Promoting Goals of Care Discussions in Primary Care

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Introduction & Background

- Goals of care (GOC) discussions involve the ongoing process in which patients, their families, and healthcare providers communicate about the goals, values, and beliefs that are important to patients' healthcare needs.
- GOC discussions have been shown to increase patient satisfaction due to enhanced communication with providers and to reduce unnecessary health care utilization. (1)
- The VA health system created a Care Assessment need (CAN) score to risk stratify veterans at highest risk of hospitalizations and mortality. It is used to identify patients who would benefit from referrals for chronic care resources.
- Despite the benefits of GOC discussions, only 1.6% of patients with CAN scores ≥95 in a residents' primary care clinic at the Cleveland VA had any documented GOC discussions.

Aim

To increase GOC documentation from 1.6% to 2.5% (in the electronic medical record CPRS) of high risk patients with CAN scores ≥ 95 in Cleveland VA residents' primary care clinic from January to March 2018

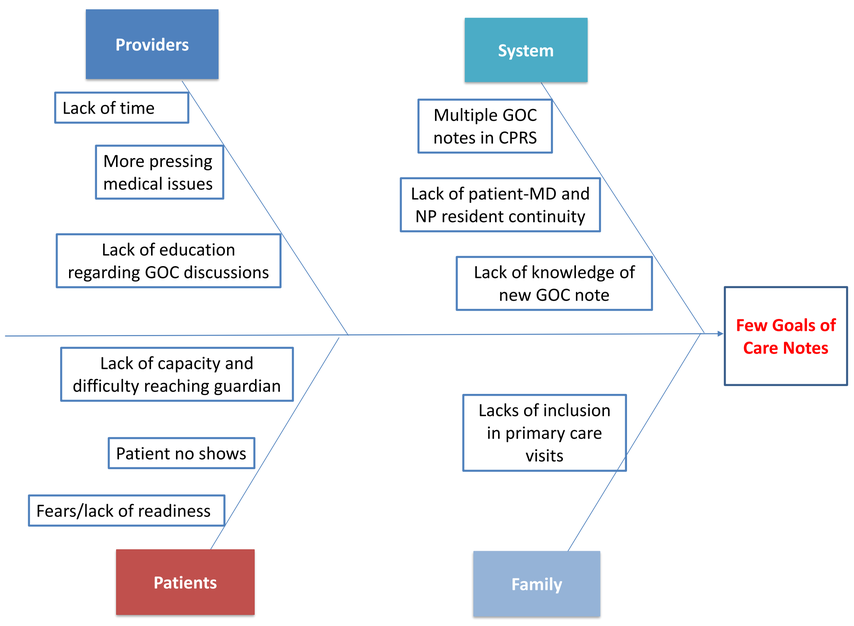
Methods

MEASURES

Outcome measures	- Cumulative percentage of high risk patients with GOC notes completed (Figure 1). - Proportion of high risk patients with GOC notes completed before and after intervention (Figure 2).
Process measures	- Attendance and completion of panel management activity. - Perceived usefulness of interventions by learners (Figure 3).
Balancing measures	- Learners reported difficulty completing Dashboard activity (Figure 4). - Time needed to complete GOC discussions and writing note (Figure 5). - Comfort reported by learners having GOC discussions (Figure 6).

DATA GATHERING

- **Fish bone diagram:** to explore causes of low GOC discussions in our primary care resident clinic:



- **Process map:** to understand the workflow of goals of care discussions in the primary care clinic before the intervention.
- **Interviews to stakeholders:** to gain insight into the problem.
- **Baseline survey:** to assess GOC knowledge of learners
- **Follow up survey:** to assess comfort, time and difficulty of learners completing GOC discussions

INTERVENTIONS

CYCLE 1

- **Panel management activity:** each learner had to identify high risk patients (CAN scores score ≥ 95 in 2017) in their own panel.
- **Excel dashboard:** to track completition of tasks and to identify opportunities for future GOC discussions.
- **Email reminders:** sent to learners to encourage completition of dashboard.

