
Patient Priorities Care

Aligning healthcare with the health priorities of older
multimorbid adults

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How do Clinicians make Treatment Decisions?

✓ Identify the disease that is causes the ailment or symptoms

- Cure the disease
- Modify the course of disease

Return to health as possible

✓ Guided by evidence-based guidelines

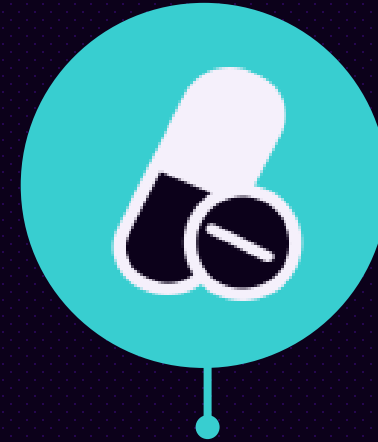
- Main goal is survival
- Rely on disease biomarkers
- Disease modification when no cure exists
- Usually single-disease focus

Care for Older Adults with Multiple Conditions



Uncertain benefit:

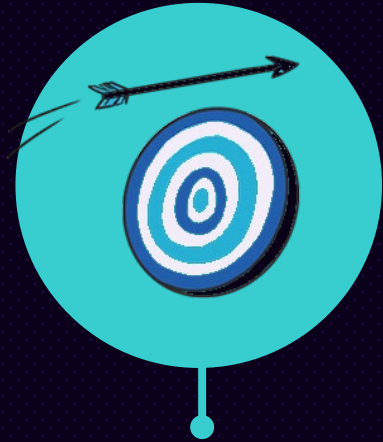
- Few clinical trials inform guidelines
- Less benefit than trials suggest (competing conditions)
- What outcome defines benefit?



Unintentional harm:

- 1 in 3 older adults with MCCs receive guideline-recommended drug harms a coexisting condition

Care for Older Adults with Multiple Conditions



Not always aligned with what matters most:

- Vary in outcome goals:
 - Maintain function despite ↓ survival: 42%
 - Symptom relief: 32%
 - Live longer regardless of function: 27%
- Vary in care willing & able to receive

