Interdisciplinary Clinical Video-Telehealth for Geriatrics and Dementia

EXECUTIVE SUMMARY

Advance Care Planning (ACP) is the process in which individuals think about and plan for future care and treatment should they become unable to make or communicate health care decisions for themselves.[1] ACP is iterative and involves thinking about and planning for potential adverse medical scenarios, identifying personal care preferences, sharing those preferences with family members/trusted others, discussing preferences with health care providers, and then documenting these preferences in an advance directive.[2]

ACP and advance directives are paramount to honoring Veterans' medical preferences, values and beliefs. They empower Veterans to outline their care preferences, reduce unnecessary burdens and emotional distress on Veterans' families and providers, and ensure that Veterans' medical wishes are met.[3]

The U.S. Department of Veterans Affairs (VA) medical facilities offer information on ACP and advance directives. However, many Veterans have not yet considered ACP or completed/updated their advance directives, citing barriers such as time constraints, lack of provider expertise, travel and health illiteracy.[4,5,6,7] Consequently, the care that Veterans receive in situations where they are unable to communicate directly may be quite different from what they would have wished.[8,9]

To proactively engage more Veterans in ACP, the Central Arkansas Veterans Healthcare System (CAVHS) Geriatric Research Education and Clinical Center (GRECC) established an interactive, group-based ACP program. At the core of this innovative program are facilitated group meetings that promote and foster open discussions about care preferences, values and beliefs. These meetings, often embedded into established group visits and shared medical appointments, provide an intimate, relevant, and supportive atmosphere for Veterans to participate in meaningful conversations with other Veterans, family members, and health care professionals with ACP expertise (e.g., a social worker, nurse, psychologist or chaplain).

Health professionals, trained as facilitators, lead the discussions and offer one-on-one assistance to help complete advance directives. Facilitators follow up with Veterans to assist with problem solving and/or setting next steps. A standardized program curriculum and toolkit (which includes an implementation guide, facilitator guide, and materials for facilitating discussion topics) provides guidance, ensures program consistency, and promotes program dissemination.

Who Can Use This Rural Promising Practice?

The ACP program was designed in a way that can be easily replicated at other VA and non-VA facilities. Medical centers that face similar issues engaging Veterans around ACP can train health professionals to understand the components of advance directives and to facilitate discussions around making these major life decisions. The VA ACP Implementation Guide (see Resources section) walks through the steps necessary to roll out a well-developed ACP program.

Veterans and their family members can participate in the ACP group meetings. To address travel barriers and engage Veterans from rural communities in ACP discussions, the ACP program offers telehealth technology to communicate via web conference.

Need Addressed

Health care providers often cannot and do not address ACP and advance directives during traditional medical appointments because of time constraints and lack of ACP expertise. The ACP program addresses this challenge by moving the ACP discussion from a traditional, one-on-one clinic setting to a facilitated, ACP-focused group setting, where Veterans can engage directly with other Veterans, family members and health care professionals with ACP expertise. The interactive nature of the group meetings provides the ability for Veterans to plan for future medical decisions in a supportive setting.

Heath illiteracy and emotional distress are addressed through education—facilitated discussion, information exchange, peer-to-peer learning, etc.—as Veterans are given the opportunity to increase their understanding of ACP and prepare their surrogate decision makers to make "in-the-moment" decisions that respect Veterans' care preferences, values, and beliefs.

IMPLEMENTATION

In 2012, the CAVHS GRECC established collaborative partnerships with key stakeholders in the social work, mental health, and primary care services to develop an interactive, group-based program to engage Veterans in ACP. This program team used a quality improvement framework to further develop and expand the program. In addition, the program team established a clinical demonstration program advisory group—including primary care providers, Veterans and their families or trusted others, and VA staff—to discuss innovative solutions to increase ACP among Veterans. Based on the areas identified by the advisory group, the program team developed procedures to accommodate a variety of ACP-focused group discussions in diverse settings.

The initial program focused on providing ACP during shared medical appointments. However, the team quickly realized that focusing only on shared medical appointments did not support the goals of the overall ACP program. The team then developed a strategy to embed the ACP program into established group visits to reach additional Veterans, and successfully did so by gaining support from the group visit leaders. Recognizing that not every Veteran participated in an established group visit, the ACP program also offered ACP-focused group sessions. To recruit Veterans for these sessions, the program team sent letters to Veterans who already had appointments in the medical facility or community based outpatient clinics (CBOCs) on the day of the scheduled session.

The main objective of the ACP group visits is to encourage Veterans to consider and discuss current and future medical care preferences. During group meetings, the facilitator provides Veterans with ACP worksheets focused on five main discussion points. These worksheets prompt Veterans to think about their medical wishes and potential surrogate decision makers. Following are the five main discussion points:

1. Thought about what I would want if hurt, injured, or sick and could not communicate.
2. Talked with someone I trust to make health care decisions for me.
3. Named someone to make health care decisions for me.
4. Discussed these topics with someone on my health care team (i.e., doctor, nurse, social worker).
5. Filled out an advance care directive (aka living will) to guide those I trust to make health care decisions for me.

