Redesigning goals of care communication in Duke Health

www.DukePalliativeCare.org
www.goalconcordant.care

DukeHealth

- The Duke Health Goals of Care initiative
- The therapeutic illusion and goals communication
- Successes (so far)
- The .care lab

GoC conversations improve care

🔒 Full Access

The Impact of Inpatient Palliative Care Consultations on 30-Day Hospital Readmissions

Nina R. O'Connor, Mary E. Moyer, Maryam Behta, and David J. Casarett ✉

ORIGINAL INVESTIGATION

Health Care Costs in the Last Week of Life

Associations With End-of-Life Conversations

Baohui Zhang, MS; Alexi A. Wright, MD; Haiden A. Huskamp, PhD; Matthew E. Nilsson, BS; Matthew L. Maciejewski, PhD; Craig C. Earle, MD; Susan D. Block, MD; Paul K. Maciejewski, PhD; Holly G. Prigerson, PhD

JOURNAL OF CLINICAL ONCOLOGY | ORIGINAL REPORT

Associations Between End-of-Life Discussion Characteristics and Care Received Near Death: A Prospective Cohort Study

Jennifer W. Mack, Angel Cronin, Nancy L. Keating, Nathan Taback, Haiden A. Huskamp, Jennifer L. Malin, Craig C. Earle, and Jane C. Weeks

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End-of-Life Care
Review Article

Association Between End-of-Life Conversations in Nursing Homes and End-of-Life Care Outcomes: A Systematic Review and Meta-analysis

Silvia Gonella RN, MSc [a, b, ✉], Ines Basso RN, MSc [c], Valerio Dimonte RN, MSc, MLitt [b, c], Barbara Martin MLitt [d], Paola Berchialla PhD [e], Sara Campagna RN, PhD [c], Paola Di Giulio RN, MSc [c]

Original Contribution

October 8, 2008

Associations Between End-of-Life Discussions, Patient Mental Health, Medical Care Near Death, and Caregiver Bereavement Adjustment

Alexi A. Wright, MD; Baohui Zhang, MS; Alaka Ray, MD; et al
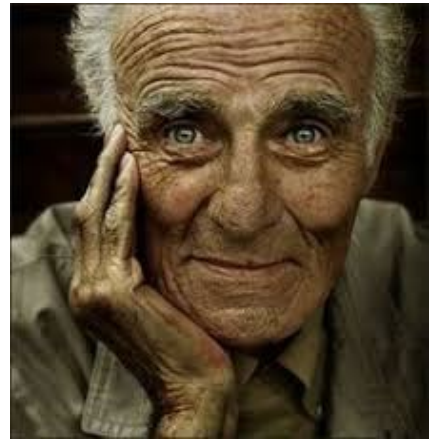
❯ Author Affiliations | Article Information

Brief Report

Pilot Study to Improve Goals of Care Conversations Among Hospitalists

Kathryn I. Pollak PhD [a, b, ✉], Xiaomei Gao MA [a], Jessica Beliveau MPH [c], Brian Griffith MD [c], Danielle Kennedy MPH [a], David Casarett MD [a, c]
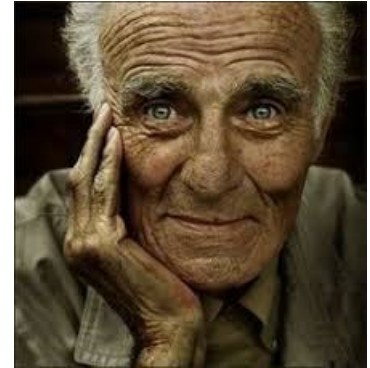
- JD: 75 yo man with advanced bladder cancer.
- Followed by oncology: no further treatment options. Wife is sole caregiver, overwhelmed.
- Sudden R LE pain: pathological fracture. Admitted for ORIF.
- Rocky post-op course, palliative care involved, elected hospice. DNAR
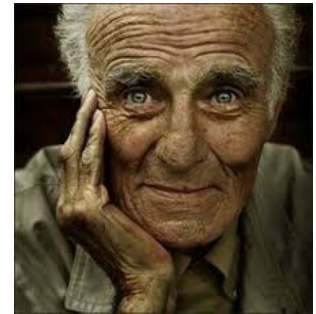- Found unresponsive POD #13.

