

SIM PROJECT SUMMARY: Complex Care Conversation Training

| Project Summary | | | |
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| <p>Project Description</p> <p>The overarching goal of the Complex Care Conversations Training (CCCT) project was to increase patient engagement in their own healthcare, specifically with respect to their end-of-life wishes. HopeHealth’s specialty Palliative Care practitioners leveraged their expertise to implement a comprehensive training program for Rhode Island clinicians designed to increase their ease and effectiveness in prognostication, goals of care discussions and advance care planning conversations with their seriously-ill patients. HopeHealth offered the Complex Care Conversations curriculum to small groups of participants at their Providence site and various sites throughout the State. The program, delivered in an intensive 8-hour session, incorporated tools and communication strategies to train providers in how to have advance care planning conversations with patients and effectively engage with their patients around end-of-life decision-making. The training used experiential learning to define the role of the clinician in complex care conversations and teach skills in prognostication, goals of care and delivering serious news. Thirty-one training sessions were conducted over the two-year project term, directly impacting the communication and patient engagement skills of more than 500 Rhode Island clinicians and indirectly benefitting the patients and family members who were cared for by these trained providers.</p> | | <p>Project Goals and Objectives</p> <p>In alignment with SIM’s Patient Engagement focus, the CCCT project endeavored to ensure that patients get the right care, at the right place, at the right time and according to their wishes.</p> <p>In support of this, project goals were as follows:</p> <ul style="list-style-type: none"> ➤ Clinicians will have additional and more effective goals of care and advanced care planning communications with their seriously ill patients ➤ Seriously ill patients and/or their families will report greater satisfaction as it related to end of life planning ➤ Clinician satisfaction will be improved through the use of learned tools/strategies for having complex care conversations <p>Measurable objectives were established to evaluate the project’s ability to achieve the goals. These were as follows:</p> <ul style="list-style-type: none"> ➤ 30 training sessions will be conducted ➤ 480 clinicians would complete the training program ➤ Trained clinicians will have more advanced care planning (ACP) conversations with their patients with serious illness (and their families) ➤ Advanced care planning (ACP) documentation by trained clinicians will increase ➤ Patients who have participated in ACP will report that their end of life preferences were understood/respected ➤ Clinicians participating in the training will have increased satisfaction in caring for seriously-ill patients | |
| <p>Vendor Information:</p> <p>Jenny Ritzau, MD-HopeHealth jritzau@hopehealthco.org 401-415-4210</p> | <p>State Contact:</p> <p>Betsy Kerr, SIM Betsy.Kerr@exchange.ri.gov 401-383-6580</p> <p>Olivia “Liv” King, ScM olivia.king@bhddh.ri.gov 401-462-3408</p> | <p>Total Funds Leveraged:</p> <p>SIM: \$233,439 RIDOH: \$68,652 BCBSIR: \$75,000 RIGEC: \$21,000 RIF: \$10,000</p> | <p>Target Populations:</p> <ul style="list-style-type: none"> ☒ Patients ☒ PCPs ☒ Specialists ☒ Hospital and LTC staff |
| <p>Major Accomplishments</p> <p>Impacts on Healthcare Workforce Transformation:</p> <ul style="list-style-type: none"> ➤ Trained clinicians now focus on building trust, being respectful and seeking permission from patients before beginning a goals of care conversation as well as ensure that they understand their patient’s goals at the end of the conversation. The training improved their patient communication abilities overall. 90+% are better able to identify the patients who could benefit from a goals of care conversation and respond to patient and family emotions more effectively. In addition, Brown’s internal medicine residency directors will be sending all second-year residents to the training, setting the stage for true practice transformation by teaching future physicians in their formative years. <p>Impacts on Patient Engagement:</p> <ul style="list-style-type: none"> ➤ Trained clinicians changed their practice to ensure greater patient engagement. Changes included learning the patient’s priorities before discussing treatment options; asking for/incorporating the patient’s wishes into their medical recommendations; talking with patients/families about their preferences earlier in the disease trajectory; and providing | | <p>Key Metrics and Evaluation Insights</p> <p>Outcomes Achieved</p> <ul style="list-style-type: none"> ➤ 31 training sessions were conducted ➤ 511 clinicians completed the training ➤ 73% of program respondents are having more goals of care/advance care conversations with their seriously-ill patients and their families ➤ 65% of program respondents report having improved/more effective goals of care/advance care conversations ➤ Advanced care planning (ACP) documentation increased by 80% among HopeHealth clinicians and 124% among Coastal Medical clinicians ➤ 79% of surveyed patients reported that their end of life preferences were understood/respected ➤ 84% of program respondents noted increased satisfaction in caring for seriously-ill patients | |

