



Ariadne Labs' Approach to Scaling Serious Illness Conversations

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Presenter Disclosure Information

No disclosures

Ariadne Labs

Our Mission:

Saving lives and reducing suffering through scalable solutions that fix breakdowns in the healthcare system



We envision a world where...

...every person affected by serious illness feels known and cared for on their own terms.



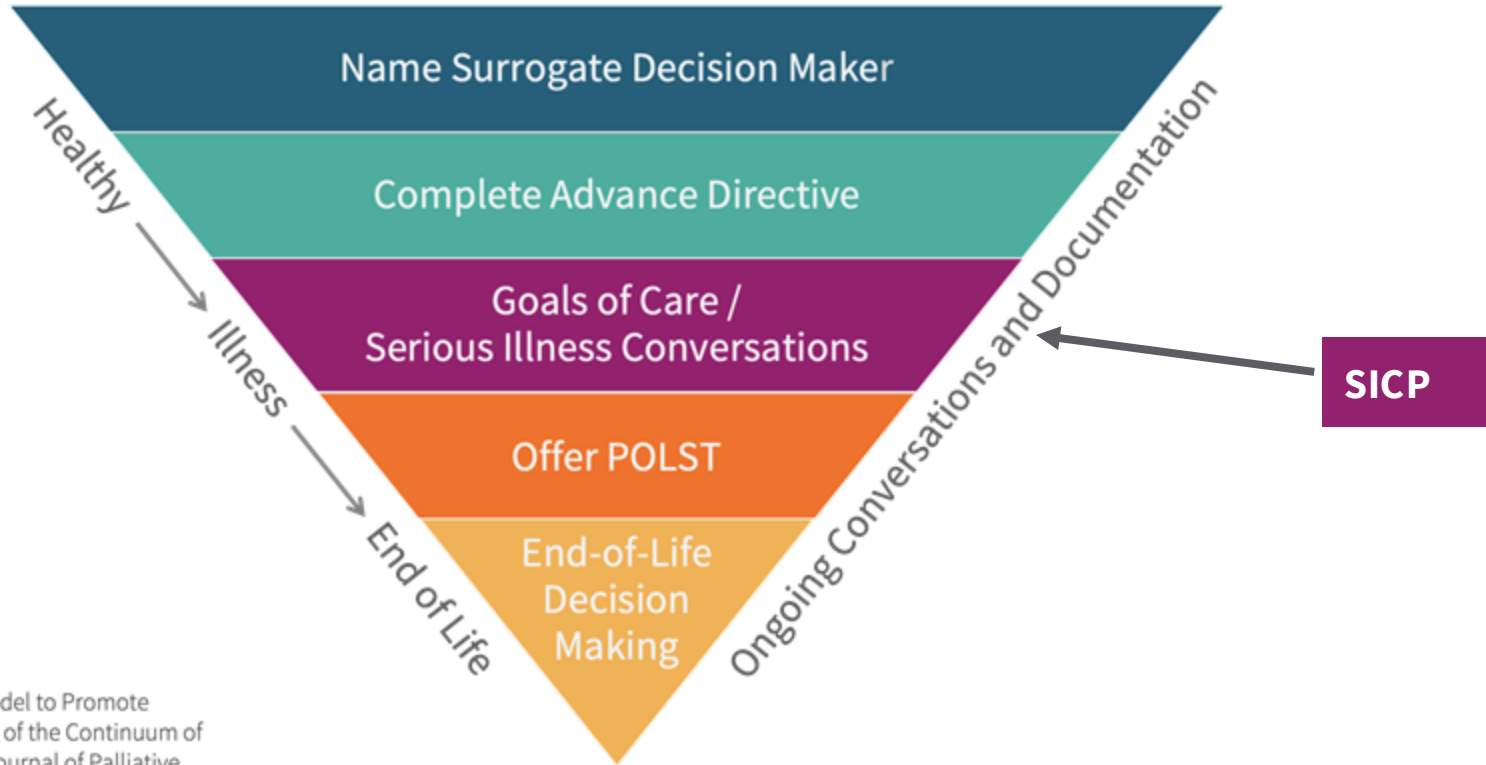
Objectives

- Describe the state of serious illness care planning in health systems
- Describe the tools, training approach, and systems change components of the Serious Illness Care Program (SICP)
- Review evidence of the impact of the SICP on outcomes of patients with serious illness
- Demonstrate serious illness conversation using the guide and debrief
- Summarize best practices for serious illness care communication