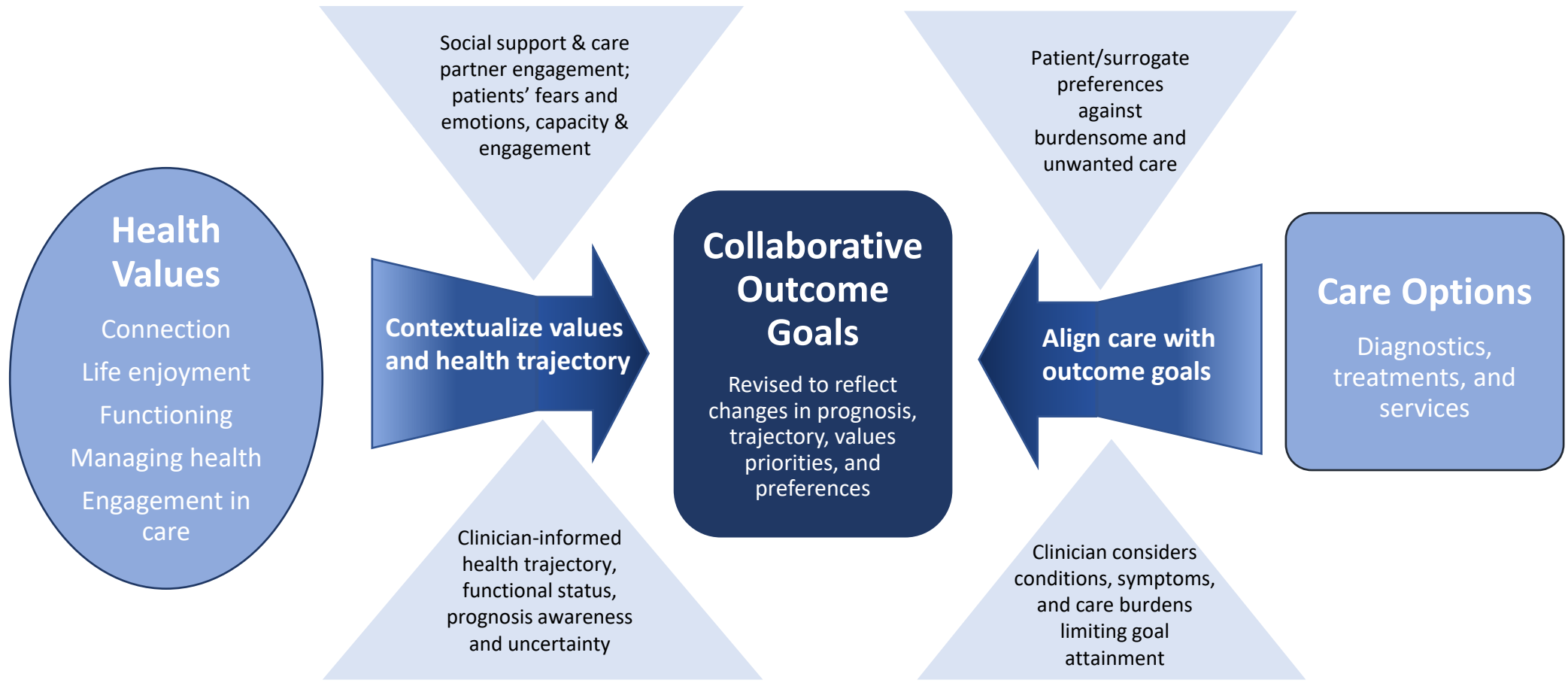


Burdensome:

- 2 hours per day on healthcare tasks
- ½ day per health encounter (office visits, diagnostic testing, procedure)

How Patient Priorities Reorient Decisionmaking

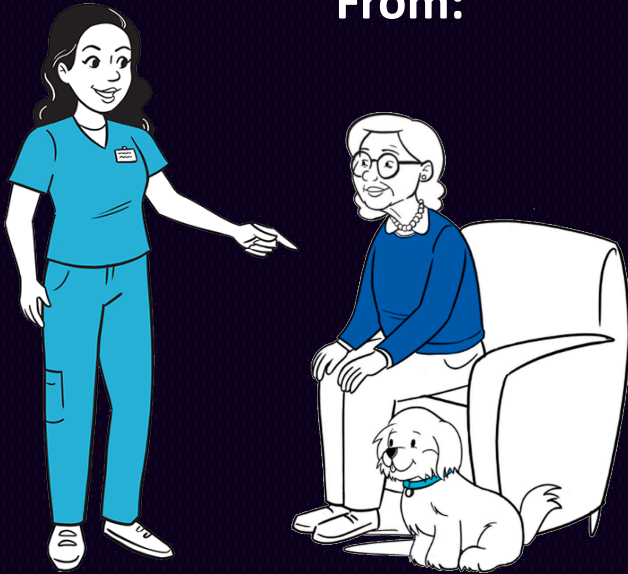
1. Start with What Matters Most (values) to patients
2. Contextualize values to the realities of patients' lives
3. Arrive at shared outcome goals
 - Specific, realistic, actionable goals grounded in what matters
4. Align care options with identified outcome goals
5. Patients' care preferences modify selection of care options
6. Clinician considers conditions, symptoms, care burdens that are barriers to goal attainment
7. Revisit care options based on goal attainment



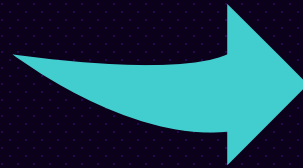
Patient Priorities Care

moves decision-making and conversation...

