

Communication in Serious Illness

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Objectives

- Define a population of patients with serious illness for whom improved communication holds many benefits
- Learn how to improve communication in patients with serious illness
- Apply a structured communication tool to facilitate and improve communication in patients with serious illness

Audience Participation

Light travels faster than sound.
This is why some people appear
bright until you hear them
speak.

Audience Participation

You don't have the right to remain silent. Anything you say will be misquoted then used against you



"There's no easy way I can tell you this, so I'm sending you to someone who can."

Communication in Serious Illness

WHY Should We?

WHY Don't We?

(have these conversations)

Communication in Serious Illness: Principles

- Patients (most) want the truth about prognosis
- You will not harm patients
- Anxiety is normal
- Patients have goals and priorities besides living longer
- Giving patients opportunities to express fears and worries is therapeutic

Conversations about Goals Improve Healthcare Value

In a prospective multicenter study of 332 cancer patients, family associated EOL conversation with:

- Better quality of care
- Less hospital/ICU, lower costs
- Lower risk complicated grief + bereavement among family caregivers

— Zhang et al. Arch Int Med 2009;169:480-8.
— Wright et al. JAMA 2008;300:1665-73.

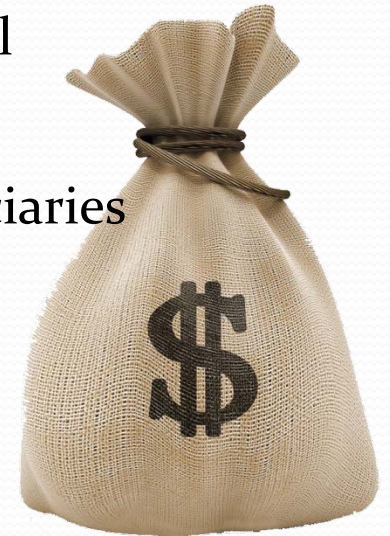
Doctors Reluctant to Discuss EOL Care



- Only 12% of providers had yearly discussions with HF pts as recommended by the AHA
- 1 in 3 report lack of confidence or know-how for EOL conversation

The Modern Death Ritual

- **>95%** of all health care spending is for the chronically ill
- **64%** of all Medicare spending goes to the 10% of beneficiaries with 5 or more chronic conditions
- **40%** of Medicare dollars spent last 6 months of life
- **50%** of decedents in ER in last month of life, **75%** in last 6 months
- Despite high spending, evidence of poor quality of care
- Huge dissatisfiers for patients, families, and providers





Communication in Serious Illness

WHO?

Patients with:

- Advanced organ failure:
 - HF
 - COPD
 - ESLD
 - CKD
 - ASCVD/PAD/CVA
- Advanced cancer
- Dementia/ Neurodegenerative
- Elderly with multiple chronic conditions
- “Surprise” question: Would I be surprised if this patient is not alive in ONE year?



Communication in Serious Illness

WHEN?

Trajectory of Advanced Illness



Phase I – healthy with
“reversible illness”

