Evidence-Based Best Practices for Improving State-Level C-TAC ACT^{SM} Index Results: Advance Care Planning

EXECUTIVE SUMMARY

September 18, 2019

PRODUCED IN COLLABORATION WITH

DISCERN
HEALTH

PROJECT GOALS

The Coalition to Transform Advanced Care (C-TAC) partnered with Discern Health (Discern) to support its continued efforts to build the Advanced Care Transformation Index[SM] (ACT Index), which C-TAC developed to assess the state of advanced illness and end-of-life care in the United States. In this project, Discern conducted research to identify evidence-based best practices that states can implement to improve performance on one of the ACT Index measures, Advance Care Planning (ACP).

ACT INDEX MEASURE: ADVANCE CARE PLANNING

The ACT Index offers a single composite measure that allows policymakers, regulators, healthcare providers, communities, and consumers to assess the overall performance of the advanced illness care movement through measured change over time. ACP is a component measure of the ACT Index and captures the percentage of Medicare fee-for-service (FFS) beneficiaries with a 2017 claim for one of the two ACP Current Procedural Terminology (CPT) codes, 99497 and 99498.

The practice of ACP involves understanding the values, goals, and preferences of individuals and working with them to make decisions, and sometimes prepare documents, that help ensure that care is concordant with their wishes. ACP can increase patient and family satisfaction with care and reduce the costs associated with unnecessary or unwanted treatment.[1,2,3,4,5]

METHODS

Discern worked with C-TAC to apply a mixed-method research strategy to identify evidence-based actions to increase ACP at the state level and improve performance on the ACP measure. This three-phased approach included:

- **Phase I. Literature Review and Environmental Scan**
  - o Review of peer-reviewed publications and grey literature to surface evidence on ACP drivers that may be actionable at the state level as well as other factors that might impact the use of ACP, such as demographic or socioeconomic factors
- **Phase II. Data Analysis**
  - o Operationalization of key drivers identified in the literature review, data aggregation, and statistical analysis to assess the association of driver variables and controls with the 2017 rates of ACP at the state level
- **Phase III. Interviews with Key Informants**
  - o Facilitation of six stakeholder interviews to identify best practices for increasing ACP and barriers to widespread use of ACP. We interviewed stakeholders in Hawaii, the highest performing state on the ACP Act Index Measure. We also interviewed stakeholders in Louisiana, a lower-performing state and an outlier (i.e., rates of ACP were lower than our statistical model predicted)
  - o Leveraging key informant interviews to identify four potential Regional ACT Index Coach candidates. C-TAC is recruiting Regional ACT Index Coaches to champion efforts to improve the quality of care for those with advanced illness and support grassroots change at the local level

As shown in **Figure 1** below, we adopted an agile approach to managing this research process, using findings from each phase to inform the execution of subsequent phases.

