

**Building Capacity for  
Goals of Care  
Conversations in Serious  
Illness**

CTC Collaborative

November 2018

A stage with red curtains and a black background. The text "Who is our Audience?" is written in white, bold, sans-serif font in the center of the stage.

**Who is our Audience?**

The image features a stage set with red curtains at the top and sides, framing a black background. At the bottom, there is a horizontal band of gold, representing a stage floor. The text is centered in white.

# **Act 1**

**Primary Care Office  
In Physician Workroom**

A stage with red curtains and a black background. The text is centered on the stage.

Act 2

Telephone Call

Later that Afternoon...

Patient and RN

The image depicts a stage with red curtains at the top and sides. The background is black, and the floor is a bright yellow. The text is centered on the black background.

## **Act 3**

Primary Care Office

One Week Later

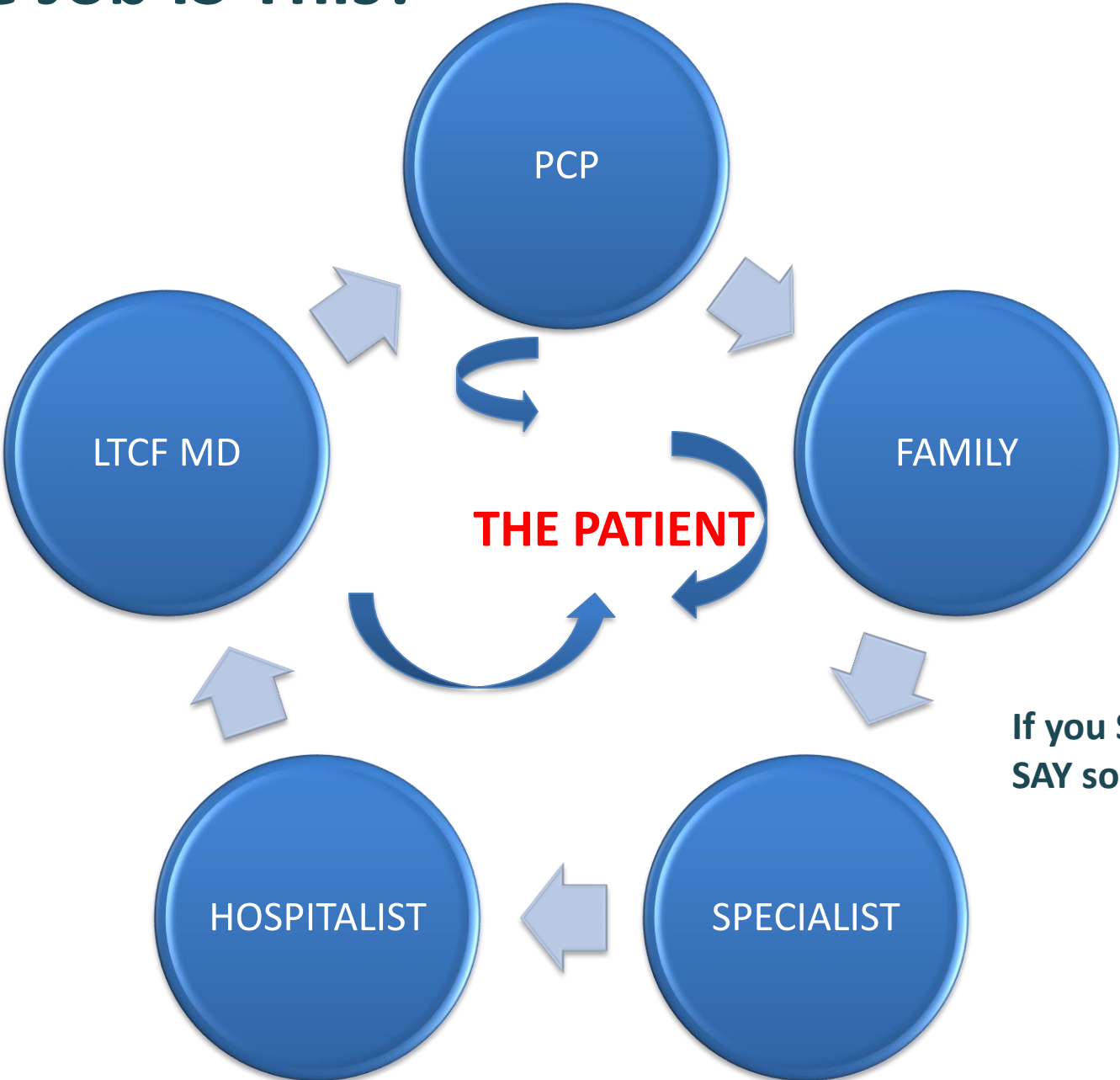
In Physician Workroom

The image features a stage-like setting with red curtains at the top and sides. The background is black, and the floor is a bright, glowing gold. The text is centered in white.

Act 4

Primary Care Office  
Patient Exam Room

# Whose Job IS This?



If you SEE something,  
SAY something!

# Who Should You Talk To?

Solid tumor with metastases, hypercalcemia, spinal cord compression

CHF Class III or IV with 2 or more hospitalizations

CKD on dialysis, age 75 years or older

COPD on home oxygen with FEV1 less than 35% predicted

All patients whose provider answers 'no' to the surprise question

AMERICAN COLLEGE OF PHYSICIANS HIGH VALUE CARE ADVICE ON COMMUNICATION IN THE CARE OF PATIENTS WITH SERIOUS ILLNESS: TARGET POPULATION

Bernacki, Block, ACPHVCTF. JAMA Intern Med. 2014;17(12):1994-2003.



# Would you Be Surprised if This Patient Died in the Next Year?

- Practical Tool to ID patients who would benefit from Prognostic Info
- Validated in ESRD, Cancer, Heart Failure
- Screening Question used in UK to ID patients at risk for dying
- To ID patients for POLST/MOLST

*"If you would not be surprised, do not let patients or families be surprised." Mimi Patterson, MD*

# What Do I Say?

## Serious Illness Conversation Guide

### PATIENT-TESTED LANGUAGE

**SET UP** "I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"

**ASSESS** "What is your **understanding** now of where you are with your illness?"  
"How much **information** about what is likely to be ahead with your illness would you like from me?"