CYCLE 2

- **Pocket cards:** given to learners with key information to facilitate GOC discussions.
- **PERC pack:** a brochure with GOC educational material available for providers to send to patients home; before or after GOC discussions.
- **Close follow up to learners:** every member of the team was assigned 3 learners to support the process, answering questions and ensuring completition of tasks.

Results

- After 2 PDSA cycles 6.6% of high risk patients had GOC notes, a cumulative increase of 5% over the time of intervention (Figure 1). Attendance to panel management activity was 93%, average activity competition among all teams was 76.8%.

Figure 1. Cumulative percentage of high risk patients with GOC completed January to March 2018

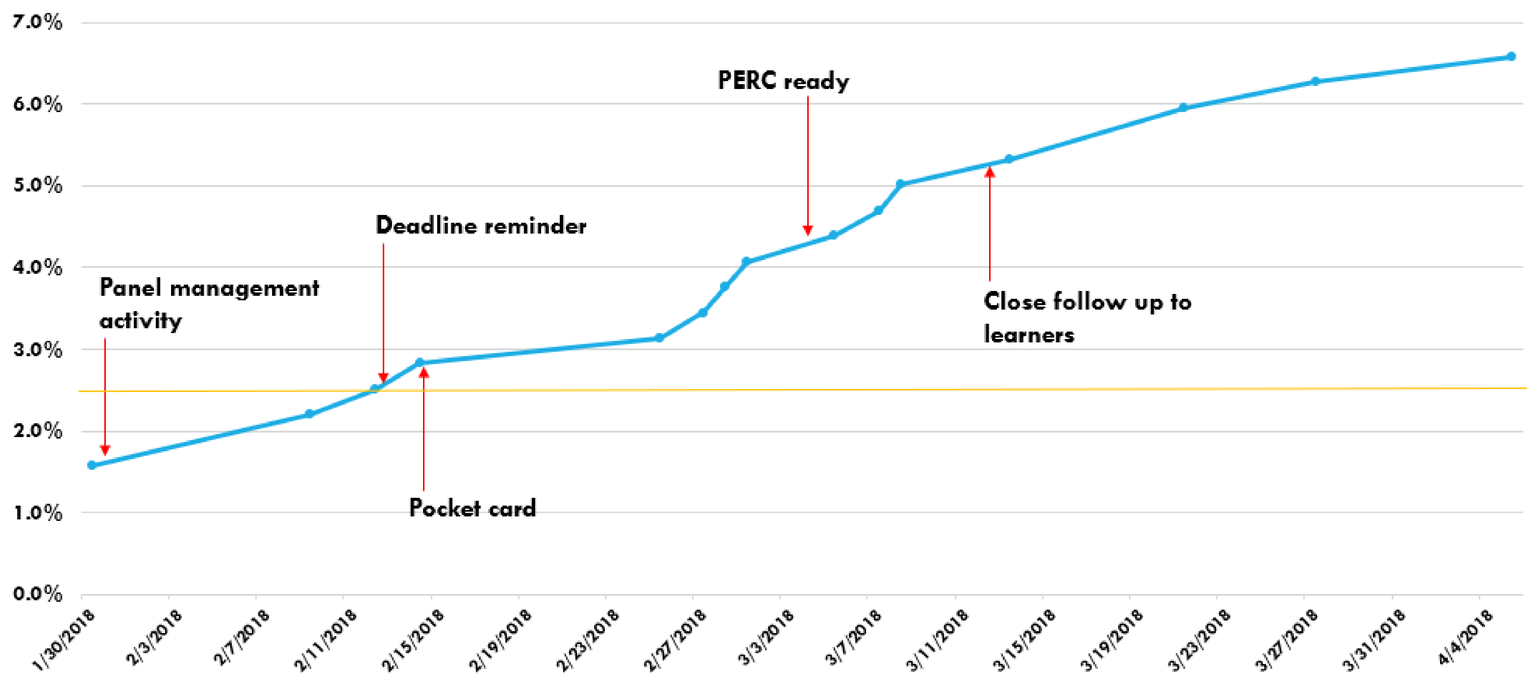
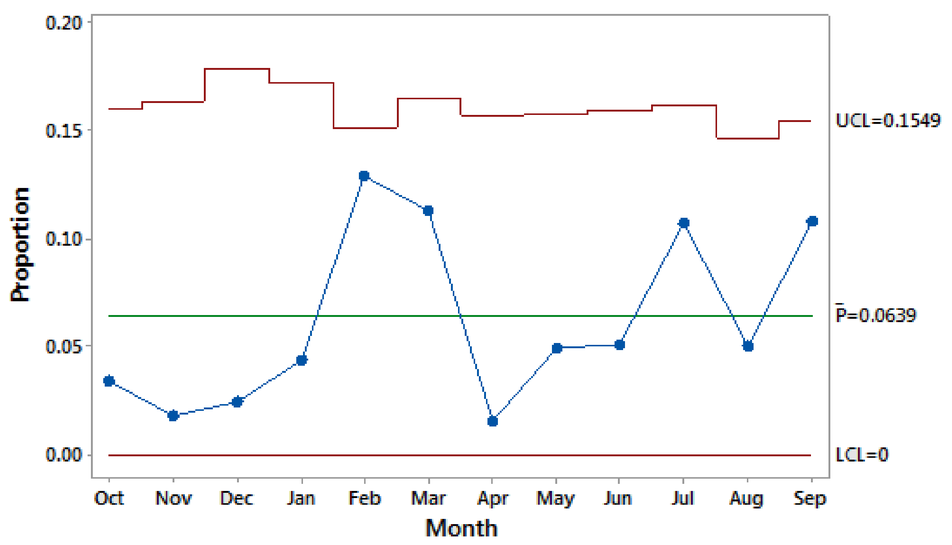