After Veterans review the worksheet, the facilitator initiates an open discussion regarding each point. During these discussions, Veterans are encouraged to share their experiences and ideas and ask questions. At the end of each group meeting, the facilitator encourages Veterans to think about their preferences for end-of-life care and to set personal goals to complete the advance directive with a trusted other or medical provider. Veterans may attend multiple ACP group meetings and return to additional meetings with family members if needed. Within two weeks after the group meeting, facilitators contact participants to follow up on next steps, answer questions and provide additional support.

To provide guidance, ensure consistency and promote program dissemination, the program team developed a standardized program curriculum and toolkit. Telehealth capabilities are used to engage rural Veterans.

The ACP program is designed to be flexible to meet the needs of patients in diverse settings. After the establishment of the CAVHS program, it was expanded to additional sites and is currently being disseminated on a national level across all VA health care facilities.

PROMISING RESULTS

Since its establishment, the ACP program has reached more than 39,640 Veterans, with more than 35% of its participants identified as rural Veterans. In one review of the program, nearly 90% of participants reported increased knowledge of ACP. [10]

The program demonstrates each of the criteria necessary to be a Promising Practice:

Improved Access: The ACP program increases Veterans' access to ACP because it moves the ACP discussion from a traditional, one-on-one clinical setting to a facilitated, approachable group setting. What's more, the ACP group meetings are often embedded into established group visits or shared medical visits, making it more convenient for Veterans to attend. Group meetings also welcome Veterans' family members and trusted others, extending the audience scope.

Evidence of Clinical Impact: ACP group meetings are a feasible and satisfactory method for engaging Veterans in ACP. The ACP program increases Veterans' awareness of ACP while encouraging them to take the next steps, including discussing end-of-life decisions with their families/trusted others and completing an advance directive.[11] ACP group meetings also eliminate the burden on primary care providers, who would otherwise be responsible for initiating ACP discussions during traditional medical appointments.

Customer Satisfaction: Veterans have praised this program. Follow-up data indicated a high satisfaction with the ACP group meetings (4.5 of 5 on a scale of one to five, where one equals "highly unsatisfied" and five equals "highly satisfied."). Most Veterans (82%) reported a willingness to attend another group meeting in the future.

Return on Investment: ACP and advance directives empower Veterans to outline their medical care preferences, which may ultimately reduce excessive health care costs associated with the provision of unwanted care and overtreatment. For example, this program can potentially prevent inappropriate admissions, which may reduce excessive health care costs and emotional costs to families and caregivers. Community studies suggest that successful ACP can reduce health care costs during the last month of life.[12,13]

Operational Feasibility: Many medical facilities have social workers who are already dedicated to assisting Veterans with ACP. This program demonstrates that newly hired social workers who have just completed their training can facilitate ACP group meetings. An implementation toolkit is currently being disseminated.

Strong Partnerships and/or Working Relationships: The program team developed strong partnerships with social work, primary care, and mental health services as well as facility leadership. The team also encourages health care professionals to attend ACP group meetings.

OFFICE OF RURAL HEALTH RURAL PROMISING PRACTICE CRITERIA:

Increased Access: Measurable improvements in access to care and/or services. Examples include reduction in distance traveled to care, reduction in wait times, improved care coordination and reduction in missed appointments.

Evidence of Clinical Impact: Positive results on outcomes of importance to rural Veterans based on evaluations conducted during the implementation of the program and at the end of the pilot period.

Customer Satisfaction: Increased patient, provider, partner and/or caregiver satisfaction.

Return on Investment: Improvement in health system performance by reducing the per capita costs of health care, and improving or at least maintaining health outcomes and/ or positively impact the health care delivery system.

Operational Feasibility: Implementation is feasible and known barriers and facilitators of success could easily be shared across implementation sites.

Strong Partnerships and/or Working Relationships: Inclusion of VA and/or non-VA partners to maximize the efficacy of the intervention.

CONCLUSION AND NEXT STEPS

The ACP program has demonstrated initial feasibility in its rollout at CAVHS and associated CBOCs. Through interactive group meetings, Veterans engage in difficult discussions and plan for future medical decisions. The group meetings promote and foster open discussions about care preferences, values, and beliefs as evidenced by Veteran satisfaction and the increase in completed advance directives.

Currently, the ACP program is being disseminated on a national level. The program team is considering future work to identify potential additional interventions to assist with transitioning from readiness to engagement in ACP.

The program team is also evaluating the impact of ACP by Veterans on end-of-life care, family stress, and health care costs.

AVAILABLE RESOURCES

For more Advanced Care Planning resources, please visit:
www.va.gov/geriatrics/pages/advance_care_planning_topics.asp

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Visit www.ruralhealth.va.gov to learn more.

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