A Patient and Clinician Communication-priming Intervention Increases Patient-reported Goals-of-Care Discussions: A Randomized Trial

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• Disclosures
  – No financial conflict of interest
• Fund

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UNIVERSITY of WASHINGTON
Effect of a Patient and Clinician Communication-Priming Intervention on Patient-Reported Goals-of-Care Discussions Between Patients With Serious Illness and Clinicians: A Randomized Clinical Trial

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Terminology: Advance Care Planning and Goals-of-care Discussions

- **Advance care planning**: discussions about values, goals, and preferences for future care
  - Healthy individuals
  - Chronic illness
  - Imminently dying
- **Goals-of-care discussions**: discussions about current goals and how they should inform current & future care
  - Chronic illness (early)
  - Imminently dying (late)
Background

• Advance care planning and goals-of-care discussions associated with
  – Increased quality of care & quality of life
  – Reduced psychological distress
  – Reduced intensity of end-of-life care
• Frequently do not occur for patients with chronic, serious illness
Research Question

• Can a bi-directional, patient-specific communication priming intervention improve goals-of-care discussions with setting?
  – Bi-directional: patient and clinician
  – Patient-specific: using surveys from patients to prime and guide discussions

Curtis, JAMA Intern Med, 2018 178:930-940
Study Design

- Cluster-randomized trial randomizing primary care and specialty clinicians
- Two multi-hospital healthcare systems in Seattle
- Patient eligibility: chronic illness with median survival of about 2 years
- **Intervention**: Jumpstart-Tips - patient-specific one-page prompt based on patient surveys delivered before a target routine clinic visit
- **Control**: usual care plus surveys
- Analyses use intention-to-treat with clustered analyses adjusting for baseline characteristics

Curtis, JAMA Intern Med, 2018 178:930-940
This is information for your patient, [patient name], that may help you have a conversation about goals of care. Your appointment with this patient is coming up on [appointment date].

Here's a summary of what your patient endorsed on our questionnaire about medical care choices. Some of these choices concern medical care in current health and others are about medical care if your patient's health was to worsen. You can use this Jumpstart Form to save time and do a few minutes of advance planning.

**Is your patient ready? [yes or no]**
- Ever discussed preferences if/when too sick to speak for self? ...............NO
- Want to discuss / discuss more? ..................................................YES

**STUDY SUGGESTION:**
Go for it! Try saying: “I am interested in knowing your thoughts about that Jumpstart form.”

**What is your patient’s perception of care currently? [quality of life (relieving pain/discomfort); extending life]**
- Prefers to focus on .................................................. QUALITY OF LIFE
- Perception that care now is focusing on ..................................QUALITY OF LIFE

**STUDY SUGGESTION:**
Your patient seems to feel [he/she] is getting the care [he/she] wants at this point. Because the patient is focused on quality of life, consider whether completion of a POLST form or identifying a surrogate decision-maker would be useful. Assess if the patient is interested in Palliative Care referral.
Getting a “jumpstart” on your appointment with your doctor.

Thank you for being in our study. You filled out a questionnaire for us a little while ago. This is a friendly reminder that you will have an appointment with your doctor soon. We want to help you make the most of your appointment.

Talking to your doctor about your medical care: It’s easier than you think.

Your doctor is interested in hearing your thoughts and worries about your medical care. The doctor will be grateful that you are willing to talk. You don’t have to go into lots of detail. Just get the conversation started.

Here are 2 important questions: [Take this sheet of paper in to your appointment!]

1. Could we talk about what I want if something serious were to happen now in my current health?
2. I am hoping for the best, but I also want to plan if something serious were to happen in the future. Could we talk about that?

If you feel a little nervous...

It’s ok! Many people think that the doctor might not have time, or might know best – but remember that you are the expert on what is important in your life. So just give these questions a try!

Here is some information from your questionnaire. These are just reminders for you. You can change your mind at any time.

We asked: Have you talked to your doctor about medical care you want if you got too sick to speak for yourself?
You answered: NO

We asked: Would you like to talk about what is important in your medical care if you got too sick to speak for yourself?
You answered: YES

We asked: Do you prefer that your medical care is more focused on extending life, or on quality of life?
You answered: My priority is on QUALITY OF LIFE (relieving pain and discomfort)

We asked: Is your current medical care more focused on extending life, or on quality of life?
You answered: Seems focused on QUALITY OF LIFE
Outcomes

• Occurrence of a goals-of-care discussion
  – Patient reports by survey at 2 weeks
  – EHR documentation by clinicians

• Patient-assessed quality of communication (QOC) at 2 weeks

• Patient-assessed goal-concordant care at 3 months

• Patient symptoms of anxiety and depression at 3 and 6 months
27% participation

92% included for primary outcome
59% participation

74% follow-up at 2 weeks

72% follow-up at 3 months

65% follow-up at 6 months
### Baseline Characteristics: Clinicians

<table>
<thead>
<tr>
<th>Clinicians</th>
<th>% or mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial/ethnic minority</td>
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</tr>
<tr>
<td>Age</td>
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<td>Pulmonary</td>
<td>6%</td>
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</tbody>
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# Baseline Characteristics: Patients

