



Honoring Choices[®]

MINNESOTA

An initiative of the Twin Cities Medical Society.

Honoring Choices Minnesota
...it's about the conversation

Ken Kephart, MD

Learning Objectives

- Gain understanding of the Honoring Choices Minnesota community wide program
- Know difference between an advance care planning process and an initiative to complete an advance directive document
- Learn current evidence about need and value of an advance care planning process

Catalyst, convener, coordinator

- Twin Cities Medical Society
 - Physician membership organization
 - Representing over 5,000 physicians
- Our Focus
 - 2008-2010: Twin Cities Metropolitan Area (2.7 million)
 - 2010-present:
 - Statewide
 - National



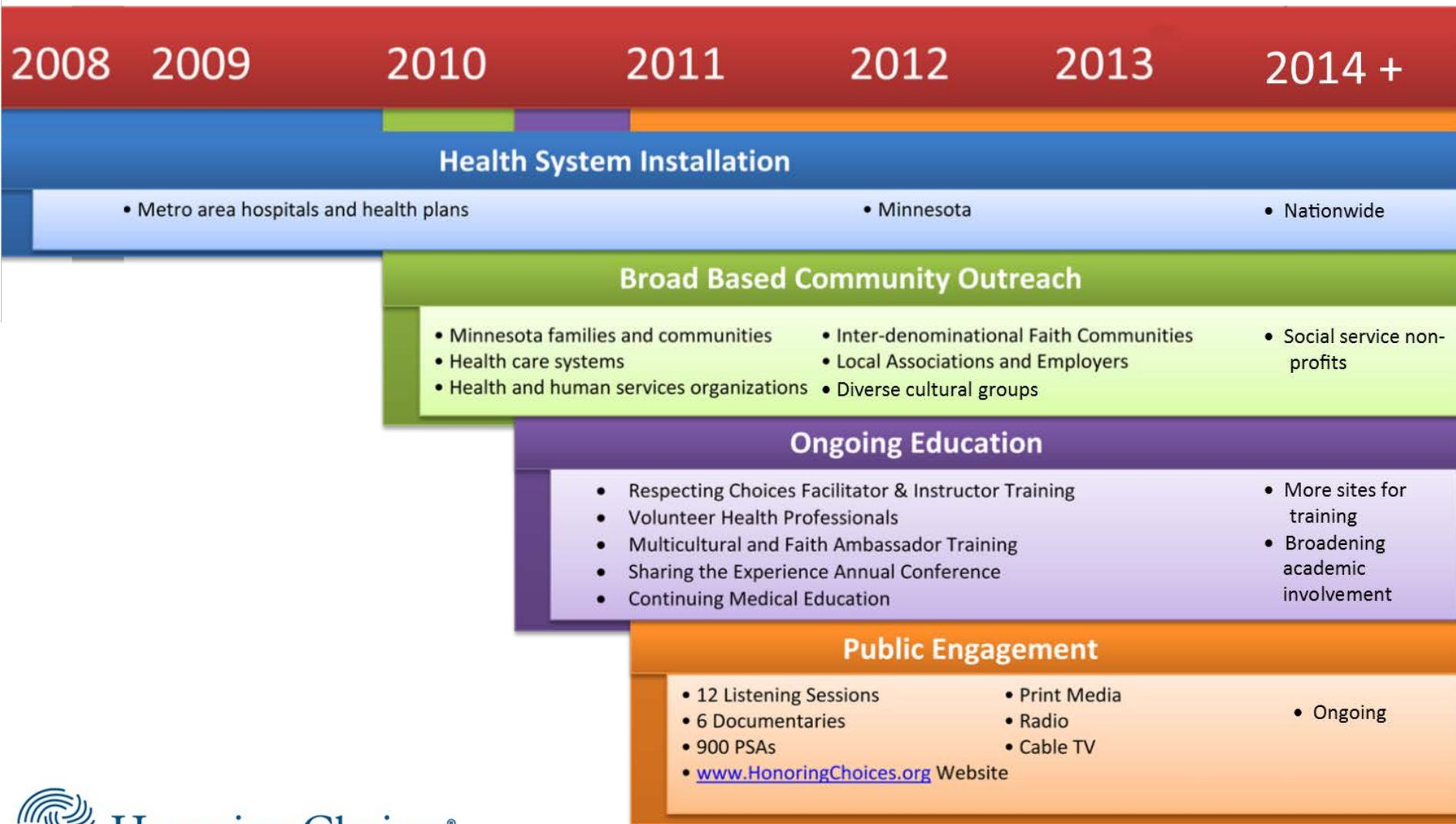
Mission

To promote the benefits
and implement processes and methods
of advance care planning
to the community at large

Advisory Committee

- Allina Hospitals & Clinics
- Blue Cross & Blue Shield MN
- East Metro Medical Society Foundation
- Fairview Health Services
- HealthEast Care System
- HealthPartners
- Hennepin County Medical Center
- Minnesota Network for Hospice and Palliative Care
- Institute for Clinical Systems Improvement (ICSI)
- Living at Home / Block Nurses – Merriam Park
- Medica
- Minnesota Academy of Family Physicians
- North Memorial Health Care
- Park Nicollet Health Services
- Stratis Health
- Twin Cities Medical Society
- UCare

Timeline of the Honoring Choices Advisory Committee



Honoring Choices Minnesota is...