Describe the state of serious illness care planning in health systems



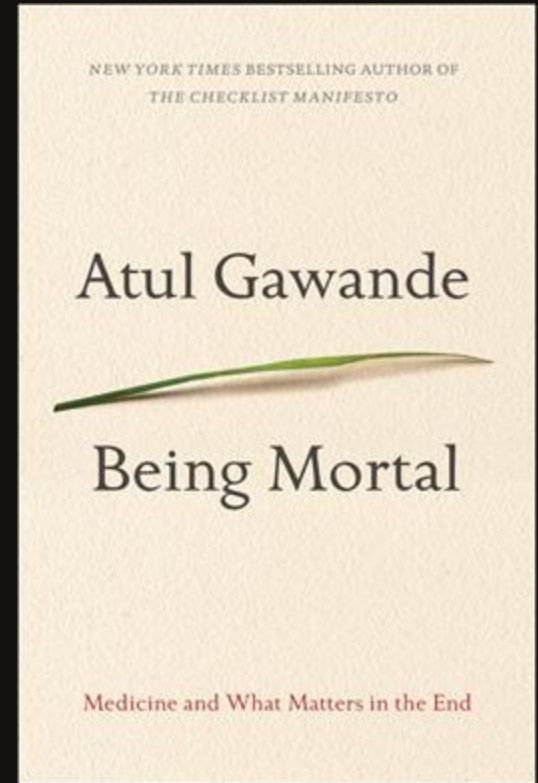
CONTINUUM OF ADVANCED CARE PLANNING



Izumi S, Fromme EK. A Model to Promote Clinicians' Understanding of the Continuum of Advance Care Planning. *Journal of Palliative Medicine*. 2017;20(3):220-221.



“The conversation I felt like I was having was, do we fight, or do we give up?...the reality is ... what are we fighting **for**? People have priorities besides just surviving no matter what. You have reasons you want to be alive. What are those reasons? Because whatever you’re living for, we’ve got to make sure along the way that we don’t sacrifice it. And in fact, whatever’s happening, can we enable it?”



The gap in serious illness communication

No system or support for conversations



Infrequent,
late, poor
quality
conversations



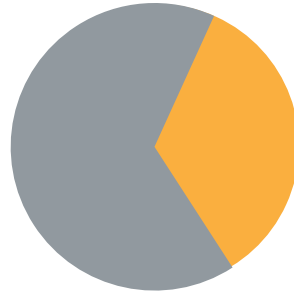
Poor
outcomes and
avoidable
suffering;
moral distress

Current reality



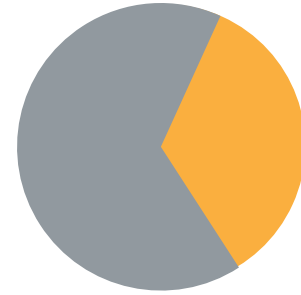
< 1/3

of patients have
a conversation



< 1/3

of clinicians have
formal training



< 1/3

of clinicians have
a formal system
in their practice

National survey of primary care and specialist physicians. Cambia Health Foundation; California Healthcare Foundation; John A. Hartford Foundation. 2016.

Heyland DK et al. *Open Med.* 2009;3(2):e101-10.