- 8 goals conversations during the final hospitalization
- 3 prior conversations with JD's oncologist
- Contents:
  - Prognosis
  - Understanding of his illness
  - Goals
  - Treatment preferences

- Conversations happened, but painted an unrealistic picture:
  - Cancer 'stable' on chemotherapy
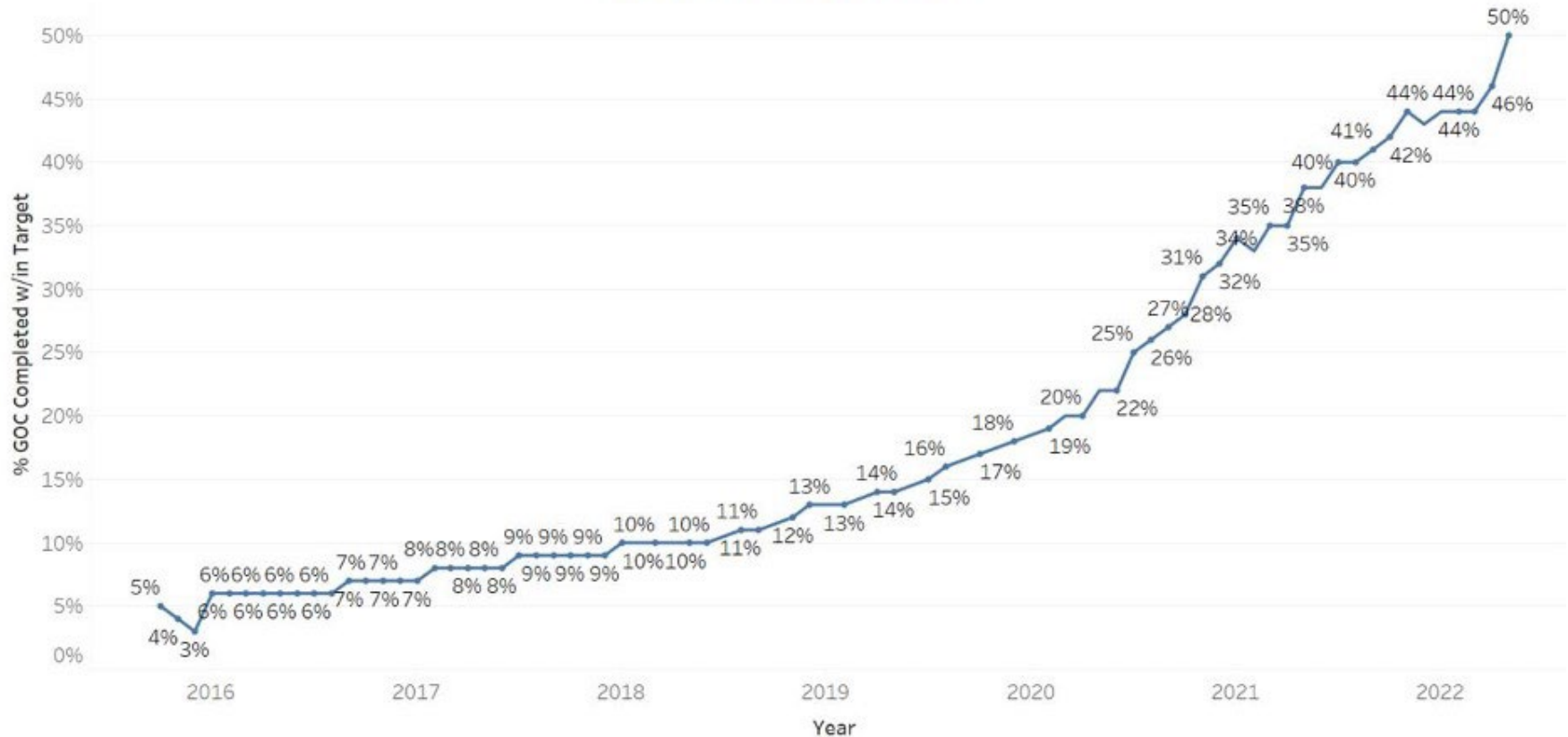 - Functional status 'improving'
  - Renal function stable

