pair
Palliative and Advanced Illness Research Center

Thinking Differently about Advance Care Planning

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1. no solid evidence to support advance care planning

2. reasonable people might conclude that this is due to:

    a. flawed concept

    b. flawed implementation

    c. flawed evaluation

Toward Evidence-Based End-of-Life Care

Scott D. Halpern, M.D., Ph.D.

N ENGL J MED 373;21 NEJM.ORG NOVEMBER 19, 2015

Original Investigation | Health Policy

Advance Care Planning Claims and Health Care Utilization Among Seriously Ill Patients Near the End of Life

Deepshikha Charan Ashana, MD, MBA; Xiaoxue Chen, MPH; Abiy Agiro, PhD; Gayathri Sridhar, MBBS, MPH, PhD; Ann Nguyen, PharmD; John Barron, PharmD; Kevin Haynes, PharmD; Michael Fisch, MD; David Debono, MD; Scott D. Halpern, MD, PhD; Michael O. Harhay, PhD

JAMA Network Open. 2019;2(11):e1914471.

Original Investigation | Critical Care Medicine

Effect of Default Options in Advance Directives on Hospital-Free Days and Care Choices Among Seriously Ill Patients
A Randomized Clinical Trial

Scott D. Halpern, MD, PhD; Dylan S. Small, PhD; Andrea B. Troxel, ScD; Elizabeth Cooney, MPH; Brian Bayes, MS; Marzana Chowdhury, PhD; Heather E. Tomko, BS; Derek C. Angus, MD, MPH; Robert M. Arnold, MD; George Loewenstein, PhD; Kevin G. Volpp, MD, PhD; Douglas B. White, MD, MAS; Cindy L. Bryce, PhD

JAMA Network Open. 2020;3(3):e201742.

How ACP implementation/evaluation have been flawed

1. **Focusing** on treatments rather than goals and health states
2. **Targeting** patients too broadly (Goldilocks problem)
3. **Measuring** success with wrong outcomes
4. **Failing to consider** other processes, structures, and reimbursement models for supportive care that must be in place to prevent rushing to hospital in emergency

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Original Investigation | Critical Care Medicine

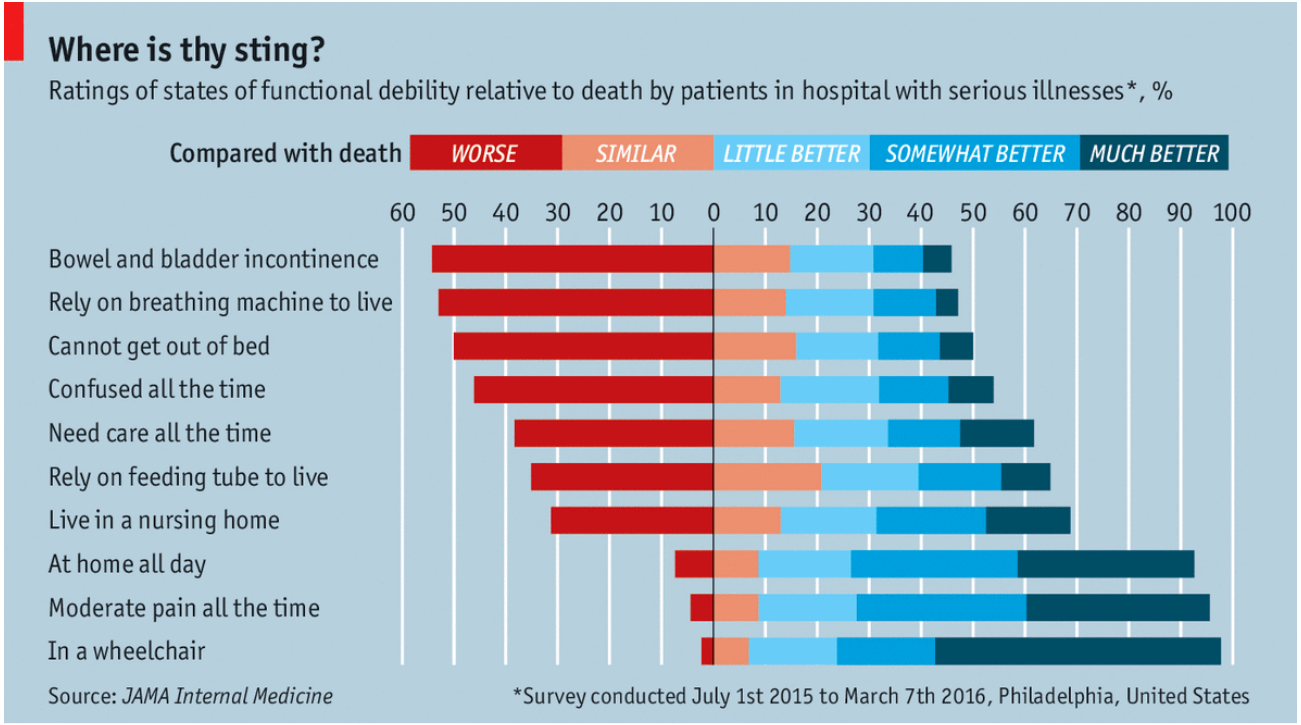
Intuitive vs Deliberative Approaches to Making Decisions About Life Support

