

## Background

A cluster-randomized controlled trial compared primary care clinician-focused vs team-based implementation of advance care planning. Ariadne Labs' Serious Illness Conversation (SIC) guide was used with patients, and primary outcomes were goal-concordant care and days at home.

## Pre-COVID Workflows and Strategies

Initial study workflows were established with six Wisconsin primary care clinics. To maximize successful implementation, current clinic processes were thoughtfully considered to modify workflows.

To support successful study implementation in clinics, WREN:

- Conducted frequent check-ins
- Sent weekly reminder/encouragement emails
- Brought in WREN Medical Director for clinician-to-clinician support
- Developed a script for staff seeking more guidance starting the SIC
- Created unique visual workflow diagrams

## HOW CLINICIANS AND/OR CLINIC TEAMS CAN TACKLE SERIOUS ILLNESS CONVERSATIONS

 <b>SET</b> expectations for how the conversation will go, and then <b>PLAN</b> for how to continue it next time.	 <b>START</b> the conversation by focusing on what is going right with the patient.	 <b>ASK</b> the patient what is important to him/her (e.g. health or personal).	 <b>PACE</b> the conversation over multiple visits to allow time and space for meaningful insights.
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### 5 CONVERSATION STARTERS

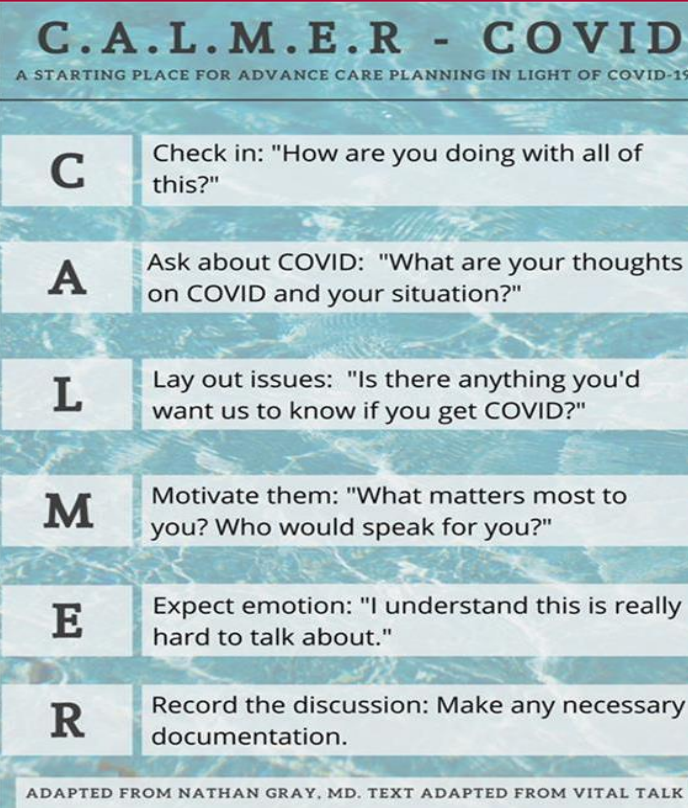
1. "What things in your life make you feel the most fulfilled?"
2. "I'm curious to hear what your thoughts are on your current health."
3. "What is most important to you as you think about your future?"
4. "What would you like to do more of in your life?"
5. "Where do you hope to see your health in a year?"

adapted from the Center for Creative Leadership

## Clinic Adaptations

Clinics customized recruitment strategies in response to the COVID-19 pandemic:

- Implemented SICs by telehealth (video or phone) due to a reduction of in-person visits
- Shifted staff responsibilities to cover SARS-CoV-2 testing/vaccination while continuing study participation
- Identified more staff to be trained in SIC implementation and study protocol to ease workload with existing clinic study team
- 1-2 clinic staff members attended meetings and relayed the information to the rest of the clinic's study team to reduce scheduling challenge of entire team attending all meetings



**C** Check in: "How are you doing with all of this?"

**A** Ask about COVID: "What are your thoughts on COVID and your situation?"

**L** Lay out issues: "Is there anything you'd want us to know if you get COVID?"

**M** Motivate them: "What matters most to you? Who would speak for you?"

**E** Expect emotion: "I understand this is really hard to talk about."

**R** Record the discussion: Make any necessary documentation.

ADAPTED FROM NATHAN GRAY, MD. TEXT ADAPTED FROM VITAL TALK

## Study Team Adaptations

Editions helped maintain rapport and frequent contact with clinics throughout the COVID-19 pandemic:

- New workflows were identified to help balance added COVID-19 efforts, including screening, testing, etc.
  - New staff were trained to assist with ACP conversations
  - Phone ACP conversations proved beneficial and accepted due to in-person visits being temporarily halted and many older patients not wanting to complete video visits
  - "ACP" was added to current clinic checklists
- Continual communication was provided to study clinics:
  - Inspirational anecdotes and modifications from each participating clinic were collected and shared to stimulate continuing ACP conversations
  - Attainable weekly/monthly goals were sent in encouraging formats using graphs, pictures, etc.
  - Infographics were created to support continuing ACP in light of COVID-19, ie, probing for thoughts on COVID-19 and what still matters most to patients, as well as how to start a conversation (see two inserted graphics)

## Lessons Learned

- Some clinics incorporated SICs seamlessly into health maintenance visits, which seemed to result in better patient and clinic experiences than when approached as a one-off research activity.
- During the pandemic, ACP telehealth experiences ranged from lack of patient participation to successful exchanges.
  - Some patients readily adapted to phone or video visits and were grateful for the added option.
  - Challenges with telehealth included the inability or unwillingness of patients to use virtual technology, difficulty reading patients' emotions, and SICs being a lower priority compared to pandemic-related issues.
- Over time, clinicians and clinic staff adapted new workflows to continue ACP conversations with their patients, typically using a hybrid of telehealth and in-person visits.

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**Reference:** Totten AM, et al. *J Palliat Med.* 2019;22(S1):82-89.

**Acknowledgement:** Meta-LARC ACP Trial ([PrimaryCareACP.org](http://PrimaryCareACP.org))