

Cedars-Sinai's Quest for Goal-Concordant Care



cedars-sinai.org



What is Goal-Concordant Care?

When patients receive care that is comprehensive, compassionate, and ***consistent with their goals, values, and preferences.***

Cedars-Sinai's GCC Framework | *How do we ensure goal-concordant care?*



IDENTIFY

Find the seriously ill patients who will most benefit from Advance Care Planning



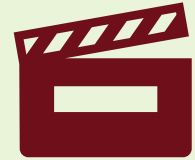
DISCUSS

Discuss goals, values and preferences (GVP)



DOCUMENT

Document and track patients' GVP over time



ACT

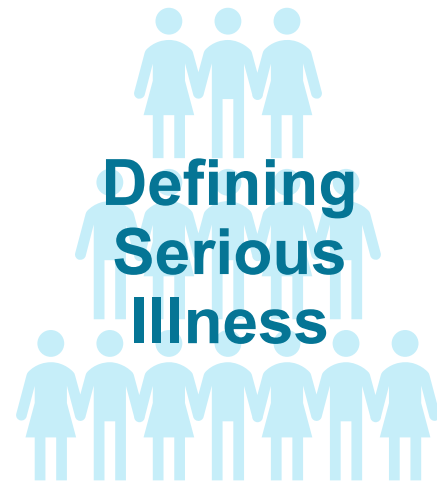
- **Establish standardized processes** to ensure goal-concordant care
- **Implement guardrails for, and perform quality oversight over,** the care of seriously ill patients

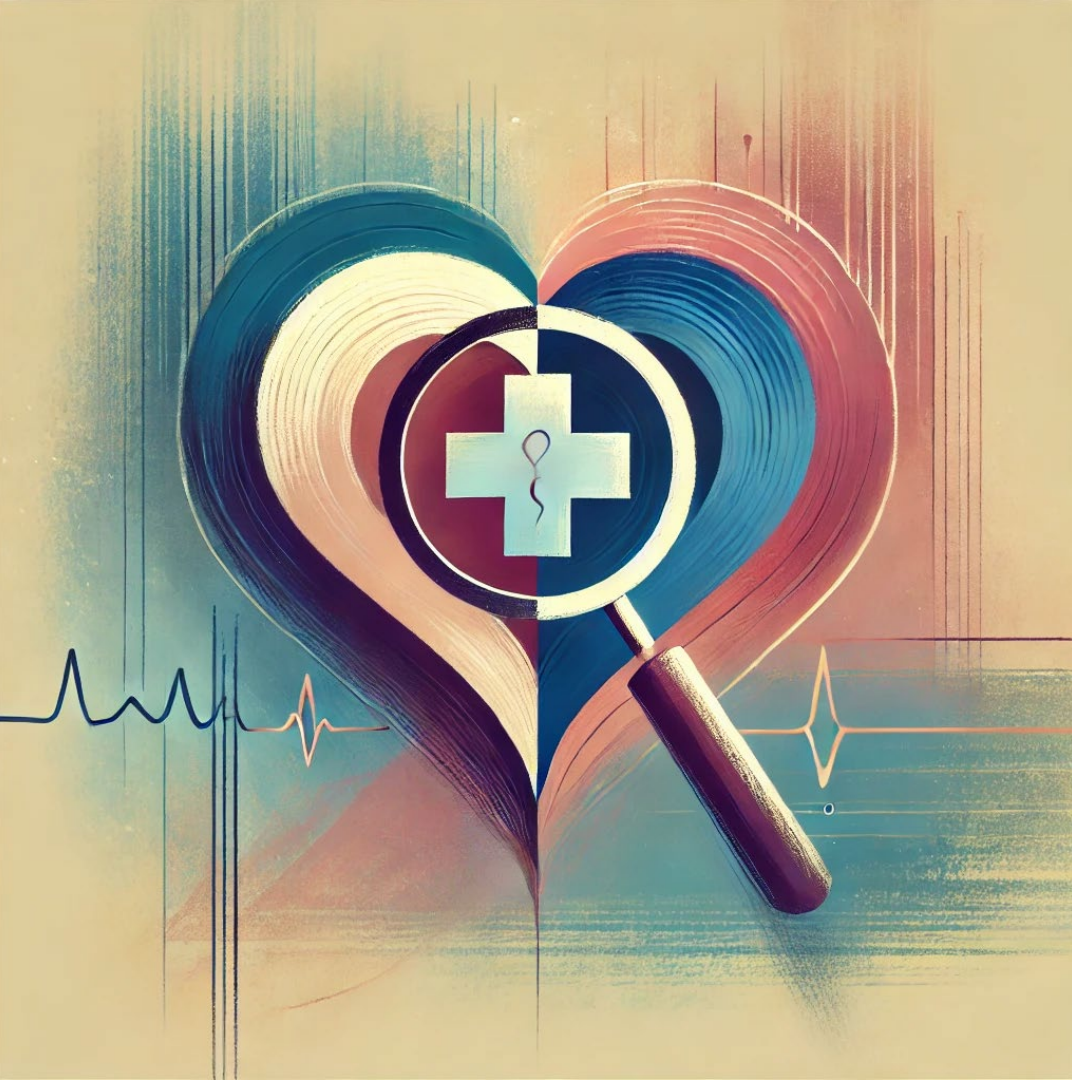
Identifying the Population with Serious Illness: The “Denominator” Challenge*

