitioner, they attended an ACP group visit, and received case-management by the PC social worker.

Results. We compared patients that received PC (n=55) to a retrospective cohort of patients seen in the hepatology clinic (n=57) receiving usual care. More PC patients had goals of care discussions (87% vs. 21% p= <0.0001), completed advance directives or POLST forms (56% vs. 7%, p= <0.0001), had psychosocial assessments (98% vs. 35%, p= <0.0001), and enrolled in hospice (25% vs. 7%, p=0.01). For patients who were hospitalized, the mean number of hospitalization days was lower in the PC group (13 vs. 20 days, p=0.0065).

Conclusion. Patients with ESLD who received PC had fewer hospitalization days, more advance care planning, and more hospice utilization compared to usual care.

Implications for Research, Policy or Practice. Embedding PC services in a hepatology clinic is a promising strategy to improve care for ESLD patients not eligible for liver transplantation.

Tailoring Advance Care Planning Interventions with Patient Activation (S774)

Daniel David, PhD MS BSN, New York University. Deborah Barnes, PhD, University of California, San Francisco. Caroline Stephens, PhD GNP FAAN, University of California, San Francisco. Ying Shi, PhD, University of California, San Francisco. Rebecca Sudore, MD FAAHPM, University of California, San Francisco and San Francisco VA.

Objectives

- Discuss how different levels of patient activation may influence whether an intervention is effective or not.
- Discuss how patient activation may or may not change after an intervention has been implemented.

Background. Older adults with deficient advance care planning (ACP) have the potential to improve ACP engagement through interventions. Patient activation, measured by the validated patient activation measure (PAM), is the knowledge, confidence, and skill to manage one's health. PAM has been associated with prior ACP engagement. However, it's unknown if older adults with different PAM levels respond equally to ACP interventions.

Research Objectives. Assess whether PAM scores increase in response to ACP interventions; Investigate if ACP engagement improves over 6 months following ACP interventions stratified by PAM levels.

Methods. Participants were older veterans of with ≥2 chronic/serious conditions enrolled in an RCT of an ACP website (i.e., PREPARE) and an easy-to-read advance directive (AD) vs. an AD alone.

Outcome measures: PAM scores stratified into 4 levels ranging from Level 1 "disengaged and overwhelmed" to Level 4 "Maintaining and pushing further"; ACP engagement and ACP behavior process change scores (i.e. knowledge, contemplation, self-efficacy, readiness).

Analysis. Linear Regression adjusted for demographics, stratified by study arm over 6 months.

Results. PAM scores (patient activation) did not increase in response to the ACP interventions in either arm. However, regardless of PAM level (1−4), ACP Process scores increased from baseline for both ACP interventions, $p<0.001$ for all. Patients in different PAM levels responded differently to PREPARE and the AD. Compared to AD alone, patients in the PREPARE arm with PAM levels 2−4 had improved ACP Process scores ($p<0.05$), but not PAM Level 1 ($p=0.15$) and not for the AD alone arm.

Conclusions and Implications for Research, Policy or Practice. The PREPARE intervention did not change PAM levels in patients. However, patients of varying PAM levels have improved engagement in ACP behavior following participation in the PREPARE intervention. Assessment of patient activation may allow efficient delivery of care by identifying individuals most likely to benefit from ACP interventions.

It's Not About Winning or Losing: How Physicians Consulting on Seriously Ill Patients Navigate Disagreement with Primary Teams (S775)

Mary Callahan, MD, Columbia University Medical Center. Jesse Solomon, MD, Beth Israel Deaconess Medical Center. Dio Kavalieratos, PhD, University of Pittsburgh. Robert Arnold, MD FACP FAAHPM, University of Pittsburgh.

Objectives

- Describe how trainee and attending physicians consulting on seriously ill patients approach disagreement with primary teams differently.
- Identify 3 skills consulting attendings have acquired with experience that have been helpful in navigating disagreement with primary teams and may be taught to palliative care trainees.

Original Research Background. While disagreements with primary teams are often disturbing to palliative care clinicians, there is no data regarding the skills that will help clinicians navigate these conflicts.

Research Objectives. To better understand trainee and attending physicians' experience navigating disagreement with the primary team and determine the skills that would help physicians better negotiate these disagreements.

Methods. We conducted semi-structured individual interviews of trainee and attending physicians from 3 consulting specialties that frequently care for seriously ill patients: palliative care, nephrology, and gastroenterology. We engaged participants in discussion of topics such as the ideal outcome of disagreement and how well prepared they feel to handle disagreement. Two investigators independently analyzed the data using inductive and deductive thematic analysis.

Results. We interviewed 10 first-year fellows and 9 attending physicians. Participants described in-person communication where both parties are heard as central to successful negotiation. There were clear differences between fellows and attendings regarding what constitutes a successful outcome. Trainees viewed success as advocating for their approach. Attending physicians viewed success as maintaining an ongoing relationship. Communication was as important to promoting a good relationship as coming up with the "right" decision. Both trainees and attending physicians described receiving little training in how to navigate consulting disagreement. Attending physicians described gaining expertise through trial and error. Trainees expressed that education and practice with communicating in the setting of disagreement would be helpful. Palliative care fellows with prior advanced communication skills training found many of these skills applicable to interspecialty disagreement.

Conclusion. Our results illustrate skills attendings have acquired to handle disagreement through experience that can be taught to fellows, such as specific communication techniques, relationship building, and perspective taking.

Implications for Research, Policy or Practice. Disagreements are distressing to consultants, decrease job satisfaction and interfere with quality patient care. Research is needed to understand the optimal curriculum and mechanism by which to train fellows.

The Epidemiology of Depression at the End of Life: What is the Scope of the Problem and How Can We Better Address It? (S776)

Claire Ankuda, MD MPH, Icahn School of Medicine at Mount Sinai. Amy Kelley, MD MSHS FAAHPM, Icahn School of Medicine at Mount Sinai. Elissa Kozlov, PhD, Rutgers University, New Brunswick.

Objectives

- Recognize the patterns of how population rates of depression change in the last year of life.
- Differentiate the trajectories of depression experience by different patient populations.
- Assess population-based strategies to better identify and treat depression in different patient populations.

Original Research Background. Depression significantly impacts the quality of life for people with serious illness, but the epidemiology of depression in the last year of life is unknown.

Research Objectives. We aim to measure the trajectory of depression in the last 12 months of life, and to assess how the trajectory of depression varies by sociodemographic and clinical factors.