Goals of care conversations won't/can't guide clinical decision-making if they're based on unrealistic beliefs about how health care providers can alter the trajectory of an illness

Progress*

% GOC Completed w/ in 6 Months of Life
October 2015-May 2022

*Minimal changes in acute care utilization, inpatient mortality, or hospice utilization

Perspective (FREE PREVIEW)

The Science of Choosing Wisely — Overcoming the Therapeutic Illusion

David Casarett, M.D.

Therapeutic Illusion: An irrational belief that medical interventions are more effective than they really are

Flashing lights and delusions of omnipotence

- Experiment:
  - 2 buttons
  - 1 flashing light
  - 60 trials
- Results:
  - Rapid learning
  - Identified barriers to success
  - Insights into what would lead to greater success

Jenkins, Ward

Superstitions in "the youngest science"

Maybe not so effective after all:

- Leeches
- Trepanning
- Insulin coma for schizophrenia
- Routine beta blockers in acute MI
- Cough syrup
- Arthroscopic surgery for knee OA
- Antibiotics for sinusitis
- Universal screening for breast cancer
- Feeding tubes in advanced dementia

Where does the therapeutic illusion come from?

1. We imagine patterns that don't exist
2. We see what we want to see
3. We choose goals selectively

(…and other reasons)

1) We imagine patterns that don't exist

- 80s: Philadelphia 76ers at the top of the NBA
- Moses Malone, Julius Erving, Andrew Toney, Maurice Cheeks
- The talk of basketball fandom:
  - "On a roll"
  - "A winning streak"
  - *"A hot hand"*
- There's no such thing

Gilovich, Tversky

2) We see what we want to see

"The human understanding when it has once adopted an opinion (either as being the received opinion or as being agreeable to itself) draws all things else to support and agree with it."
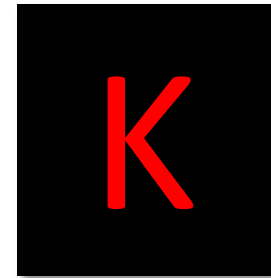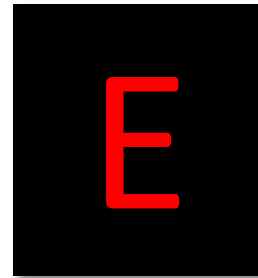
-Francis Bacon, Novum Organum

"The man sees what he wants to see and disregards the rest"
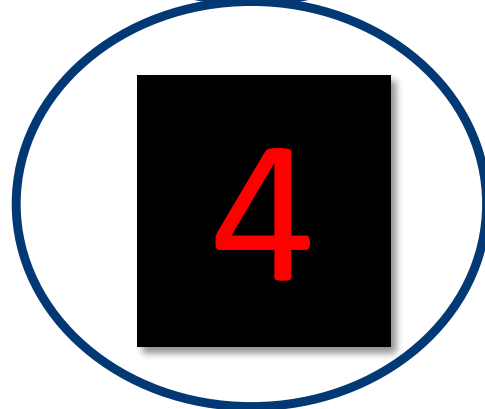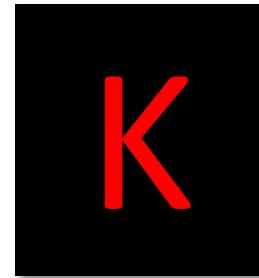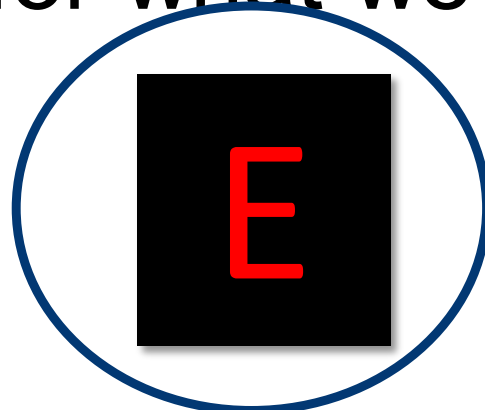
-Paul Simon, 'The Boxer'

