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# SERIOUS ILLNESS CONVERSATIONS IN FQHC'S IMPLEMENTATION STRATEGIES AND POTENTIAL BARRIERS TO USING A STANDARD CHECKLIST

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# THE SERIOUS ILLNESS CONVERSATION AT MONTEFIORE

- Funding from Ariadne Labs/Harvard University 2018-2019 for salary support to implement Serious Illness Conversation Training in Bronx FQHC's using their Serious Illness Conversation Guide (SICG)
- Trained 15 Family Medicine attending physicians and 4 RN's at two FQHC's
- 11/15 physicians had 37 conversations using the SICG over a 6 month period
- All 11 physicians underwent semi-structured interviews about their experience of using the SICG
- Qualitative analysis of those interviews

# IMPLEMENTATION (= Training and support) 1

**“It takes a village…”: Assemble the right group**

- Not too big or too small
- Leadership is from Primary care
- Complementary skill sets: educator/content expert, administration, statistical support,  researcher
- Regular, scheduled check-in
- Mission driven

# IMPLEMENATION 2

**Process**

Pave the way with active engagement of all potential stakeholders

- Administrators, Executive Directors
- Nursing: administration and site personnel
- Social worker
- PCP's
- Site presentation during regular team meeting, if appropriate

Respect for overburdened PCP's

- Needs assessment, either survey or (preferred) in-person meeting
- Training during a time already allotted

# IMPLEMENTATION 3

**Coaching and support are essential**

- Individual
- Group: Finding ways to integrate refresher or mini-trainings
- Programmatic: Newsletters, Grand Rounds, etc.
- Being explicit about “who, what, when” of support infrastructure

# IMPLEMENTATION 4

**The importance of a site champion**

- Assists in establishing site-specific workflow
- Maintains momentum
- Assists in coaching and support
- Should have their own level of training and support

# IMPLEMENTATION 5

**Documentation and Billing**

- Mechanism to integrate standard SIC checklist into EHR (“dot phrase”)

- Documentation in standardized location within visit note:
  - tracking of visits to assess impact
  - provides feedback on provider level
  - promotes accurate billing

- Billing
  - Use of SICG allows for use of Advance Care Planning CPT codes, enhanced RVU’s
  - Important to demonstrate potential cost savings at institutional level

# BARRIERS 1

**1. Using a checklist**
This is a culture change for many PCP's. Our work found that initial resistance yielded to acceptance as usefulness of checklist became clear

**2. Discussion of prognosis is meaningful but difficult**
Reluctance to damage optimism and hope by discussing death. Acknowledgement that confronting death enhanced clinical work and deepened the physician-patient relationship

# BARRIERS 2

**3. Poverty and under-insurance are high priorities**

- Pressing concrete social and financial needs complicate many visits
- They also overshadow EOL planning

**4. Social context affects patient readiness**

- Legacy and experience of racism and mistrust of the medical system
- Complex family dynamics

**5. Communication barriers take many forms**

- Language, use of interpreters
- Telephonic medicine
- Health beliefs, religious beliefs
- Physical and mental disabilities, often under-treated

# BARRIERS 3

**6. Emotional work is humanizing but draining**
PCPs passionate about humanizing impact of SIC
All described an emotional cost

**7. Time constraints and multiple patient needs**
Probably a factor in all settings but amplified in under-resourced FQHC's
PCP's found various work-arounds
"Accept the fact that you will be behind"

# IN SUMMARY

- Implementing the Serious Illness Conversation in under-resourced settings presents specific challenges
- A small amount of seed funding can accomplish a lot
- A “checklist” approach requires culture change but is helpful
- Numerous barriers are somewhat tempered by affirmation of relationship based care. These will require systems changes for large scale implementation to occur

**“Having a Serious Illness Conversation with your patient is not extra work, it’s learning to do what we already do better. SIC helps to improve the way we see our patients.”**