Wright AA et al. *AI JAMA.* 2008;300(14):1665-1673. doi:10.1001/jama.300.14.1665

Clark MA et al. *J Palliat Med.* 2018;21(8):1078-1085. doi:10.1089/jpm.2017.0374

Why we need system structures and processes for SI Conversations:

Clinicians are not routinely trained to conduct high-quality conversations

Even when training occurs, clinicians avoid conversations

Palliative care clinicians cannot fix this alone

Responsibility for having conversations is unclear

Normalizing the conversation may reduce anxiety of patients

- Clinicians are overburdened and cannot identify patients, remind themselves regularly, fix the EHR, monitor their own progress, figure out how to do it better

Early conversations about goals of care benefit patients and families...

Early conversations about patient goals and priorities in serious illness are associated with:

- Enhanced goal-concordant care
- Improved quality of life
- Higher patient satisfaction
- More and earlier hospice care
- Fewer hospitalizations
- Better patient and family coping
- Eased burden of decision-making for families
- Improved bereavement outcomes

Mack JCO 2010; Wright JAMA 2008; Chiarchiaro AATS 2015;
Detering BMJ 2010; Zhang Annals 2009



**Describe the tools, training approach,
and systems change components of the
Serious Illness Care Program (SICP)**



The Serious Illness Care Program

- ✓ Tools
- ✓ Training
- ✓ Systems Changes

The Serious Illness Conversation Guide: An Evidence-Based Communication Tool



- Patient-tested, person-centered language, originally developed and tested in oncology
- High-quality communication techniques that build confidence and skills
- Emotionally supportive structure & flow
- Concise, efficient, and pressure tested in high stress clinical environments
- Adaptable for diverse patient populations and clinical contexts
- Used in training >15,000 clinicians nationally and globally

What Matters to Me Workbook: The Patient Voice

- Helps people living with a serious illness and their important people think about and talk about what matters most to them
- Designed to be completed without requiring a physician or APP
- Excellent preparation for a Serious Illness Conversation with the care team



What Matters to Me

A Workbook for People with Serious Illness

NAME

DATE



the conversation project

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Conversation Guide Training

LEARN

Self-instructional training videos on using the Guide

PRACTICE

Communication skills practice with feedback

TRY

Having & documenting conversations

The Serious Illness Care Program

- ✓ Communication tools
- ✓ Training & coaching
- ✓ Systems changes



PART 1

- 3 videos
- 60 minutes total



PART 2

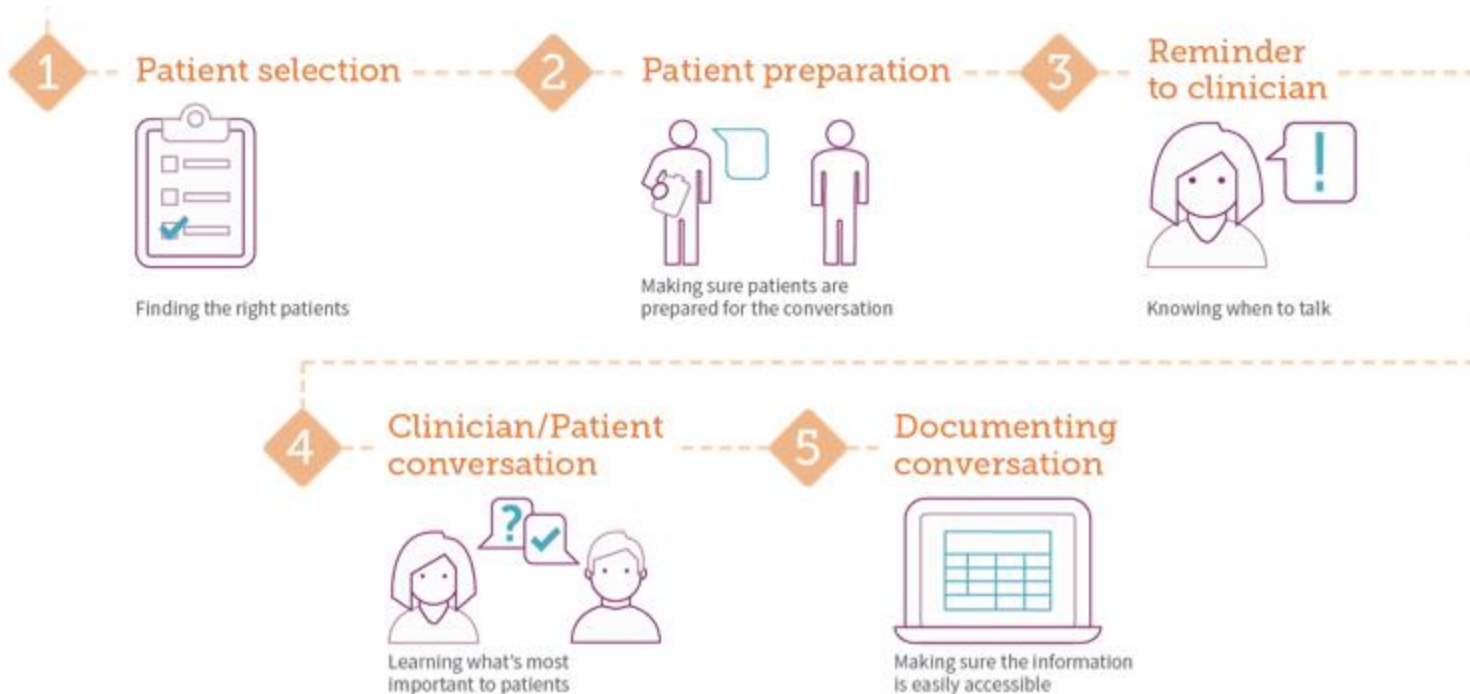
- Small group role play
- 2.5 hours via Zoom