Amy S. Kelley, MD, MSHS and Evan Bollens-Lund, MA, 2018

“*Serious illness*” is a health condition that carries a **high risk of mortality**, **AND** **either negatively impacts a person's daily function or quality of life**, **OR** **excessively strains their caregivers**.

- NIH consensus definition of serious illness.





Introducing SIFT

SIFT is an LLM, fully integrated into Cedars-Sinai's EPIC install, that **sifts** through the EMR of every patient, every day, and flags patients those who qualify as **seriously ill**.



IDENTIFY

Our Goals with SIFT



Build a sophisticated model that can quickly, accurately, and reliably **identify seriously ill patients**.



Drive real-time clinician awareness that activates **timely and beneficial interventions**.



Use data to track **care quality** for seriously ill patients



SIFT Testing Results

SIFT scored 281 inpatients who were blindly evaluated by their treating physicians

	Physician Review: YES Seriously Ill	Physician Review: NO, not Seriously Ill	Totals
SIFT - YES Seriously Ill	133 (True Positives)	26 (False Positives)	159
SIFT – NO, Not Seriously Ill	29 (False Negatives)	93 (True Negatives)	122
Totals	162	119	281

82%

Sensitivity

78%

Specificity

80%

Accuracy

A snapshot of Cedars-Sinai's Seriously Ill Inpatients...Right Now

Real-Time Dashboard in EPIC

Goal-Concordant Care Program | IN HOUSE



345

Currently Admitted Seriously ill Patients as of: **10/04/2026**



Patient Demographics

Age Grp

(All) ▼

Gender

(All) ▼

Race/Ethnicity

(All) ▼

Language

(All) ▼

Most Current Location

Service

(All) ▼

Department

(All) ▼

Room

Introducing CLARA

(Compassionate Listening and Reflective Assistant)

EXPLORE

"If your health was to get worse, what are your **most important goals**?"

"What are your biggest **worries**?"

"What **gives you strength** as you think about the future?"

"What **activities** bring joy and meaning to your life?"

"If your illness was to get worse, **how much would you be willing to go through** for the possibility of more time?"

"How much do the **people closest to you know** about your priorities and wishes for your care?"

"Having talked about all of this, **what are your hopes** for your health?"



CLARA is a LLM, trained on Ariadne Labs' Serious Illness Conversation Guide®, designed to engage in structured Advance Care Planning conversations with seriously ill patients



CLARA Testing Results

We studied CLARA using an IRB approved protocol to test feasibility and acceptability, with 15 patients facing metastatic cancer—referred to us from their treating oncologists

Patient Experience:

- **Usability** was favorable: Pre-specified System Usability Scale (SUS) mean benchmark was exceeded (76.0, with SD 11.5).
- Most found CLARA **easy to use** (93%) and **felt confident using it** (86%), regardless of prior AI experience.
- 71.4% reported **feeling heard and understood**.
- Patients described CLARA as **a safe space for reflection and disclosure**.

Oncologists: Rated AI-generated summaries as **clinically useful** in 87% of cases.

Importantly: **No hallucinations (i.e. CLARA “stuck to the script”), and no harm done**



Welcome to the Future...

An AI handoff from *SIFT* to *CLARA*?



Could SIFT find and refer seriously ill patients to CLARA, who would engage with them in an ACP conversation and then share what was learned with the patient's treating clinician(s)?

Thank you for joining us today!
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