Designing and Implementing Pragmatic Interventions for Older Adults in the Health System Context

Hillary Lum, MD, PhD

Twitter: @Hdaylum

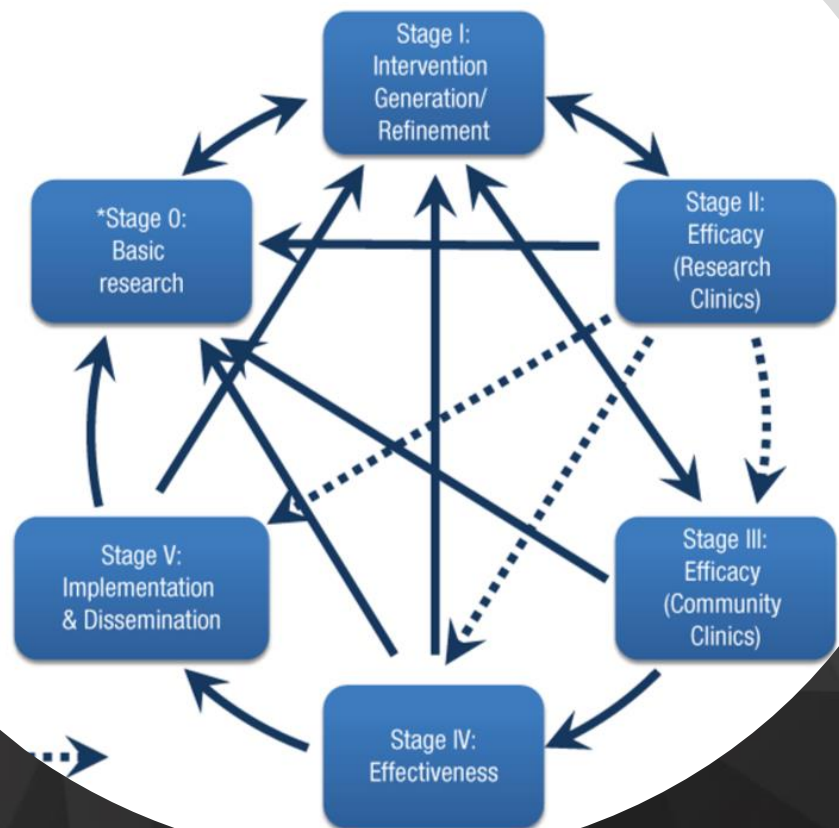Beeson Scholar 2016

Associate Professor of Medicine

CU Division of Geriatric Medicine

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

NIH Stage Model

Stage I:
Intervention Generation/Refinement

*Stage 0:
Basic research

Stage II:
Efficacy (Research Clinics)

Stage V:
Implementation & Dissemination

Stage III:
Efficacy (Community Clinics)