PART 3

- Clinician uses the Guide
- Reflects on experience

SICP integrates serious illness conversations and care planning into routine practice



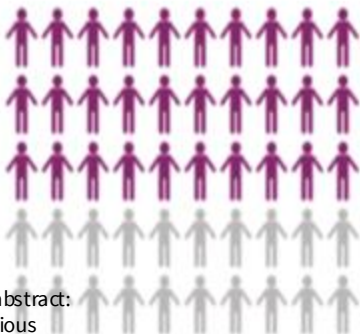
Expanding the impact of training

clinicians integrate serious illness conversations into their practice.

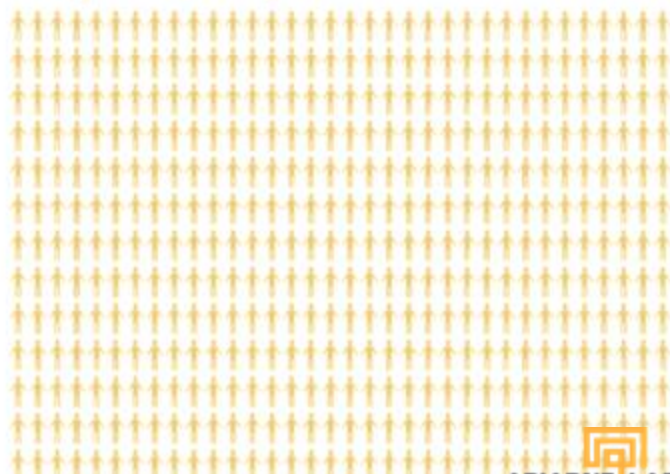


100 patients impacted

Training + other strategies
Of 50 clinicians trained, 30 clinicians integrate serious illness conversations into their practice.



650 patients impacted



Graphic is an estimation based on data represented in the abstract:
Paladino J et al. Driving Organizational Improvement in Serious Illness Communication: Successes and Challenges of Implementing the Serious Illness Care Program. Academy Health Annual Research Meeting, 2020.