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Curtis, JAMA Intern Med, 2018
Occurrence of a Goals-of-care Discussion at Target Clinic Visit

![Bar chart showing the percentage of participants in control and intervention groups for patient-reported and EHR documented goals-of-care discussions.](chart.png)

- **Patient-reported**
  - Control: 31%
  - Intervention: 74% (p<0.001)

- **EHR documented**
  - Control: 17%
  - Intervention: 62% (p<0.001)

Curtis, JAMA Intern Med, 2018
# Quality of Communication at Target Clinic Visit

## Outcome (scale 0-10)

<table>
<thead>
<tr>
<th>4-item QOC construct</th>
<th>Control</th>
<th>Intervention</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong></td>
<td><strong>4.6</strong></td>
<td><strong>0.010</strong></td>
<td></td>
</tr>
</tbody>
</table>

Cohen d = 0.56

## Items: Talking about…

1. *feelings about getting sicker*  | 6.3 | 7.7 | **0.001**
2. *end-of-life treatments*      | 4.5 | 6.7 | **0.001**
3. *what’s important in life*    | 5.6 | 7.1 | **0.002**
4. *details of getting sicker*   | 5.9 | 6.9 | **0.12**
5. how long you might live       | 3.4 | 4.0 | **0.10**
6. *what dying might be like*    | 2.1 | 2.2 | **0.35**
7. *spirituality and religion*   | 2.4 | 3.1 | **0.08**

Curtis, JAMA Intern Med, 2018
Patient-reported Goal-concordant Care

- Validated 2 items from SUPPORT
  1. “If you had to make a choice at this time, would you prefer a plan of care focusing on:
     A. extending life as much as possible, even if it means having more pain and discomfort, or
     B. relieving pain and discomfort as much as possible, even if that means not living as long?”
  2. “What is the focus of your current care?” (same 2 options)
- Concordance defined as a match

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Patient-reported Goal-concordant Care at 3 months

- Control Full sample: 56.5%
- Intervention: 70.0%
- P = 0.08

- Control Patients with stable preference: 57.0%
- Intervention: 73.5%
- P = 0.03

Curtis, JAMA Intern Med, 2018
Symptoms of Anxiety and Depression at 3 and 6 months

- Assessed with PHQ-8 and GAD-7
- No differences
  - Composite scores for PHQ-8 and GAD-7
  - Two-item latent indicators
    - PHQ-2 and GAD-2
  - Any individual item (n=15) on either PHQ-8 or GAD-7

Curtis, JAMA Intern Med, 2018
Conclusions: Effects of Jumpstart-Tips

• Increased occurrence and quality of goals-of-care discussions
  − Patient report and EHR documentation
• Increased patient-reported goal-concordant care among patients with stable goals
• No change in symptoms of anxiety and depression
• May represent a useful intervention for healthcare systems interested in increasing early goals-of-care discussions

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Two Primary Forms of Stakeholder Input

1. Community Advisory Board - Cambia Palliative Care Center of Excellence
   - Chairs: P. Armstrong and R. Peck
   - 20-25 members meet quarterly
   - Diverse group: patients, family members, patient advocates, organizational representatives

2. Qualitative interviews
   - Patients, family members, clinicians
Stakeholder Input: Value Added

**CAB**
- Focused outcomes on patient-centeredness
- Revised religiosity to focus on spirituality
- Simplified surveys
- Improved educational videos
- Improved recruitment
  - Re-framed approach to focus more on altruism
  - Supported broadening eligibility criteria

**Qualitative interviews**
- Supported value of Jumpstart intervention
  - Prompted better discussions
  - Primed patients for discussion
- Suggested simplifying the Jumpstart form
- Identified importance of reassessing goals and preferences due to changes over time
- Supported family involvement, but also highlighted difficulties of recruiting family
Effect of a Patient and Clinician Communication-Primed Intervention on Patient-Reported Goals-of-Care Discussions Between Patients With Serious Illness and Clinicians A Randomized Clinical Trial

J. Randall Curtis, MD, MPH; Lois Downey, MA; Anthony L. Back, MD; Elizabeth L. Nielsen, MPH; Sudipto Paul; Alexandria Z. Lahdy; Patsy D. Treece, RN, MN; Priscilla Armstrong; Ronald Peck, MBA; Ruth A. Engelberg, PhD

IMPORTANCE Clinician communication about goals of care is associated with improved patient outcomes and reduced intensity of end-of-life care, but it is unclear whether interventions can improve this communication.

OBJECTIVE To evaluate the efficacy of a patient-specific preconversation communication-priming intervention (Jumpstart-Tips) targeting both patients and clinicians and designed to increase goals-of-care conversations compared with usual care.

DESIGN, SETTING, PARTICIPANTS Multicenter cluster-randomized trial in outpatient clinics with physicians or nurse practitioners and patients with serious illness. The study was conducted between 2012 and 2016.