A Randomized Clinical Trial

Emily B. Rubin, MD, JD; Anna E. Buehler, BA; Elizabeth Cooney, MPH; Nicole B. Gabler, PhD; Adjoa A. Mante, BA; Scott D. Halpern, MD, PhD

- Deliberating about life-support interventions did not change treatment acceptance rates compared with those arrived at intuitively
- Deliberation caused more patients to choose treatments that would result in health states they rated as similar to or worse than death

Seriously ill patients identify many health states as being equal to or worse than death



Semi-structured interviews with 30 seriously ill patients

Seriously ill patients can spontaneously identify health states worse than death

Physical Function	Cognitive Function
Immobility	Inability to recognize family members
Dependence on machines	Inability to reason, to "think my thoughts"
Constant pain	Inability to participate in decision making
Inability to bathe, toilet, eat	Inability to understand what's happening

Patients consistently articulate 4 reasons WHY health states are worse than death

Burden on Others	Loss of Identity	Loss of Control	Inability to Connect

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Not sick enough – affective forecasting

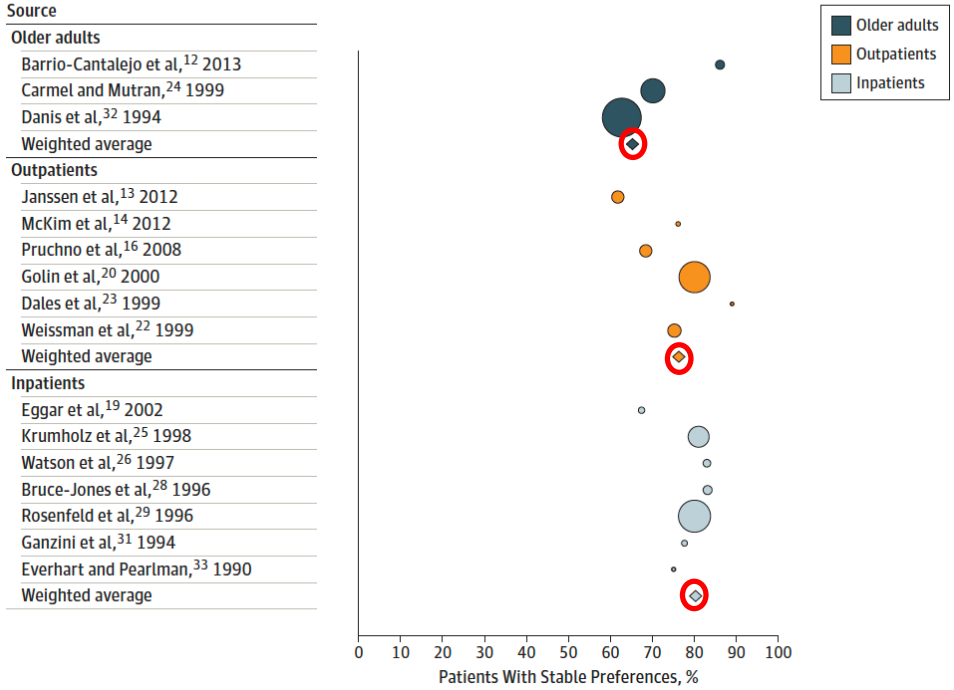
Original Investigation

Stability of End-of-Life Preferences
A Systematic Review of the Evidence