The Evidence Base for SICP



Improvements in patient outcomes and experience

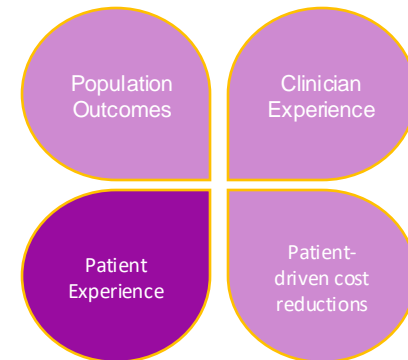
- ✓ 50% reduced rates of mod-severe anxiety & depression
- ✓ Increased closeness with clinician
 - *“I felt more valued as a patient, like we got a little bit closer.”*
- ✓ Increased focus on practical planning
 - *“I came home and had this conversation with my daughter...and have been working on living will and who’s in charge of making my medical decisions...”*
- ✓ Increased understanding of illness

“

When I talk to my family, I tell them what the doctor said. It’s not a death sentence. Now we’re treasuring every day we have together.

”

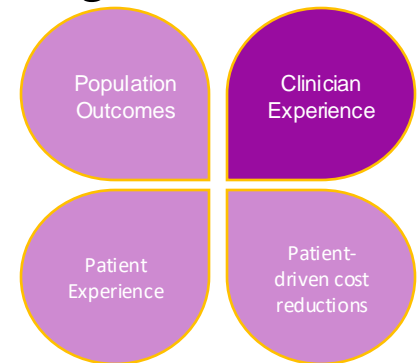
Kumar P. JCO. 2020; Paladino, J Cancer Medicine 2020



Clinicians report improved skills & experience

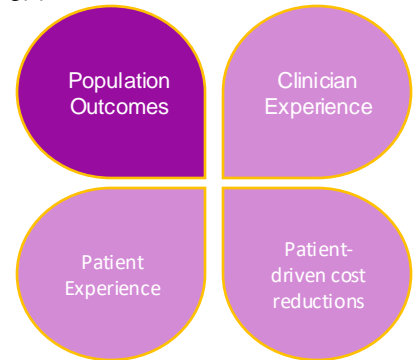
- SICG rated as effective & efficient (90%)
- Increased satisfaction in their role (70%)
- Reduced anxiety in having serious illness conversations (~2/3)
- Improved patient-centered communication skills with training (p<.001)

“ I feel more comfortable and empowered to have these conversations with my patients. ”



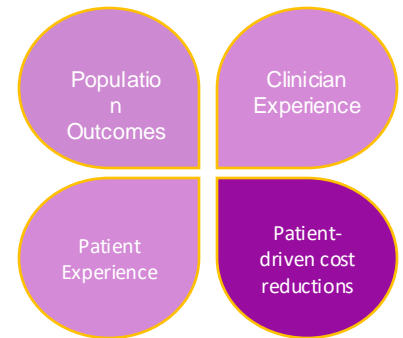
Improves Population Outcomes

- ✓ More, earlier, & better serious illness conversations; more accessible in EHR
 - 89% vs 44% documentation of Values and Goals ($p < 0.001$)
 - 90% vs 45% documentation of Prognosis discussion ($p < 0.001$)
 - 144 vs. 71 days, conversation documented prior to death ($p < 0.001$)



Changes in care delivery & costs at end of life

- **NQF-endorsed measures in oncology***
 - Increase in hospice use (38% vs 58%)
 - Decrease in death in hospital (15% vs 11%)
- **Total medical expenses**
 - \$2579 PMPM lower TME in a care management program in primary care in last 6 months of life (\$4143 in last 3 months)
 - Likely due to lower inpatient costs and 3x higher rates of **hospice enrollment for > 30 days**



SERIOUS ILLNESS CARE PROGRAM IMPACT

IMPACT NUMBERS SOURCES:

50% lower anxiety and depression

Bernacki, Rachelle et al. “Effect of the Serious Illness Care Program in Outpatient Oncology: A Cluster Randomized Clinical Trial.” *JAMA internal medicine* vol. 179,6 (2019): 751-759. doi:10.1001/jamainternmed.2019.0077

Significantly more earlier better conversations

Paladino, Joanna et al. “Evaluating an Intervention to Improve Communication Between Oncology Clinicians and Patients With Life-Limiting Cancer: A Cluster Randomized Clinical Trial of the Serious Illness Care Program.” *JAMA oncology* vol. 5,6 (2019): 801-809. doi:10.1001/jamaoncol.2019.0292

Experience heard and understood

You, John et al. “A Quality Improvement Initiative to Implement the Serious Illness Care Program on Hospital Medical Wards.” *Canadian Journal of General Internal Medicine* 17.1 (2022): 29–51. Web.