- Minnesota-based health care planning, governance and implementation program
- **Respecting Choices** concepts, methodologies, training systems and materials (Gundersen Lutheran, La Crosse, WI)

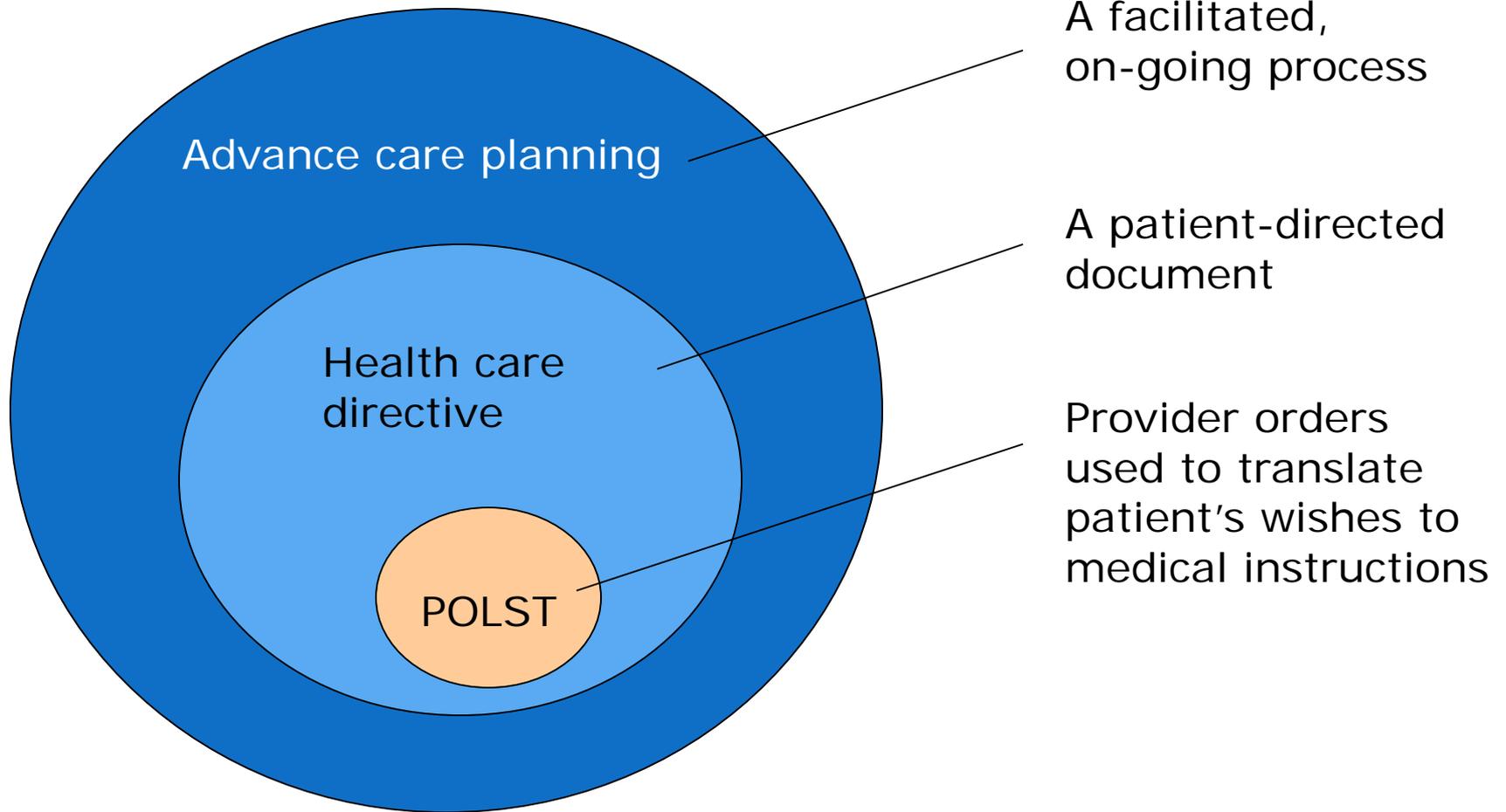
Respecting Choices Model

- System Design: Initiate conversation, Document outcome, Review regularly, Available when needed, ACP followed
- Structured ACP facilitation Skills Training
- Community Education and Engagement
- CQI process

Stages of ACP

- Basic – all adults, naming agent and begin discussion with agent, family regarding wishes if rare tragic event happens [accident with resulting persistent vegetative state]
- Chronic Disease – Add discussion/decision about likely treatment decisions related to specific disease [dialysis in chronic renal failure], dementia b/4 patient unable to participate
- End Stage or POLST – limited life expectancy, 1-2 years