Catherine L. Auriemma, MD; Christina A. Nguyen; Rachel Bronheim; Saida Kent, BS; Shrivatsa Nadiger, MD; Dustin Pardo, MD; Scott D. Halpern, MD, PhD

JAMA Internal Medicine Published online May 26, 2014

Figure 2. Percentage of Patients With Stable Preferences by Severity of Illness



Too sick – exclusion & outcome truncation

The impact of advance care planning on end of life care in elderly patients: randomised controlled trial

Karen M Detering, respiratory physician and clinical leader,[1] Andrew D Hancock, project officer,[1] Michael C Reade, physician,[2] William Silvester, intensive care physician and director[1]

BMJ 2010;340:c1345

Like SUPPORT, recruited older inpatients who had survived until and were competent on 3rd hospital day → most excluded

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Outcomes That Define Successful Advance Care Planning: A Delphi Panel Consensus

Rebecca L. Sudore, MD, Daren K. Heyland, MD, MS, Hillary D. Lum, MD, PhD, Judith A.C. Rietjens, PhD, Ida J. Korfage, MSc, PhD, Christine S. Ritchie, MD, MSPH, Laura C. Hanson, MD, MPH, Diane E. Meier, MD, FACP, Steven Z. Pantilat, MD, Karl Lorenz, MD, MSHS, Michelle Howard, PhD, Michael J. Green, MD, Jessica E. Simon, FRCPC, Mariko A. Feuz, BS, and John J. You, MD, MSc

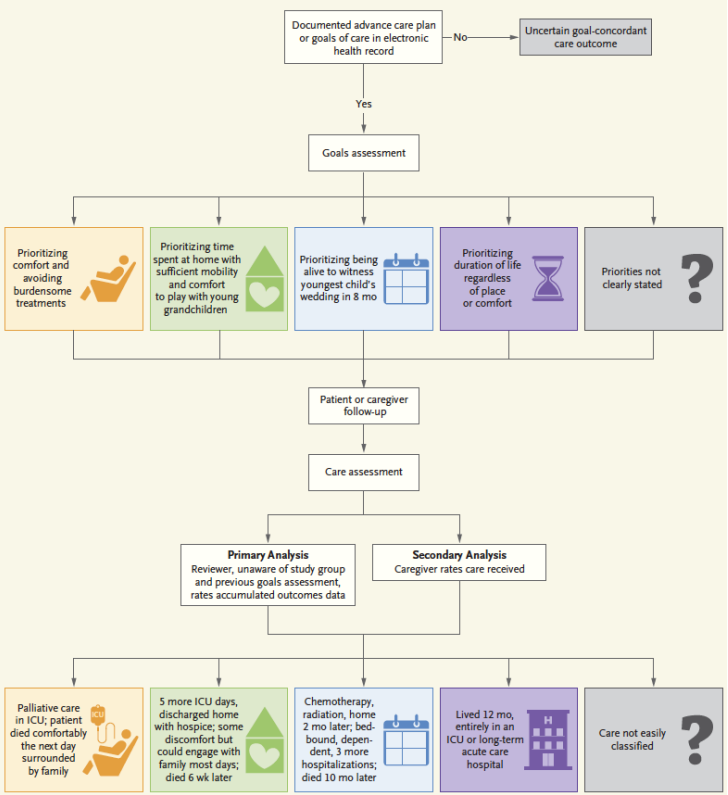
Top 10 Advance Care Planning Patient-Centered Outcome Constructs Rated by Advance Care Planning Delphi Panel Experts