70% increase in satisfaction in their role

Paladino, Joanna et al. “Patient and clinician experience of a serious illness conversation guide in oncology: A descriptive analysis.” *Cancer medicine* vol. 9,13 (2020): 4550-4560. doi:10.1002/cam4.3102

Significant improvement in communication skills

Paladino J, Kilpatrick L, O'Connor N, Prabhakar R, Kennedy A, Neal BJ, Kavanagh J, Sanders J, Block S, Fromme E. Training Clinicians in Serious Illness Communication Using a Structured Guide: Evaluation of a Training Program in Three Health Systems. *J Palliat Med.* 2020 Mar;23(3):337-345. doi: 10.1089/jpm.2019.0334. Epub 2019 Sep 17. PMID: 31503520.

Less moral distress; enhanced meaning at work

Lagrotteria A, Swinton M, Simon J, King S, Boryski G, Ma IWY, Dunne F, Singh J, Bernacki RE, You JJ. Clinicians' Perspectives After Implementation of the Serious Illness Care Program: A Qualitative Study. *JAMA Netw Open.* 2021 Aug 2;4(8):e2121517. doi: 10.1001/jamanetworkopen.2021.21517. PMID: 34406399; PMCID: PMC8374609.

\$2579 PMPM lower cost in the last 6 months of life

Lakin, Joshua R et al. “A systematic intervention to improve serious illness communication in primary care: Effect on expenses at the end of life.” *Healthcare (Amsterdam, Netherlands)* vol. 8,2 (2020): 100431. doi:10.1016/j.hjdsi.2020.100431


Increased hospice utilization

Kumar, Pallavi et al. “The Serious Illness Care Program: Implementing a Key Element of High-Quality Oncology Care.” *NEJM catalyst* 4.2 (2023).

Updated January 18, 2023

Demonstrate serious illness conversation using the guide and debrief:

Please put in the chat:

1. What did you like and what did you not like?
 2. What are some pros and cons of using a structured approach to serious illness conversation?
 3. What obstacles do you foresee?
- 

Debrief:

1. What did you like and what did you not like?
2. What are some pros and cons of using a structured approach to serious illness conversation?
3. What obstacles do you foresee?

Summarize best practices for serious illness care communication



Key ideas for successful serious illness discussions:

Practices

Follow the guide while you are learning it

Talk less than half the time

Give a direct, honest prognosis when desired by patient

Allow silence

Acknowledge and explore emotions

Provide reassurance only after the patient has shared his/her major concerns

Make a recommendation

Document conversation

Where do we start?

Define the population of patients with serious illness

Many strategies:

- “No” to Surprise question: 59% sensitive, 90% specificity
- Disease related (e.g. stage IV cancer, CHF)
- Utilization-related (e.g. >2 hospitalizations/ER visits in last year)
- Functional decline
- Combination (advanced dz + decline function + hospitalization)
- Predictive modeling (e.g. risk of deterioration algorithm)
- Age, comorbidities
- No ideal model => CHOOSE ONE TO GET STARTED

Make Serious Illness Communication a Team Sport: BEFORE THE CONVERSATION

- ✓ Are there family or cultural dynamics?
- ✓ Is there advance care planning documentation available?
- ✓ Should any community/consultant providers be invited?
- ✓ Are team members on the same page (prognosis/recs)
- ✓ Are there clinical details the team should know?
- ✓ Does the patient have a trauma history?
- ✓ Is there an opportunity to prepare the patient?