Stage IV:
Effectiveness

Onken et al. Clin Psychol Sci. 2015

Pragmatic Considerations
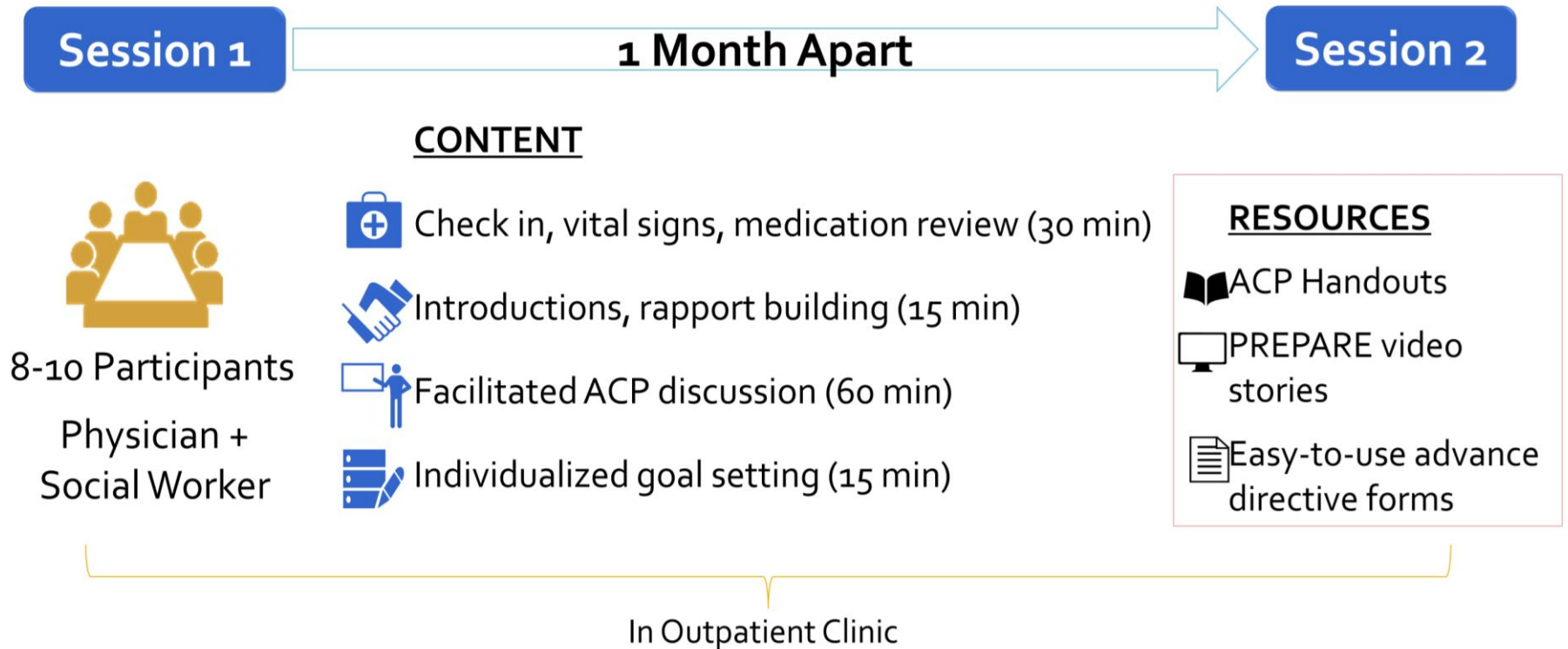
Stakeholder Experiences

Real-World Interventions

Data Collection

Adaptations

Public Goods

Advance Care Planning Meets Group Medical Visits: The Feasibility of Promoting Conversations
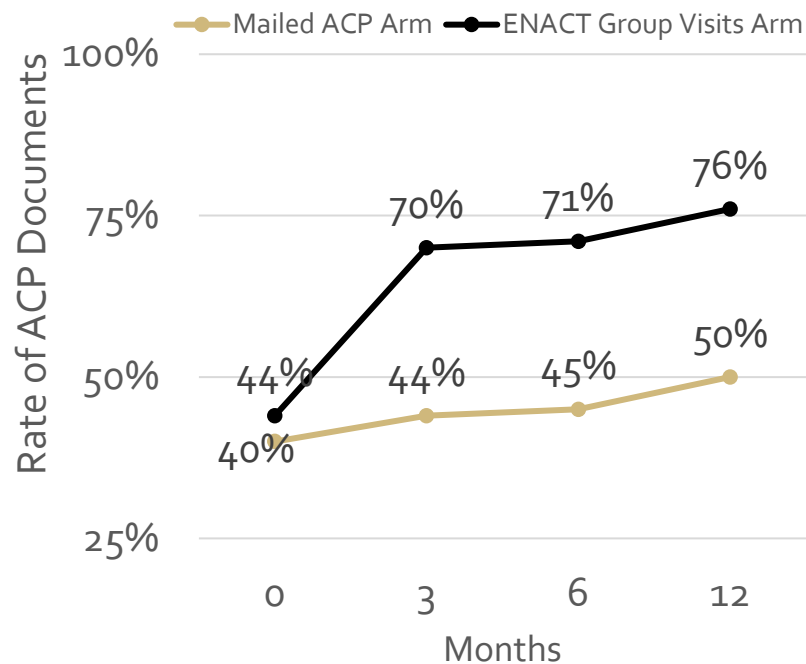
Session 1 → **1 Month Apart** → **Session 2**