**SHARE** "I want to share with you **my understanding** of where things are with your illness..."  
*Uncertain:* "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."  
OR  
*Time:* "I **wish** we were not in this situation, but I am **worried** that time may be as short as \_\_\_\_ (express as a range, e.g. days to weeks, weeks to months, months to a year)."  
OR  
*Function:* "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

**EXPLORE** "What are your most important **goals** if your health situation worsens?"  
"What are your biggest **fears and worries** about the future with your health?"  
"What gives you **strength** as you think about the future with your illness?"  
"What **abilities** are so critical to your life that you can't imagine living without them?"  
"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"  
"How much does your **family** know about your priorities and wishes?"

**CLOSE** "I've heard you say that \_\_\_\_ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we \_\_\_\_\_. This will help us make sure that your treatment plans reflect what's important to you."  
"How does this plan seem to you?"  
"I will do everything I can to help you through this."



# Sample Documentation

Prognostic Understanding: Pt overestimates her prognosis

Wishes to be Fully Informed About Prognosis

I communicated that her prognosis is several months to a year

Patient's most important goals are to be physically comfortable and mentally aware

Her biggest concerns are loss of control and finances

Patient states that being conscious and able to interact with others is an ability she cannot live without

If the patient becomes more sick she is willing to do invasive tests and procedures and have a feeding tube to gain more time

She has had some discussion with family but that discussion is incomplete.

For Billing, must have duration or time in time out (Spent 17 min face to face)

# How Do I Get Reimbursed?

- Conversation is “a procedure”
- 30 min blocks, but threshold rule
- 99497 ACP Planning
  - Must go 16 min- up to 30 min
  - Average Reimbursement \$82.90
- 99498 ACP Planning Additional Codes
  - Next 16-30 ( mins 46-60)
  - Average Reimbursement \$72.50

# Practice Drills

- Your turn!
- Break into groups of 2
- Take turns being patient and clinician, using script of SICP

# Wrap Up

- What went well?
- What was hard?
- Can you see yourself using this tool?
- What challenges do you foresee?

Let us aim for more, better, and earlier conversations.

Questions or Comments?