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| <p>more opportunity for the patient to express their feelings/desires.</p> <p>Impacts on Clinician Experience Improvements:</p> <ul style="list-style-type: none"> ➤ The trained clinicians found greater personal and professional satisfaction in caring for seriously-ill patients because they are better able to focus on the process rather than the outcome, accept outcomes other than what they deemed as successful and feel more comfortable communicating serious news. | <p>Lessons Learned and Evaluation Insights</p> <ul style="list-style-type: none"> • Engaging physicians in the training proved to be a bigger hurdle than we anticipated • Data quality and validity issues created several barriers to our ability to assess the impact on hospice/palliative care referrals • System change is needed to allow clinicians and patients ample time to engage in these difficult conversations. |
| <p>Sustainability Efforts</p> <p>At the conclusion of the SIM funding in June, HopeHealth will sustain the Complex Care Conversations training program for a period of at least one year as a result of additional funding. The Rhode Island Department of Health (RIDOH)'s Comprehensive Cancer Control Program has agreed to provide up to three additional years of funding to support one to two trainings per month. As part of a grant from the Centers for Disease Control (CDC) to RIDOH, RIDOH has awarded \$34,326 annually for the past two years. The RIDOH anticipates being able to continue this funding for another three years, through June 2022 with the goal of training 150 clinicians each year. Blue Cross Blue Shield of Rhode Island awarded HopeHealth \$75,000 to cover the cost of ten additional training sessions with the goal of training another 130 clinicians.</p> | |
| <p>Project Website and Informational Handouts</p> <p>Website: https://www.hopehealthco.org/who-we-are/community-education/#complex-care</p> <p>Program Brochure: https://www.hopehealthco.org/wp-content/uploads/2019/03/2653-2_CmplxCareConBRO_3.25.pdf</p> | <p>Communications Material and Media Highlights</p> <p>Brown Alpert Medical School Office of Continuing Medical Education: https://cme-learning.brown.edu/complexcare</p> <p>A Good Conversation About Serious News: https://vimeo.com/297404876</p> |
| <p>Evaluation Reports</p> <p>SIM End of Life Projects Evaluation Report Prepared by:</p> <ul style="list-style-type: none"> • Rhode Island State Evaluation Team • University of Rhode Island • Brown University | <p>Presentations</p> <ul style="list-style-type: none"> ➤ 2/28/2019- Presentation by Jenny Ritzau, MD to RI Care Transformation Collaborative/RI Quality Institute Advance Directive Learning Collaborative ➤ 12/13/2018- Presentation by Jenny Ritzau, MD to SIM Steering Committee ➤ 12/7/2018- Presentation by Jenny Ritzau, MD to Blue Cross Blue Shield Rhode Island Skilled Nursing Facility Collaborative ➤ 11/8/2018- Presentation by Jenny Ritzau, MD at Center to Advance Palliative Care (CAPC) Poster Session ➤ 10/30/2018- Presentation by Diana Franchitto, HopeHealth President & CEO to National Partnership for Hospice Innovation ➤ 5/15/2018- Presentation by Jenny Ritzau, MD to Blue Cross Blue Shield Rhode Island Physician Council |
| <p style="text-align: center;">Disclaimer</p> | |
| <p style="text-align: center;"><i>This project was supported by Grant Number 1G1CMS331405 from the United States Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented here was conducted by the awardee. Findings might or might not be consistent with or confirmed by the findings of the independent evaluation contractor.</i></p> | |