The Process



Differences Between AD and POLST

Advance Directive

- Often created before serious illness
- Used to communicate person's wishes to family, physician and other providers
- Completed and signed by person
- Used to prevent legal and moral problems

POLST

- Used for patients who have been diagnosed with a serious illness
- Used to discuss specific end-of-life treatment options
- Signed by provider (physician, NP, PA)
- Used to ensure that the person's wishes are known, communicated, and honored across all health care settings

PROCESS Most Important

- Recommend ACP discussion {MD/APP important here}
- Provide help “trained facilitator”
- Review Results of facilitated discussion
- Document in EHR where can be found when needed
- Follow {Honor} when time comes
- Most importantly review and update regularly: divorce, death of agent {spouse}, change of condition, q 5 years
- Data from Respecting Choices: 2-4 changes over time

Why is process important?

- Legal documents without family involvement not effective
- When done well it reduces complicated grief and depression among surviving family
- Increased chance patient will die how and where they wish
- Reduces ethical stress on healthcare team when patient's wishes are known and honored

Respecting Choices Outcomes

- High patient and family satisfaction with ACP
- 95% of patients had a documented ACP at time of death
- 99% of clinician aware of it [findable]
- 99% of time followed



Early Adopter System – 5 years

- Over 12,500 staff trained in ACP process
- Over 15,000 documented ACP discussions
- 37% of hospitalized patients with scanned health care directive
- 27% of clinic patients with scanned health care directives
- ***Caution about scanning directives: Easy to do, but danger in only doing what you measure. It's about the conversation.***

Fairview Partners MNSHO

- Facility MNSHO [NH.AL], we use POLST to document ACP. Last year >90% of our patients in facilities had completed POLST. Reviewed quarterly by NH and at least annually or with change of condition by our clinicians.
- Community MNSHO, all of our case managers have had ACP training and we offer facilitation and completion of an ACP in coordination with our clinics. Currently 25-30% have ACP. Current QI – document patient's preferred proxy in EPIC, goal >90%

Community Outreach

- Many community presentations (examples):
 - Evangelical summit; seminaries; synagogues
 - AARP tele-town hall (20,000 people); state fair
- Many partnerships
 - Minnesota Council of Churches partnership
 - Multi-cultural groups, religious, non-traditional families, legal community, etc.
 - Social Services Non-Profits (for people with AIDS, experiencing homelessness, etc.)
- Multicultural Advisory Committee formed
- Many listening sessions held

Examples of Community Engagement

- Homeless program in downtown churches – different questions
- NAMI – pilot with community mental health and Fairview on mental health care directive
- Minnesota Metro Refugee Task Force presentation: Voices of ACP videos presented. 3 different 8 minute videos in Hmong, Somali and Spanish, each produced by leaders of the Hmong, Somali and Latino/Hispanic communities introducing and explaining need for ACP
Barbara Greene at bgreene@metrodoctors.com.

Ongoing Educational Activities

- Patient Ed material and Advance Directive forms available in 5 languages
 - *English, Spanish, Russian, Somali, Hmong*
 - *New 1 page short form available*
- Community offering of facilitator training
- Ambassador Training:
 - health care workers [active and retired]
 - ethnic and cultural groups
 - faith communities
 - non-traditional families
 - legal community
- Developing CME content



Public Engagement

- Engaged Twin Cities Public Television
- 6 ½ hour documentaries produced with multiple airings over several years
- PSA's: *Who would speak for you?*
- [Honoring Choices Website:](http://www.honoringchoices.org)
www.honoringchoices.org, reference material plus hours of taped focus group discussions representing diverse groups across Minnesota.
Sections: Family Stories, How to Begin and Faith, Culture and Identity Perspectives



Impact

1. 26 hospitals/health care systems
2. 600 community-based partners
3. 45 volunteer Ambassadors trained; hundreds of presentations given
4. Approximately 1,200 Facilitators trained to have discussions with individuals and families; 50 Instructors
5. Documentaries air 90+ times; PSAs over 900 times
6. 15,700 health care directives downloaded in the last 18 months.



Lessons learned by health systems

- This effort highlights gaps or dysfunction in “integrated” system. *Silos with lots of white spaces in between*
- Need continual effort to keep focus on having conversations vs. completing forms
- Need a Project Coordinator dedicated to this and with resources
- Need support from top leader(s) of organization
- Need CQI approach

Lessons learned by TCMS

- Collaboration is essential
- Local oversight and governance is necessary
- Community wants to be engaged in this work
- Broad based public engagement tactics are needed
- Work outside traditional health care settings essential to reach significant groups not engaged or distrustful of traditional settings.



Getting Started

- Who do you want to speak for you if you are unable to speak for yourself?
- Does this person have a good understanding of how you would want to be treated?
- Do you mind if we ask them?
- Advance Care Planning is a gift you can give your loved ones



Contact Information

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