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

Division of Geriatric Medicine
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
NIH Stage Model

Advance Care Planning Meets Group Medical Visits: The Feasibility of Promoting Conversations

**Session 1**

- 8-10 Participants (Physician + Social Worker)
- 1 Month Apart
- **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

<table>
<thead>
<tr>
<th>Rate of ACP Documents</th>
<th>Months</th>
<th>Mailed ACP Arm</th>
<th>ENACT Group Visits Arm</th>
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p<0.01 at 3, 6 and 12 months

Next step: Five Clinic RCT (R01 AG066804)

DECISION MAKER DOCUMENTATION

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Mailed ACP Arm
ENACT Group Visits Arm

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

J Pain Symptom Manage. 2019 Jan;57(1):112-117.e2

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
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)?

Patient/Care Partners:
Desire simple transparent communication in a caring manner

Cohesive Dementia Care Opportunities - Pragmatic Outcomes?

Health Care Teams, System Leaders, and Funders
### Reflections

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<th><strong>Be creative</strong></th>
<th>Create things that people can and want to use</th>
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<tr>
<td><strong>Partner</strong></td>
<td>Collaborate with different people, especially patients, care partners, and community members</td>
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<td><strong>Listen</strong></td>
<td>Seek to understand what others need, incorporate their input</td>
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<td><strong>Persist</strong></td>
<td>Highlight important things - sometimes funders, health care systems, payors and policy makers will agree</td>
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Thank you!
Teamwork makes the dream work

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

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

- **Team**
  - Taryn Bogdewiecz
  - Adreanne Brungardt
  - Jessica Cassidy
  - Andrea Daddato
  - Joanna Dukes
  - Sue Felton
  - Lierin Flanagan
  - Kirbie Hartley
  - Sarah Jordan
  - Dana Lahoff
  - Ilian Mino
  - Elisabeth Montgomery
  - Evelyn Romeo
  - Pat Schulof
  - Prajakta Shanbhag

- **Collaborators**
  - Jed Brubaker
  - Russ Glasgow
  - Amy Heubschmann
  - Bethany Kwan
  - Dave Nowels
  - Jenna Reno
  - Caroline Tietbohl
  - Allison Wolfe
  - Jennifer Wolff