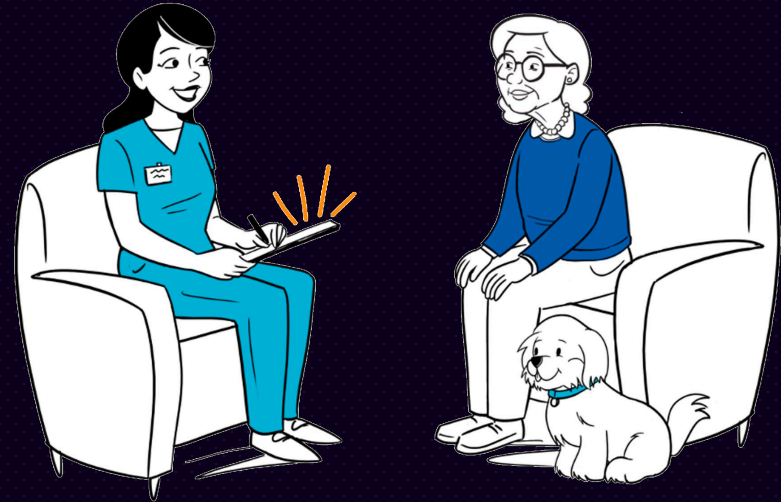
From:



“You need (fill in treatment)
for your (fill in disease).”



To:



“Knowing your health conditions, your
overall health, and what matters most to
you, I suggest we try (fill in care option).”

IDENTIFY HEALTH PRIORITIES

- Values (What Matters most to the patient)
- Actionable, specific, realistic health outcome goals
- Health care preferences (which care the patient finds helpful and which burdensome) and any tradeoffs
- “One Thing” - the health goal the patient most wants to address to help achieve what Matters most

ALIGN CARE WITH HEALTH PRIORITIES

Consider if current and potential care is:

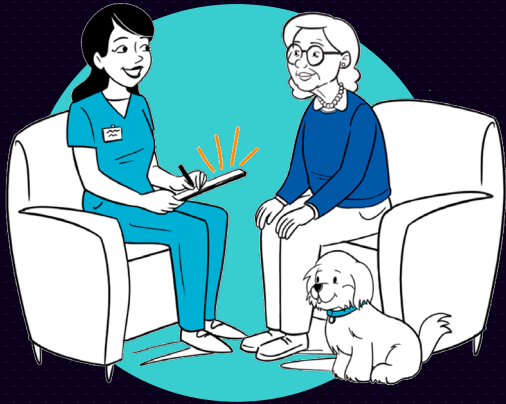
- Consistent with health outcome goals including patient’s “One Thing”?
- Consistent with care preferences?

Use the patient’s priorities:

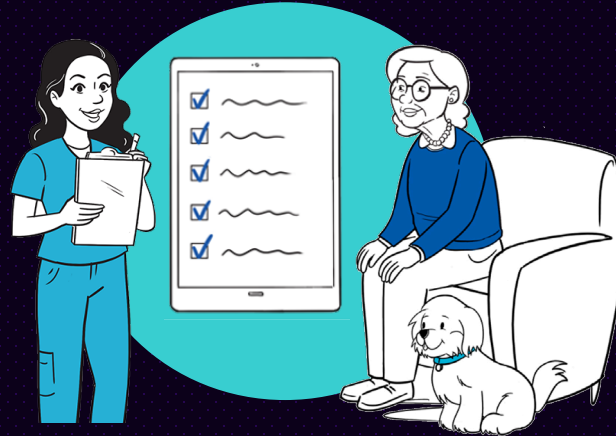
- As the focus for communication with the patient
- As the goal for serial trials to start, stop or continue interventions
- To prioritize care decisions, especially where differing perspectives exist

Update components as needed

How are patient's health priorities identified?



Member of the healthcare team meets with patient over 20-30 minutes in person or on phone to identify patient's health priorities *OR* using a self-directed website



They identify the patient's:

- **Health Priorities** What Matters Most; health outcome goals, healthcare preferences including helpful and burdensome care
- **The One Thing** the patient most wants their healthcare to focus on



A Health Priorities Template summary is created and transmitted to the clinician via EHR

PPC Health Priorities Template: Mrs. B

Transmitted via Electronic Health Record

- Matters Most (Values)
- Health Goals
- Healthcare Preferences & Tradeoffs
- Most bothersome problem
- The One Thing



Patient Health Priorities Note

WHAT MATTERS MOST (Values):
Spend time with family, volunteering - link to community, mobility/activity - handling books

MOST IMPORTANT HEALTH GOALS
Specific and realistic activities or outcomes that show you are doing what matters:

1. Watch grandchildren after school 1-2 times weekly
2. Volunteer in library, handling books, 2 times weekly

HEALTH CARE PREFERENCES

Helpful care

1. Exercise, physical therapy
2. Bloodwork and imaging

Burdensome care

1. Taking multiple medications daily
2. CPAP / being in the hospital

Current medications

Helpful

1. Omeprazole for reflux

Burdensome

1. Diuretic

Most Bothersome Symptoms or Problems Interfering with Health Goals:

1. Fatigue and hand pain

What "ONE THING" do you most want to focus on so that you can do what is most important more often or more easily:

1. The one thing Ms. B wants to focus on is being less tired so that she can continue to watch her grandchildren.

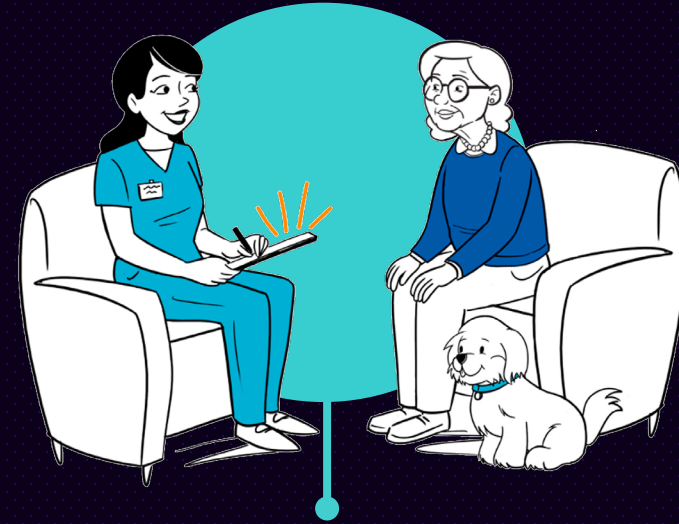


Considering Priorities and Aligning Care



Mrs. B's clinicians are uncertain:

- How to balance competing conditions
- If some treatments may be causing more burden and harm than benefit



Dr. T, Mrs. B's PCP:

- Reviews Mrs. B's health priorities template in electronic health record
- Considers how current care aligns with the identified priorities

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Some questions to consider:

What challenges do you face taking care of patients like Mrs. B?

How might you make decisions that are consistent with Mrs. B's priorities?

What tradeoffs arise when aligning care with Mrs. B's priorities?

Most Bothersome Symptoms or Problems Interfering with Health Goals:

1. Fatigue and hand pain

What “ONE THING” do you most want to focus on so that you can do what is most important more often or more easily:

1. The one thing Ms. B wants to focus on is being less tired so that she can continue to watch her grandchildren.

Ask yourself:

- Which conditions or symptoms contribute to most bothersome problem impeding goals? (e.g., sleep apnea, HF, depression, medications)
- Ask yourself if current or potential interventions are consistent with Mrs. B’s One Thing?

Strategies to align care with health priorities during decision making encounters

1. Use priorities as focus of communication & decisions
2. Use priorities to guide serial trials of starting, stopping, or continuing interventions
3. Start serial trials with One Thing that matters most
4. Use priorities as focus of decision making among clinicians when conflicting recommendations exist

Clinical Evidence for Patient Priorities Care

Non-randomized Clinical Trials

✓ ProHealth clinical demonstration

- Primary care practice
- Cardiology consultants
 - Hartford, Connecticut
 - Non academic, Non VA
- >350 older adult participants
 - Identified priorities (n=163)
 - Usual care (n=203)
 - Matched on traits at baseline

✓ VA pilot demonstration

- Ambulatory Geriatrics clinic
- 3 geriatrics PCPs (MD, PAs)
- 4 priorities identifiers (psych)
 - Houston, Texas
- 70 older Veterans
 - Identified priorities (N=35)
 - Usual care (N=35)
 - Same PCP, matched on traits

what we know so far...