8-10 Participants

Physician + Social Worker

CONTENT

- Check in, vital signs, medication review (30 min)
- Introductions, rapport building (15 min)
- Facilitated ACP discussion (60 min)
- Individualized goal setting (15 min)

RESOURCES

- ACP Handouts
- PREPARE video stories
- Easy-to-use advance directive forms

In Outpatient Clinic

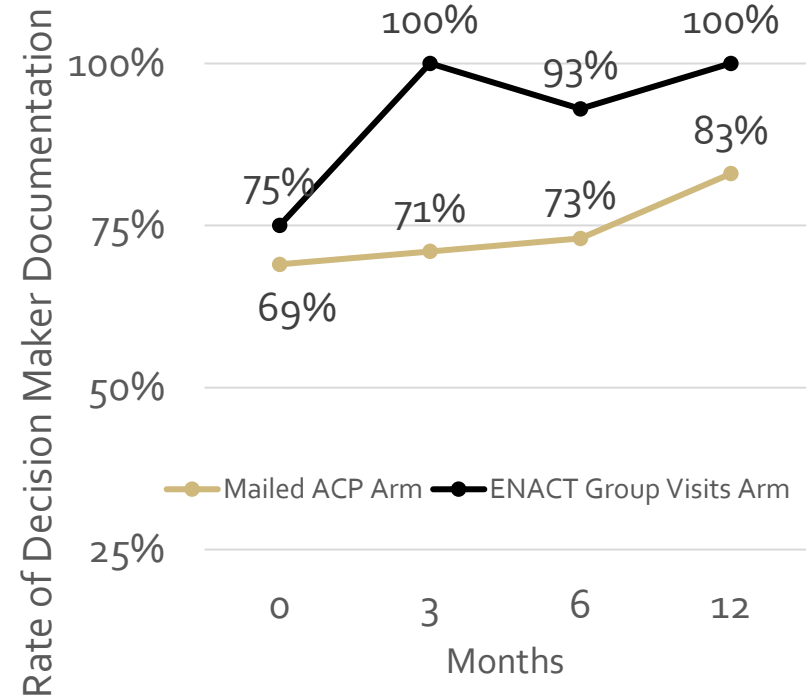# Effectiveness of Advance Care Planning Group Visits Among Older Adults in Primary Care

Hillary D. Lum, MD, PhD,*† 🐦 Joanna Dukes, MS,‡ Andrea E. Daddato, MS,*§ Elizabeth Juarez-Colunga, PhD,¶ Prajakta Shanbhag, MS,* Jean S. Kutner, MD, MSPH,‖ Cari R. Levy, MD, PhD,**†† and Rebecca L. Sudore, MD‡‡

ACP DOCUMENTS

DECISION MAKER DOCUMENTATION

p<0.01 at 3, 6 and 12 months

Next step: Five Clinic RCT (R01 AG066804)

Public Goods: Patient Awareness

| Patient Recruitment Video | Colorado Advance Care Planning Website | eLearning Module for Facilitator Training |

www.ColoradoCarePlanning.org

Design and Implementation of Patient Portal—Based Advance Care Planning Tools

Hillary D. Lum, MD, PhD, Adreanne Brungardt, MM, MT-BC, Sarah R. Jordan, MA, Phoutdavone Phimphasone-Brady, PhD, Lisa M. Schilling, MD, MSPH, Chen-Tan Lin, MD, Jean S. Kutner, MD, MSPH