Make Serious Illness Communication a Team Sport: DURING THE CONVERSATION

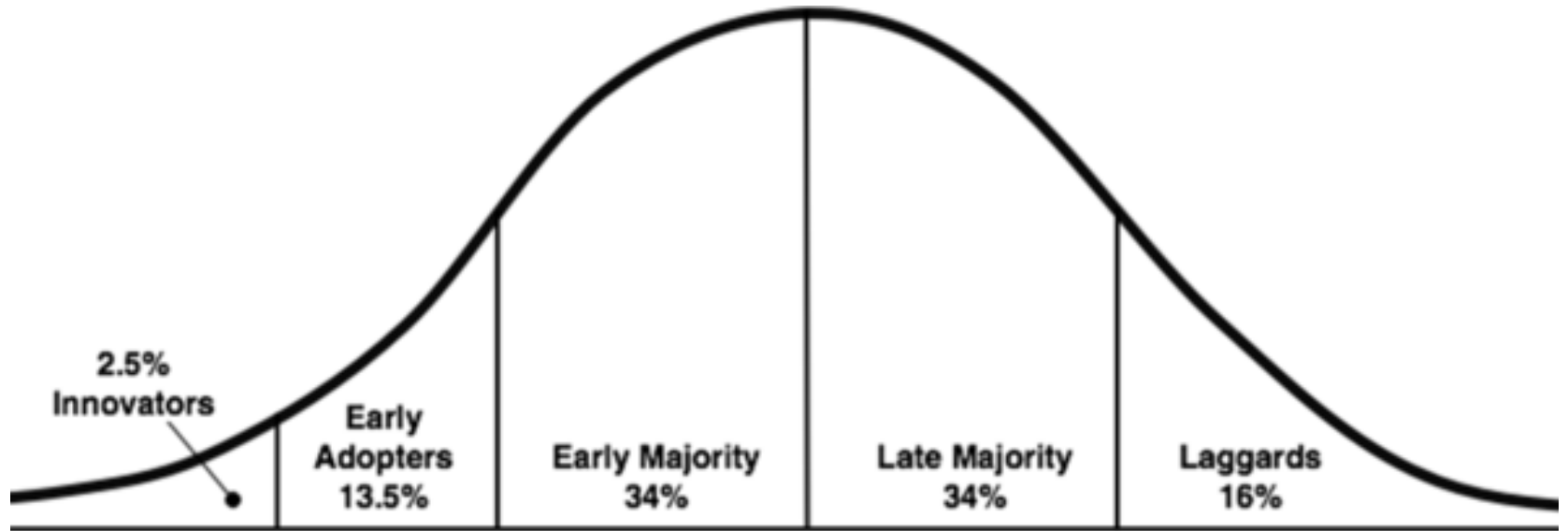
- ✓ Use the Serious Illness Conversation Guide
- ✓ Discuss prognosis (*see suggested approaches on page one*)
- ✓ Ensure emotions are acknowledged
- ✓ Provide space for those close to the patient to speak

Catherine L Givens, Amanda C Murphy, Erik K Fromme,
Advancing the Social Work Role in Serious Illness
Communication, *Social Work*, Volume 70, Issue 1, January
2025, Pages 81–85,

Make Serious Illness Communication a Team Sport: AFTER THE CONVERSATION

- ✓ Would the patient/family or the care team benefit from debriefing the conversation?
- ✓ Are complex psychosocial dynamics impacting the patient's treatment plan?
- ✓ Would a conversation about completing advance care planning documentation be beneficial?

Adoption Curve



Source: Everett Rogers, *Diffusion of Innovations* model

SICP Publications

- Bernacki RE, Block SD. Communication about serious illness care goals: a review and synthesis of best practices. *JAMA Intern Med.* 2014 Dec; 174(12):1994-2003. PMID: 25330167.
- Smith G, Bernacki R, Block SD. The role of palliative care in population management and accountable care organizations. *J Palliat Med.* 2015 Jun; 18(6):486-94. PMID: 25723619.
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