Association of Patient Priorities–Aligned Decision-Making With Patient Outcomes and Ambulatory Health Care Burden Among Older Adults With Multiple Chronic Conditions: A Nonrandomized Clinical Trial

JAMA Intern Med. 2019;179(12):1688-1697. doi:10.1001/jamainternmed.2019.4235

Table 1. Baseline Characteristics of Participants*

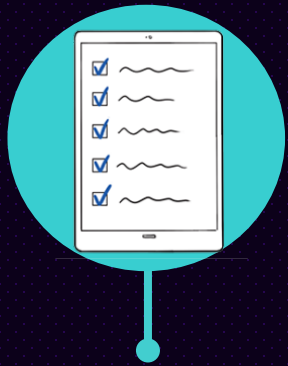
Characteristic ^b	No. (%)		P Value	
	PPC (n = 163)	Usual Care (n = 203)	Unweighted ^c	Weighted ^d
Age, mean (SD), y	77.6 (7.6)	74.7 (6.6)	<.001	.75
Females	109 (66.9)	126 (62.1)	.31	.99
Race/ethnicity ^e				
White	158 (96.9)	192 (94.6)	.54	.83
Hispanic	2 (1.2)	5 (2.5)	.02	.97
Educational level				
<High school	16 (9.8)	11 (5.4)		
High school	65 (39.9)	90 (44.3)		
Some college	33 (20.3)	52 (25.6)	<.001	.92
College	26 (16.0)	48 (23.7)		
Health insurance				
Traditional Medicare	74 (45.4)	98 (48.3)		
Medicare Advantage	65 (39.9)	71 (35.0)	.61	.65
Medicare-Medicaid	24 (14.7)	34 (16.8)		
5-Word recall score, median (IQR)	3.0 (2-4)	3.0 (3-4)	.07	.84
PROMIS physical health score, median (IQR) ^f	13.0 (11-16)	15.0 (12-17)	<.001	.83
PROMIS mental health score, median (IQR) ^f	13.0 (11-16)	15.0 (12-18)	<.001	.91
Chronic conditions				
Median (IQR)	4.00 (3-5)	3.82 (3-5)	.14	.93
>5	37 (22.7)	33 (16.3)		
Hypertension	127 (77.9)	158 (77.8)	.98	.20
Diabetes	48 (29.5)	69 (34.0)	.34	.91
Heart failure	12 (7.4)	9 (4.4)	.23	.81
Atrial fibrillation	33 (20.3)	21 (10.3)	.008	.85
Arthritis	77 (47.4)	82 (40.4)	.19	.83
Chronic lung disease	22 (13.5)	33 (16.3)	.46	.06
Dementia	3 (1.8)	2 (1.0)	.48	.97
Chronic kidney diseases	51 (31.3)	79 (39.0)	.13	.76
Cancer other than skin	5 (3.1)	16 (7.9)	.049	.81
Depression	41 (25.2)	41 (20.2)	.26	.79
Osteoporosis	27 (16.6)	30 (14.8)	.64	.66
Stroke	8 (4.9)	9 (4.4)	.83	.30
Prescription medications ^g				
Median (IQR)	7.0 (5-9)	7.0 (4-9)	.74	.40
>10	20 (12.3)	32 (15.8)		
TBQ score	24.7 (26.4)	18.0 (21.7)	.01	.19
O-PACIC score	2.8 (1.0)	2.9 (1.0)	.48	.53
CollaboRATE score	84.2 (19.3)	83.5 (23.7)	.77	.11

- Mean age 74-78 years
- 94% white non-Hispanic
- 67% female, 1/2 some college
- 4 chronic conditions
- 7 medications

what we know so far...

Patient priorities aligned care is effective

Compared with usual care, PPC is associated with...



Focus on patient's goals

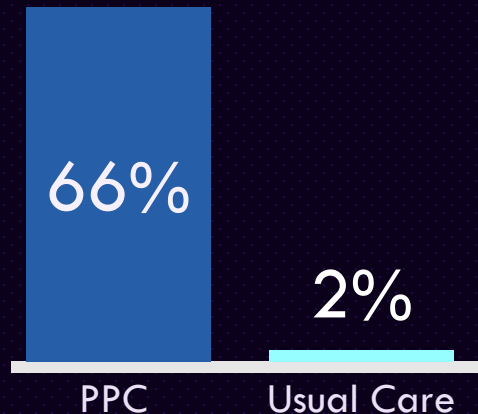


↓ Unwanted care



↓ Treatment burden
(TBQ; -5.0 (2.0) [p=0.01])

- ✓ Medications stopped (2-3x less)
- ✓ Tests ordered (~30% fewer)
- ✓ Self-management added (30% fewer)**



PPC encourages priorities aligned home & community services

- 56 social work professionals from 5 rural VA sites
 - Used PPC approach (N=143)
 - Usual SW care (N=286)
- Hypothesis: PPC results in greater use of home and community-based services and supports

Table. Use of Home & Community Services, comparing Usual Care and Patient Priorities Care approach.