Figure 1. Three-Phased Research Methodology to Identify ACP Best Practices
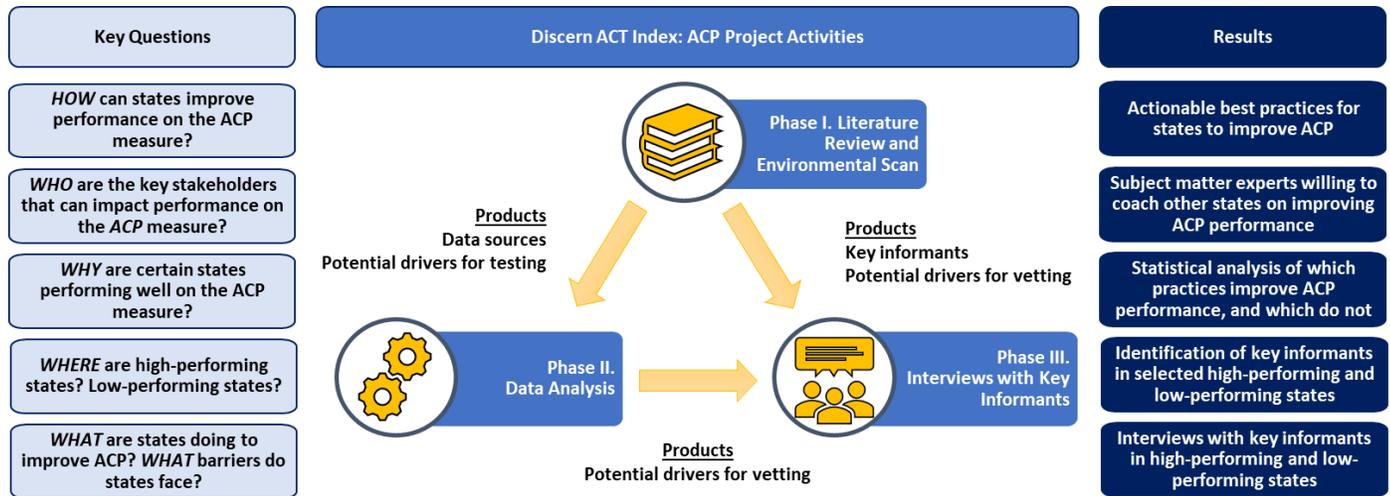
Findings

Best practices to improve rates of ACP at the state-level, and thus improve performance on the ACP ACT Index measure, have implications for stakeholders across the healthcare spectrum and beyond the healthcare industry. While cultural, political, and structural barriers to ACP may detract from provider and patient engagement in discussions about end-of-life care, there are clear actions that states and stakeholder organizations can take to promote awareness and address reluctance to participate in ACP.

Analysis of publicly available data and interviews with key informants largely reinforced findings surfaced in the literature review and environmental scan and provided context and color to the local experiences of providers, patients, families, and others as they engage in ACP discussions.

Table 1 (next page) lists the categories of best practices that states can take to improve performance on the ACP ACT Index measure, the number of reviewed articles and studies that described drivers in each category, whether a variable based on each driver was included on one of the final statistical models, the number of interviews that referenced each driver, and specific best practices noted in the literature or interviews.

Table 1. Surfaced Best Practices to Improve ACP Performance

Driver Category	State-Level Drivers	Literature Review Studies	Variable included in final model	Interviews	Specific Best Practices
Patient Education and Resources	Patient Education	24	-	3	• Develop culturally tailored materials to support discussions with providers; integrate faith-based elements • Use story-telling as a component of interventions • Conduct outreach in non-healthcare settings • Leverage social media in public awareness campaigns
	Public Education	6	-	3	
Communication and Accessibility	Communication	13	-	2	• Make materials available in multiple languages • Recognize racial and economic disparities in ACP and consider social determinants of health when designing programs • Provide resources to patients that are easy to use and access • Encourage development and use of palliative and hospice programs
	Accessibility	10	*Primary care physician visits per decedent*	1	
	Palliative Care	5	-	1	
Provider Education and Tools	Provider Education	33	*Availability of Online ACP Resources Legal Information, or Forms for Providers*	6	• Educate providers early in their careers • Conduct regional training programs and training within specific care settings (e.g., skilled nursing facilities) • Hold provider training programs on the value of ACP and how to have meaningful conversations • Reinforce primary care practitioner use of ACP, but also train other types of providers, including long term care providers, oncologists, social workers, and others. • Post provider tools on the state website • Offer standardized tools and resources to help providers facilitate conversations, including resources on patient-centered care and inclusive language
	Provider Tools	38		2	
Quality Improvement and Accountability	Quality Improvement Initiatives	5	-	4	• Leverage principles of change management, including identifying champions and gaining buy-in from leadership • Track performance, benchmark with peers • Implement "top of license" practice, engaging front-office staff or medical assistants to participate in elements of ACP • Encourage health plans to cover ACP • Offer incentives for providers to have ACP conversations via reimbursement or quality bonuses
	Care Team Collaboration	18	-	2	
	Incentives	5	*Medicare Advantage Penetration*	3	
Technology and Infrastructure	State Registries	3	-	3	• Build and promote POLST and AD registries; ensure providers have access at point of care • Dedicate organizational resources to establish ACP policies and offer ongoing education • Program billing codes into EMRs; consider incorporating templates and clinical decision support tools
	Infrastructure	8	,	6	
	EHR Standardization	11	-	2	
Coalition Building and Community Outreach	Community Partnerships	7	*Medicare Quality*	6	• Build state and local coalitions that include government agencies, multiple types of healthcare providers, faith-based organizations, legal experts, community organizations, and insurers • Offer resources for health plans that describe the financial and quality benefits of ACP and improving the quality of their MA offerings
State Policies and Regulations	Policy	16	*Person- and Family-Centered Care*	2	• Pass effective and inclusive POLST legislation • Develop state policies that support family caregivers • Develop patient-centered state policies