Figure 2. Proportion of high risk patients with GOC notes completed October 2017 to September 2018



Tests performed with unequal sample sizes

- This P-chart showed a sustained increased in GOC notes during the months of interventions (January to March 2018).
- Nonetheless, when data was analyzed before and after the intervention, the difference of GOC notes was not statistically significant (p=0.0639).

**Numerator=Resident's clinic patients with CAN score >= 95 with a GOC note.*
**Denominator=COE clinic patient with CAN score >= 95.*

Figure 3. Usefulness of intervention (3 most useful)

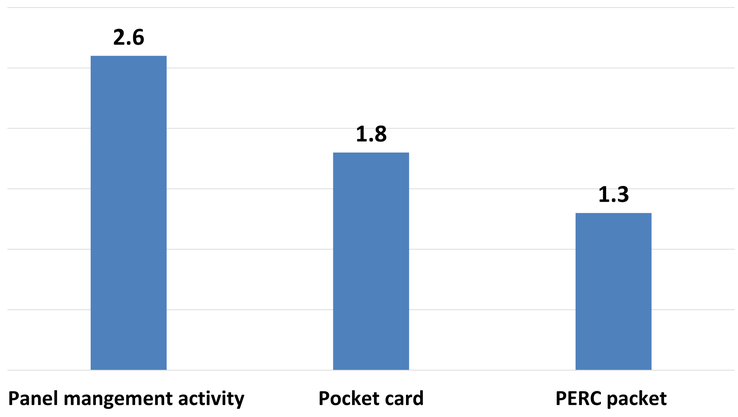
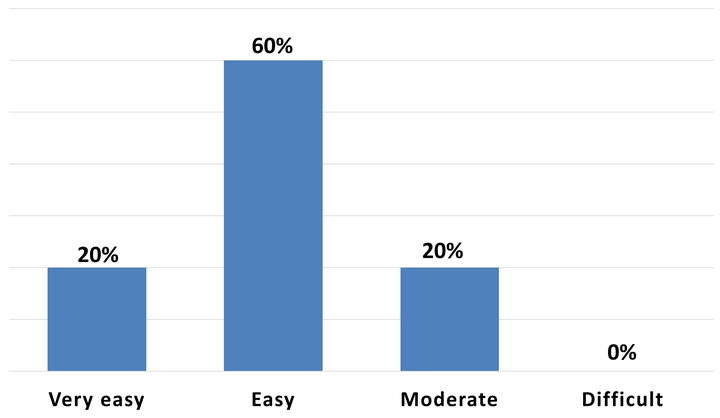