Parameters	Usual Care†	PPC	OR (95%CI)	p-value
Use of Home & Community Services	162 (45.5%)	79 (55.2%)	1.48 (1.00-2.18)	0.050
Emergency department and urgent care use	95 (26.7%)	27 (18.9%)	0.64 (0.40-1.03)	0.68
Lived ≥ 2 years				
Use of Home & Community Services	100 (42.0%)	49 (55.1%)	1.69 (1.04-2.76)	0.036
Emergency department and urgent care use	69 (29.0%)	17 (19.1%)	0.58 (0.32-1.05)	0.073

PPC= Patients Priorities Care

† = Usual Care are propensity matched by age, gender, race, ethnicity, BMI, Charlson comorbidity index, station, and social worker

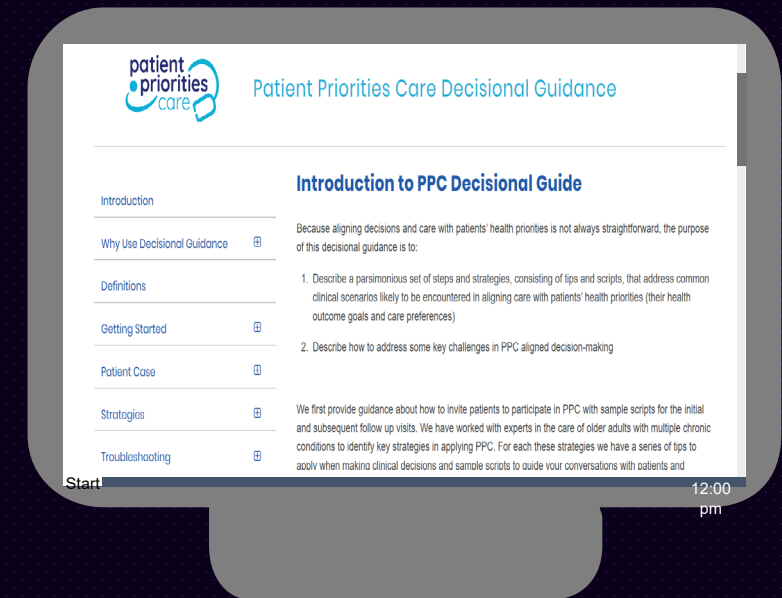
OR = Odds Ratio and 95% Confidence Interval. Odds Ratio reflects odds of home and community services use among patients in the PPC approach compared to Usual Care groups.

Current and Future Work

- Randomized Clinical Trial in primary care (n=400)
 - VA study (Houston, Southeast Texas clinics, West Haven CT)
 - Do PCPs given health priorities make different treatment decisions?
- PPC adapted for older Hispanics with dementia
 - NIA Collaboratory pilot studies
 - Cultural adaptations of PPC materials
- Does PPC facilitate deprescribing for persons with dementia?
 - NIA Deprescribing Network pilot
- Adapting PPC approach to discrete intervention decisions

Learn more about PPC

- PatientPrioritiesCare.org- tools for:
 - Patients/caregivers: electronic manual, tips
 - Clinicians: electronic manuals, materials, publications, and key definitions
- Decisional guidance (tips & scripts) tool:
<http://decisionguide.patientprioritiescare.org/>
- Self-directed health priorities identification website-myhealthpriorities.org
- ACPOne.org/PPC
 - Online training modules
 - MOC and CEUs credits available



Thank you

✓ Developers

- Mary Tinetti: Yale Geriatrics
- Aanand Naik: UTHealth & Houston VA
- Caroline Blaum: NCQA
- Lilian Dindo: BCM and Houston VA

✓ Team

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