Three Implementation Phases

Phase 1 (May 2017)
- New Webpage
- Online Message for ACP questions to centralized team

Phase 2 (July 2017)
- Electronic Medical Durable Power of Attorney

(includes messages to provider and patient)

Phase 3 (Oct 2017)
- Display advance directives to patient via patient portal

The Colorado Health Foundation™

uchealth

Patient Use of My Health Connection ACP Tools

Portz et al, Lum HD. Advance care planning among users of a patient portal during the COVID-19 Pandemic: A retrospective observational study. J Med Internet Res. 2020 Aug 11;22(8):e21385
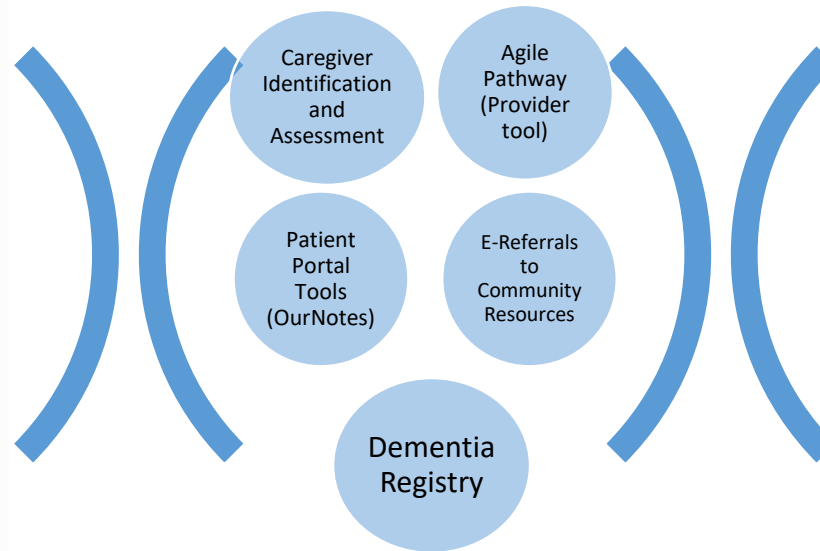
NIA IMPACT Collaboratory Health Care Systems Scholar Emerging Results: Stakeholder Priorities & Opportunities
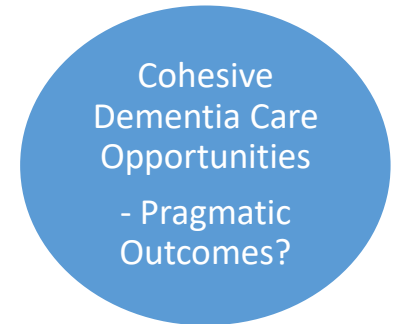
What needs to be true about communication?

What are opportunities for EHR-based dementia/caregiver specific tools?

What is important, feasible, and fundable (pragmatic clinical trials)?

Caregiver Identification and Assessment

Agile Pathway (Provider tool)

Patient Portal Tools (OurNotes)

E-Referrals to Community Resources

Dementia Registry

Cohesive Dementia Care Opportunities - Pragmatic Outcomes?

Patient/Care Partners:

Desire simple transparent communication in a caring manner

Health Care Teams, System Leaders, and Funders

NIA IMPACT
COLLABORATORY
TRANSFORMING DEMENTIA CARE

Reflections

Be creative	Create things that people can and want to use
Partner	Collaborate with different people, especially patients, care partners, and community members
Listen	Seek to understand what others need, incorporate their input
Persist	Highlight important things - sometimes funders, health care systems, payors and policy makers will agree

Thank you!
Teamwork makes the dream work

- **Mentors**
Jean Kutner
Cari Levy
Rebecca Sudore
Dan Matlock
Brianne Bettcher
David Reuben
Leah Hanson

- **Clinical Partners**
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Lisa Schilling
CT Lin
Ingrid Lobo
John Scott

- **Team**
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