Phase II – onset and
progression of chronic
symptoms

Phase III – frailty &
functional decline

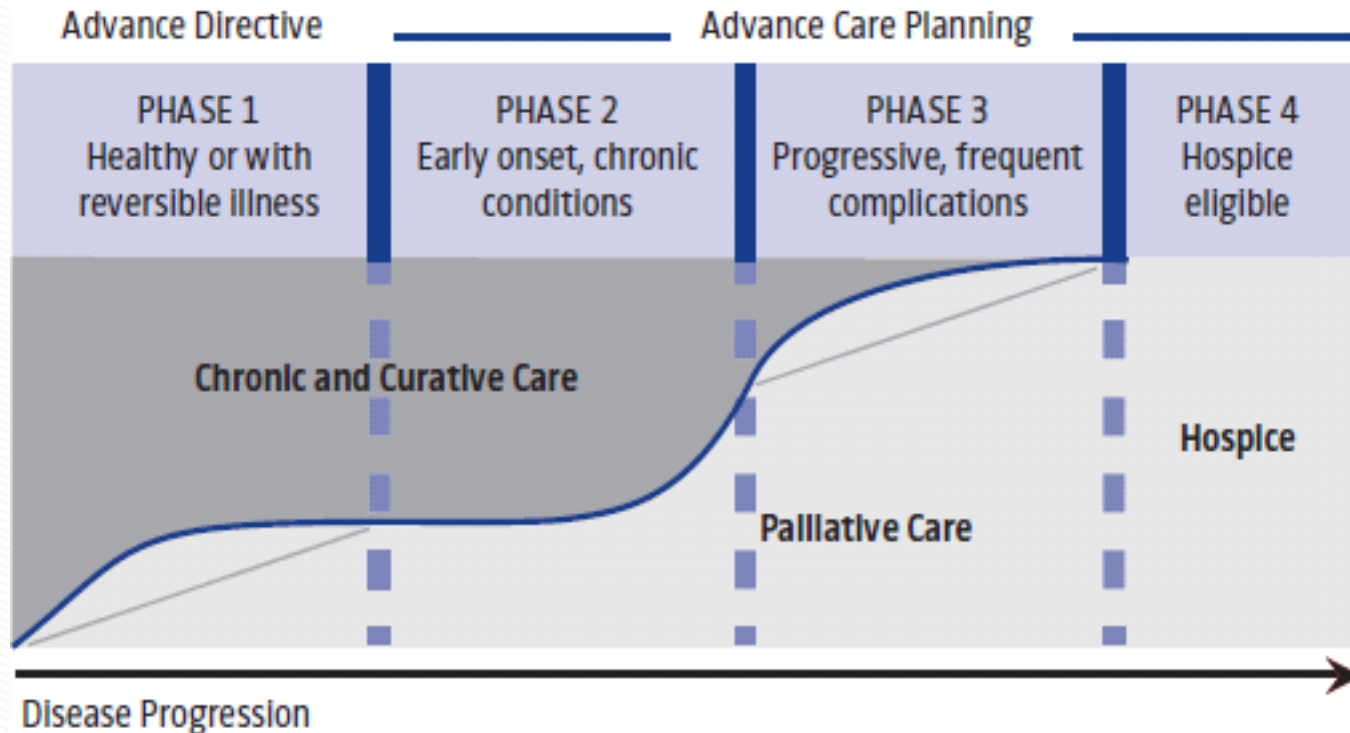
The Challenge – Advance Illness Phase III



- Increasing:
 - burdens of disease
 - risks of interventions
 - frailty
- Declining
 - benefit of disease directed therapies
 - functional status
- Aware of frailty but unaware of approaching end of life (both clinicians & patients)

Advanced Illness Management A New Paradigm

FIGURE 1. FRAMEWORK FOR ADVANCED ILLNESS MANAGEMENT



Source: American Hospital Association, 2012 Committee on Performance Improvement: Advanced Illness Management Strategies (in 2 parts). Chicago: American Hospital Association, 2012.

Primary palliative care 

Specialty Palliative Care 



PROGNOSTICATION

Prognostication Often Difficult

Biometric Models + Functional Status +
Specific Biomedical Data + General Biologic Data

