INCREASING EARLY OUTPATIENT GOALS OF CARE CONVERSATIONS
A sequential multiple assignment randomized trial (SMART)

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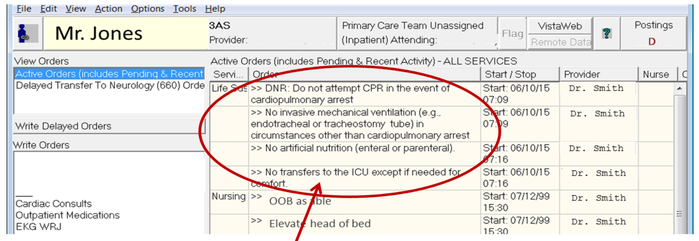
Background

- Goals of care conversations explore patients' overarching values and goals for living with illness to align medical care with those values
- Early conversations, before a health crisis, are recommended by the National Academy of Medicine, preferred by patients and families, and associated with less aggressive medical care at end of life, earlier hospice referral, and better caregiver bereavement adjustment
- In 2017 the VA implemented the "Life Sustaining Treatment Decision Initiative" (LSTDI) to help providers document patients' wishes
- 60% of conversations still occur in inpatient settings
- Comparing the effectiveness of low and and then high intensity strategies to implement goals of care conversations can be accomplished using a SMART design



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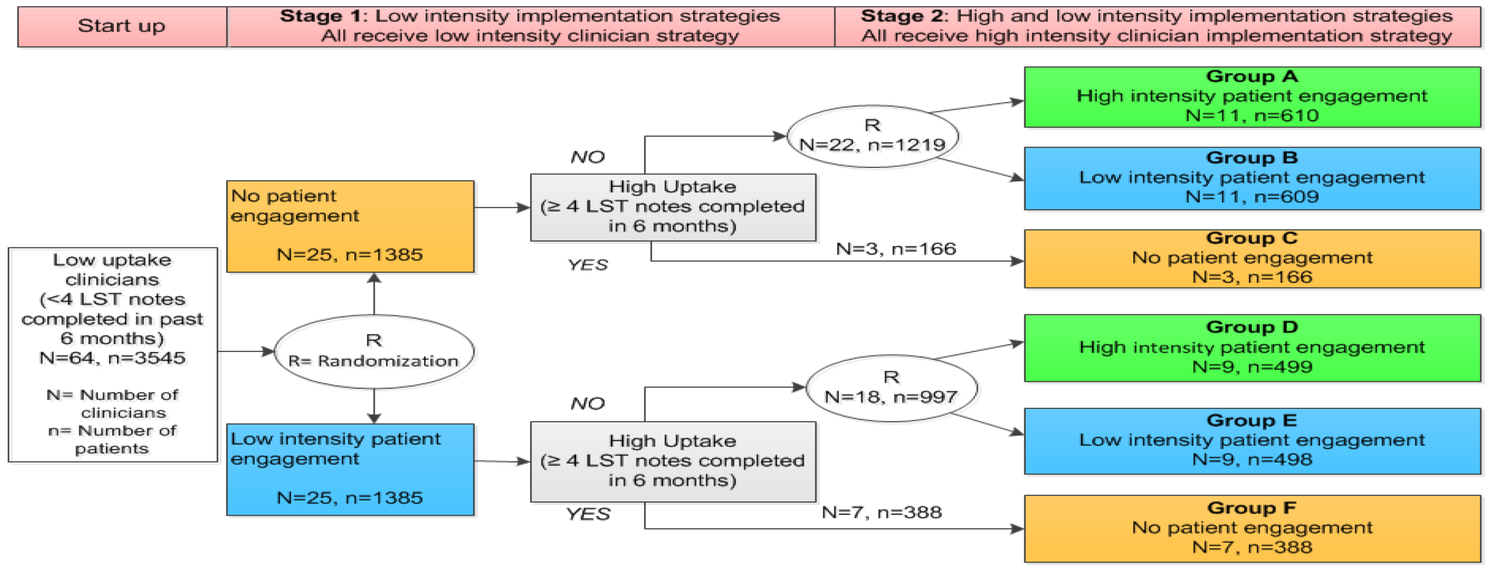
- Durable – do not auto-discontinue upon discharge or transfer

Setting/population

- Study sites: VA Eastern Colorado, VA Greater Los Angeles, VA Palo Alto Health Systems
- Eligibility: Advance practice outpatient clinicians with low rates of documented conversations who care for ≥15 veterans with cancer, heart failure, COPD, interstitial lung disease, dementia, or end-stage renal or liver disease in the top 10th percentile for risk of hospitalization or death

Methods

- Cluster SMART design with provider-level randomization
- Hypothesis 1 (first stage of the SMART): Compared to a low intensity clinician strategy alone, a low intensity clinician and patient strategy will lead to increased documentation of goals of care conversations
- Hypothesis 2: Among those who do not respond to low intensity strategies, compared to a high intensity clinician strategy alone, a high intensity clinician and patient strategy will lead to increased documentation of goals of care conversations



Clinician implementation strategy description

	Low intensity	High intensity (also includes patient list "trigger")
Actors	Site PI, implementation facilitator and practice director	(same as Low)
Actions	In PACT[1] team meeting: 1. Present written/electronic materials on the LSTDI and review online training options 2. Review when and how to complete goals of care conversations (including tele-visits) and documentation and describe when to consider involvement of other specialists	In PACT team meetings: 1. Model team process 2. Develop team plan 3. Engage managers 4. Monitor progress and reflect on challenges and strategies
Target	Primary care clinicians (MD, APRN, RN, SW)	(same as Low)
Frequency and duration	Single 20-minute meeting	Three 40-minute meetings
Fidelity monitoring	n, % of clinicians that attend the presentations	(same as Low)

[1]Patient Aligned Care Team includes Veterans, families, caregivers, and multidisciplinary health care professionals who work together to coordinate resources

Patient engagement description

	Low intensity	High intensity
Actors	Research assistant	Research assistant training in the LSTDI, PREPARE[1], and how to discuss them with Veterans
Actions	Mail letter to Veteran asking them to review the PREPARE website	Mail letter to Veteran, AND phone call to discuss the purpose of the LSTDI and how PREPARE can help Veterans
Target	Veterans	(same as Low)
Frequency	1 letter per patient sent once	1 letter per patient sent once, and 1 phone contact or 3 phone call attempts
Temporality	2-4 weeks prior to appointment	(same as Low)
Fidelity monitoring	n, % of patients sent a letter (i.e., valid address and letter not returned) n, % of patients who view PREPARE (tracked by the website)	n, % of patients sent a letter n, % of patients who view PREPARE n, % of eligible patients called n, % of eligible patients contacted by phone

[1]Interactive website to help patients prepare for goals of care conversations

Conclusions

- This study will help determine the most effective strategy for increasing early, outpatient goals of care conversations requiring the fewest resources, what sequence of strategies is effective overall, and what sequence of strategies is effective for specific patients, clinicians, or sites
- Increasing goals of care conversations in the outpatient setting, earlier in the course of serious illness while the patient has decision making capacity and prior to a health crisis, will better align medical care with patients' values

VA Eastern Colorado HEALTH CARE SYSTEM

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Dr. Glickman's effort was supported in part by the Pathways Resident Research Track, University of Colorado, R25MH125758
This study is funded by VA HSR&D IIR 19-018 (Multi PIs Bekelman and Walling). The views expressed in this work are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.