Figure 4. Difficulty Completing Dashboard Activity



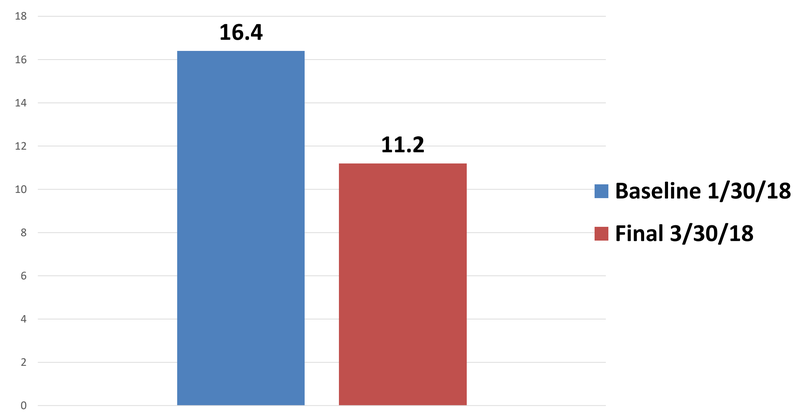


Figure 5. Time needed to complete GOC note (minutes)

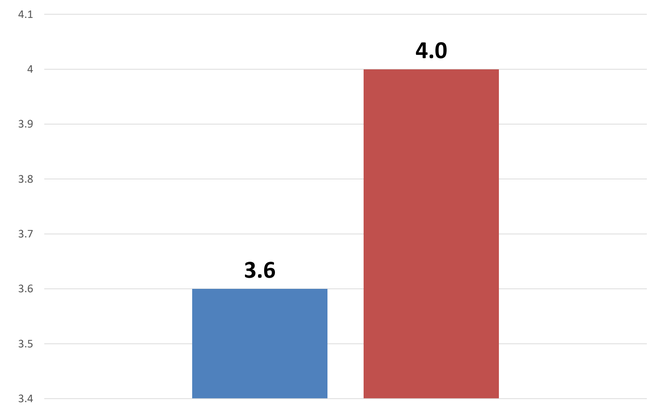


Figure 6. Comfort level with GOC conversations (5 most comfortable)

Conclusions

- Using Quality Improvement tools we were able to increase the GOC discussions by 5% among primary care resident clinic. Nonetheless, the effect of our intervention was not sustained over time.
- Our project aligned with the VA initiative to improve GOC discussion. Indeed, our intervention of PERC packs will be integrated as a tool to provide education for veterans.
- Limitations include: Lack of evaluation of quality of GOC notes; the increase in GOC notes was mainly led by few providers.
- Next steps are: setting up SMA (shared medical appointment) to deliver information to patients and families in a more efficient and standardized way; PACT team RN will identify the high-risk and schedule SMA; 1:1 visit with PCP to answer questions and complete GOC note.

Lessons Learned

- Start small: We selected only very high risk patients and utilized only resident run primary care clinics to maximize time and efforts.
- Being patient: Changes requires time and occurs in small steps. Not every learner had the same level of engagement to the project.
- QI requires knowing the system: learning how the system works and who are the stakeholders were key to design effective interventions.
- Multidisciplinary team: different backgrounds provided us unique ideas and perspectives
- Communication: clear and regular among members; in addition to commitment with deadlines were fundamental to success.

REFERENCES

1. Detering KM, Hancock AD, Reade MC, Silvester W. **The impact of advance care planning on end of life care in elderly patients: randomized controlled trial**. BMJ 2010; 340:c1345.

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