2018 APC/NACC Joint Conference
Anaheim, CA.
SU1.07

Using Chaplains to Facilitate Advance Care Planning in Medical Practice

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Objectives

- Participants will be able to develop a model for doing ACP conversations in the Physician's office
- Participants will understand the ACP conversation process as it relates to Medicare billing

Context/Setting

- Rush Oak Park Hospital is a small community hospital which is part of the Rush Healthcare System, Chicago
- Rush Oak Park Physicians Group
- Adjacent to the community hospital
- Coleman Palliative Medicine Training Program

Hospital Chaplains

- In-patient visits & S/C assessment
- Charting on all visits/encounters
- Part of the interdisciplinary teams
- Daily rounding on ICU
- Goals of Care Conversations
- Complete DPOA-HC
- Involved in & completes POLST/DNR

Pilot Project

- Part of Coleman P/C Training
- No Palliative Care Program at ROPH
- Palliative Care Approach can start in MD Office
- Objective of Project was to engage patients in a Values Based Decision-making conversation
- Encourage further discussion within family
- To document the encounter in EMR

Chaplain-Physician Relationship

- Long established working relationship between BCC & MD
- Mutual respect, trust and appreciation
- Shared Palliative Care Values
- MD working 30+ years in Rush System
- Beloved by her patients

Office Staff

- Buy-in from Office Manager
- Office front desk staff
- Practice nurses
- Other physicians in Practice
- IT / Epic Support
- Institutional Leadership support

Preparation (1)

- Work with Epic staff
  - To add Chaplain as a Provider in the Office
  - To create Chaplain Out-patient Charting flowsheet
- Work with Office staff
  - To schedule patient's appointment with Chaplain
  - "arrive" the patient – allowing charting
  - To scan any completed A/D into the patient's EMR at time of visit

Preparation (2)

- Educated all Office personnel about the project
  - Create buy-in
  - Reduce frustration when exam room is unavailable because of Chaplain's intervention with patient
  - Raises awareness of the need for all to have A/D in place for self and own family members
  - Develops a Pastoral presence in the Office

Process (1)

- Chaplain Identifies Patients to be seen
  - 70+ yrs, decisional capacity, no A/D in EMR
- MD agrees
- Front desk staff schedule chaplain visit
- MD raises topic with patient & secures patient's voluntary agreement *
- MD introduces chaplain to patient (& family if present in exam room)

Process (2)

- Chaplain meets with patient in the exam room
- Explains the project
- Engages in Life- review with patient
  - Family members
  - Patient's experience with loss of loved ones
  - Experience of ICU or Hospice care
  - Health concerns
  - Faith & Values held

Process (3)

- Explain DPOA-HC document (Rush has a one page document)
- If patient is agreeable – Complete A/D
  - Photocopy it (enough for Agent & subs to have copies)
  - Front desk staff scans a copy into EMR
  - Original given to patient
- If not wishing to complete A/D – give a blank copy for patient to review & discuss with family later

Process (4)

- Chaplain charts visit in EMR
- If additional contact information is acquired by the chaplain – then Registration notified & "Demographics" updated
- Data collection for future research

Results (1)

April and October 2016.

- 172 (23.92%) of 719 patients seen in clinic were 70 years or older
- 60 **(34.88 %)** seen by chaplain
- 100% of the patients who were asked by the physician to talk with the chaplain, agreed
- 47 (78%) completed DPOA-HC & scanned into EMR
- On average **24 minutes** were spent with each person in conversation and charting

Results (2)

- The degree of comfort talking about their future healthcare needs varied from:
  - ***"we never talk about it"***
  - ***"it's very hard to talk about it"***
  - ***"my family know I never want to be kept alive on machines"***

Results (3)

Influences on Values Based Decision-making:

- faith had some influence on their decision about level of medical intervention they would wish to receive
- most were greatly influenced by their experience of the dying and death of a loved one
- some clear about whom they wanted as surrogate but had not formalized it.

Topics Explored

- patients current life circumstances
- family members
- friends and support systems
- experience with critical ill health

  - their own or a loved one
- experience with palliative care and/or hospice
- role of faith in their lives
- influence of faith on healthcare decisions
- level of healthcare interventions they would anticipate engaging in

Developments

- Expanded to other Physicians in Practice
- Expanded to other Physician's Office
- Additional .5 Chaplain position (in-patient) so as to expand out-patient activity
- Billing Medicare – worked 2017, not 2018
- JAMA Internal Medicine 2018 Publication
- Poster Presentation – International Conference of Spirituality & Aging

Billing Medicare

- Time spent in Face-to-Face 16 – 30mins +
- Patient must be willing to take up the offer of the ACP discussion
- Conducted by a "Qualified healthcare professional"
- "incident to" Physician's visit
- Only allowed at time of Annual Wellness Visit
- A cost to the physician (or practice)

Challenges & Opportunities

- Time
- Space
- Personnel
- In-patient demands vs Out-patient presence
- Physician support & education
- Medicare rules –
- Focus on completion of Papers vs The Conversation