We see what we want to see (we look for what we want to see)

- Rule: Every card with a vowel on one side has an even number on the other

- Which cards would you turn over to determine if that rule is true?
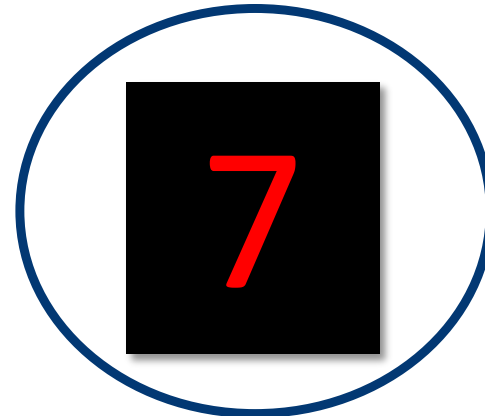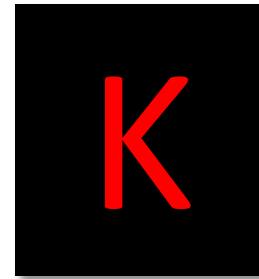
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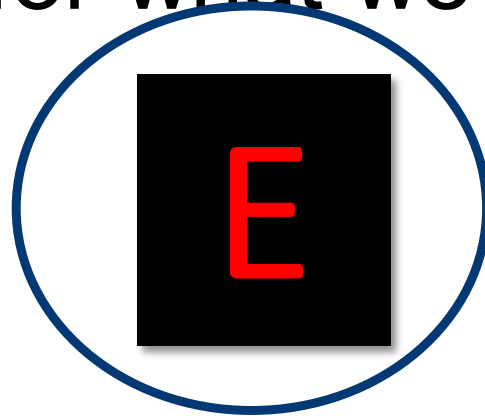
Wason and Johnson-Laird

We see what we want to see (we look for what we want to see)

Wason and Johnson Laird

We see what we want to see
(we look for what we want to see)

"Goal degeneration"

- Initially simple
- Complexity increases exponentially
- Numerous problems, all related, seemingly insoluble
- Goal degeneration

Goal degeneration in medicine

Avoiding/managing the therapeutic illusion

Dangerous skies: Pan Am and KLM collision, Tenerife, 1977

Cockpit (Crew) Resource Management

- Open structure
- Clear responsibilities
- Openness to questions/criticism
- Applied in:
  - Broadcast studios
  - NASCAR teams
  - Operating rooms ("time outs")
- Could be applied in medical decision-making?

CRM in serious illness decisions

- Forum for documentation
- Transparency for opinions
- Interdisciplinary input

CRM in serious illness decisions

- Centralize place in the HER for GoC conversations
- MD, RN, PharmD prompts to contribute
- Results:
  - 30-60%% absolute increases in GoC conversations
  - ~10% reductions in LOS and ICU utilization