Equals

More Accurate, Useful, Compassionate and
Professional
Prognostication

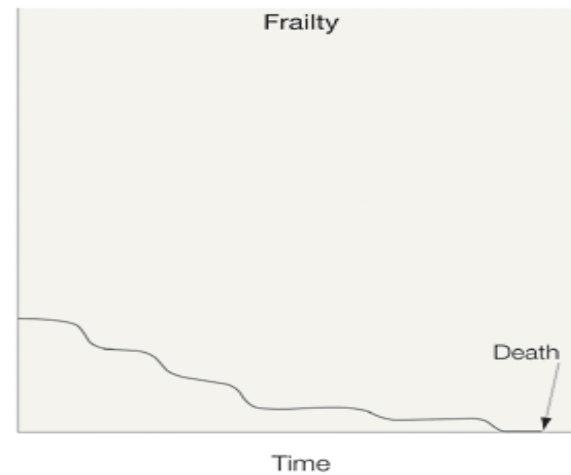
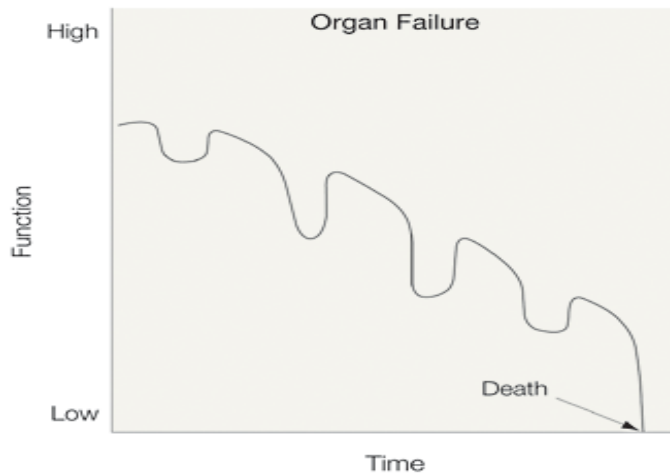
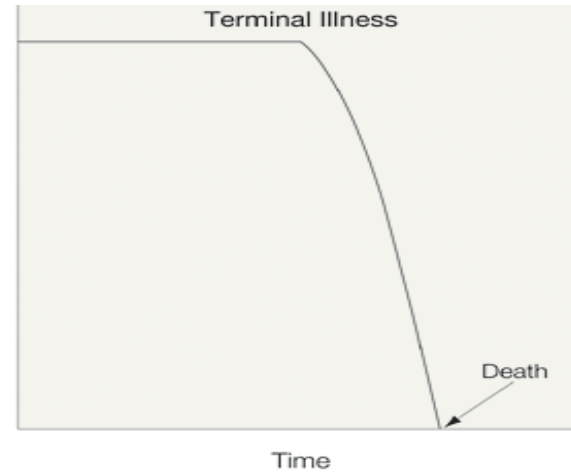
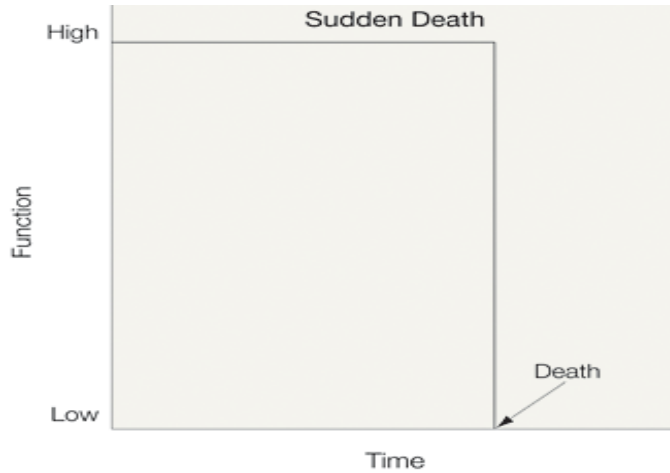
Biometric Models - Examples

- NYHA – CHF
- Seattle heart – CHF
- MELD – Liver
- ECOG – Cancer
- FAST – Dementia

Frailty: 3 of 5

1. Loss of strength
2. Weight loss (unintended)
3. Low activity level/increased sleeping
4. Poor endurance or easily fatigued
5. Slowed performance/unsteady gait

Patterns of Functional Decline Can Make Prognosticating Difficult



SURPRISE Question

Q: Would I be surprised if this patient were not alive **ONE YEAR FROM NOW?**

A: No

Plan: **SERIOUS ILLNESS CONVERSATION**



Communication in Serious Illness

WHAT?

Clinician's Role

- **Inform patient that he/she has a progressive, ultimately fatal disease**
- **Learn about patient's values and goals**
- ***Remember that family has to live with the memories***



Patient Priorities for Care

- Rank order what is most important
 - **Independence!** - 76%
 - Pain management
 - Not to be a burden
 -
 - -
 - -
 - -
 - -
 - **Staying alive as long as possible - LAST**



Communication in Serious Illness

HOW?

Communication in Serious Illness

How?

- Serious Illness Communication Guide
- Structured Tool
 - Set Up – Critical!
 - Seven Questions
 - Recommendations
 - Commitment/Follow Up

Dos

- Direct, honest prognosis
- Plain language
- Prognosis as a range
- Quality of life, fears and concerns
- Acknowledge/explore emotions
- Allow silence
- Make a recommendation: “based on XX medical situation, YY treatment options and ZZ goals and values, *I recommend....*”
- Document conversation, ensure follow up

Don'ts

- Talk more than half the time
- Use medical jargon
- Fear silence
- Give overly optimistic prognosis
- Provide facts in response to strong emotions
- Focus on medical procedures

Video Demo of Serious Illness Conversation

https://www.youtube.com/watch?feature=player_embedded&v=RPQBukpyKAY

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ROLE PLAY

- *APPLY Serious Illness Conversation Guide:*
 - Ten minutes conversation
 - Groups of 3 – clinician, patient & observer
 - #1 Set-up
 - #2 Understanding
 - #3 Information preferences
 - #4 PROGNOSIS: Use “Wish, Worry, Wonder”
- Five minute debriefing in small groups
- Collective debriefing

Dos and Don'ts

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