Recommendations for the ACT Index

The ACT Index is an evolving, living resource that stakeholders can use to drive and inform efforts to improve quality care. To ensure that the ACT Index is a usable, effective, impactful, sustainable tool, Discern recommends considering the following activities:

1. **Increase Index Transparency:** Publish information on how the ACT Index and component measures are calculated and their data sources.
2. **Build the Evidence Base:** Conduct additional best practices research using the most appropriate methods for each measure and continue to build over time.
3. **Expand Reach:** Disseminate best practices findings via multiple venues as they are completed.
4. **Establish a Learning Network:** Convene an "ACT Now" network organized around affinity groups interested in learning from each other about best practices for promoting quality advanced illness care. Leverage the ACT Now community to further refine the index, scale C-TAC's Regional ACT Index Coach program, and sustain excitement and momentum.

Accessing the Report

The full report will be published on the C-TAC website on October 9, 2019, during the National Summit on Advanced Illness Care. For more information, please contact C-TAC Communications Manager Stephen Waldron at swaldron@thectac.org or by phone at 202-909-2867.

About C-TAC

The Coalition to Transform Advanced Care (C-TAC) is a national, nonpartisan, not-for-profit (501c3) alliance of over 140 national healthcare stakeholders based in Washington, DC. We are dedicated to the goal that all Americans with advanced illness receive comprehensive, high-quality, person-centered care that is consistent with their goals and values, and honors their dignity. For more information, visit TheCTAC.org.

About Discern Health

Discern Health is a consulting firm that works with clients across the private and public sectors to improve health and health care. Discern has been involved in quality and value-based purchasing projects since its founding in 2004. Our focus is enhancing the value of healthcare services through quality-based payment and delivery models. These models align performance with incentives by rewarding doctors, hospitals, suppliers, and patients for working together to improve health outcomes and healthcare processes, while lowering total costs.

[1] Detering, K. M., Hancock, A. D., Reade, M. C., & Silvester, W. (2010). The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. BMJ, 340(mar23 1), c1345–c1345. https://doi.org/10.1136/bmj.c1345

[2] Detering, et al. (2010).

[3] Wright, A. A., Zhang, B., Ray, A., Mack, J. W., Trice, E., Balboni, T., … Prigerson, H. G. (2008). Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. JAMA, 300(14), 1665–1673. https://doi.org/10.1001/jama.300.14.1665

[4] Martin, R. S., Hayes, B., Gregorevic, K., & Lim, W. K. (2016). The Effects of Advance Care Planning Interventions on Nursing Home Residents: A Systematic Review. Journal of the American Medical Directors Association, 17(4), 284–293. https://doi.org/10.1016/j.jamda.2015.12.017

[5] Bond, W. F., Kim, M., Franciskovich, C. M., Weinberg, J. E., Svendsen, J. D., Fehr, L. S., … Asche, C. V. (2018). Advance Care Planning in an Accountable Care Organization Is Associated with Increased Advanced Directive Documentation and Decreased Costs. Journal of Palliative Medicine, 21(4), 489–502. https://doi.org/10.1089/jpm.2017.0566