Hospital medicine

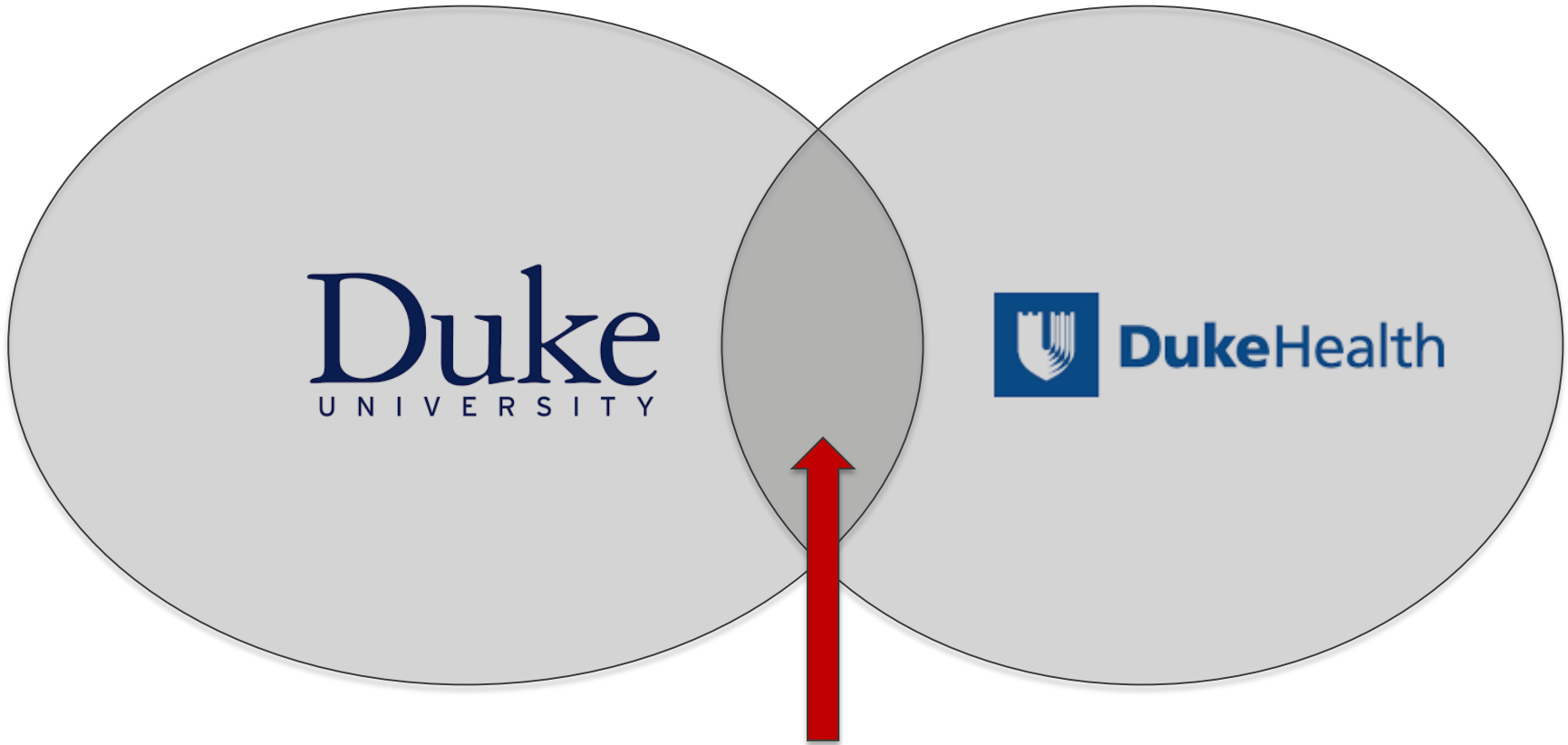Gyn Oncology

Solid tumor oncology

Heme malignancies

What's next?

Def: A virtual learning laboratory that spans Duke Health, devoted to fostering goal concordant care in serious illness by:

- Accelerating the goalconcordant.care initiative

- Fostering innovation

- Supporting "rigorous enough" measurement

.care lab

1. We'll use a population-based approach to identify opportunities
2. We'll embrace a philosophy of design thinking to generate potential solutions
3. We'll test solutions in a way that's "rigorous enough" to be actionable

- Descriptive projects leveraging existing data (students/fellows)
- Evaluations of ongoing initiatives
    - Outcomes
    - Implementation science
- Add-on outcome evaluations
- <u>Tailored/novel interventions</u>

Examples of ongoing work

- DATE dataset methods validation (Ma)
- Cluster Randomized Trial of GoC triggers in hospital medicine (Ma)
- Pre/post evaluation of triggers on 9300 (Zafar)
- Quasi-RCT of a chaplain intervention in the DOC (Cho)
- PING RCT (Check)