Outcome Constructs[a]	Domain[b]	Overall Ranking	Mean Rating (SD)
Care received is consistent with goals	Quality of care	1	6.71 (0.04)
Patient decides on a surrogate	Action	2	6.55 (0.45)
Document the surrogate decision maker	Action	3	6.50 (0.11)
Discuss values and care preferences with the surrogate	Action	4	6.40 (0.19)
Documents and recorded wishes accessible when needed	Action	5	6.27 (0.11)
Identify what brings value to patient's life	Action	6	6.20 (0.12)
Medical record contains physician treatment orders (e.g., POLST, code status) when it is clinically appropriate	Action	7	6.13 (0.17)
Discuss values and care preferences with clinicians	Action	8	6.08 (0.24)
Document values and care preferences	Action	9	6.02 (0.25)
Medical record contains advance directive or documentation patient refused	Action	10	6.01 (0.21)

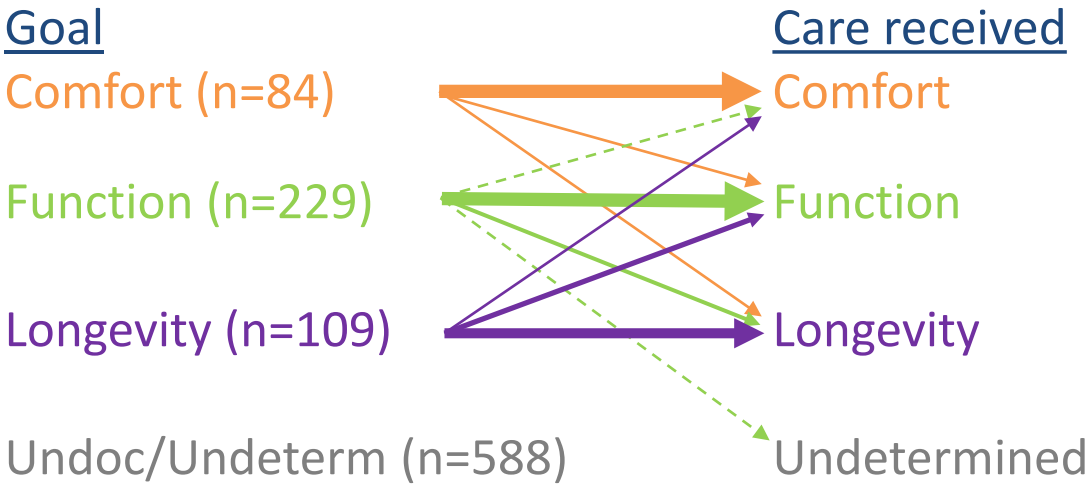
Goal-Concordant Care — Searching for the Holy Grail

Scott D. Halpern, M.D., Ph.D.

N ENGL J MED 381;17 NEJM.ORG OCTOBER 24, 2019



Pilot study among 1,010 sepsis survivors



Goal-concordance: **34%** (81% when goal identified)

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Factorial thinking (and study design!)

	High fee-for-service penetration	High value-based payment penetration
Not motivating good ACP	Worst	2nd or 3rd
Motivating good ACP	2nd or 3rd	Best

Take-home messages

- ✓ New ways to help patients articulate goals are emerging, as are methods to measure the concordance of care with these goals
- ✓ The (potential) benefits of (even ideal) ACP may not manifest in a vacuum; need residential monitoring and response systems
- ✓ Don’t throw the baby out with the bathwater (yet)!