What Matters (Most)
AHA Age Friendly Health Systems Action Community
Phoenix
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Mary Tinetti , MD

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@PtPriorities

AFHS Framing What Matters: Assess and Act

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across care settings

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Brief What Matters Most Story

What Matters (Most) for Older Adults

- Why what matters most matters most
- What are the components of what matters
- What tools exist to identify What Matters
- Value of knowing and acting on What Matters to patients, health system
- Tips for aligning care with what matters most

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Why what matters most matters most for patients?

- Older adults receive A LOT of care (major users of healthcare)

  → uncertain benefit, potentially harmful, fragmented, burdensome, not focused on what matters most

- Older adults vary in their health goals (e.g. longer survival vs. current function) & healthcare preferences (Fried, PatEdCouns 2010, Arch IntMed 2011)

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Why 'What Matters' matters most for patients?

- Older adults and caregivers suffer as result of care that doesn't match priorities. Ahalt, J Gen Intern Med; 2012
- Given uncertainty, burden, fragmentation, suffering, and variable priorities.
  - with what else would you align care to improve care, outcomes and reduce costs?

Why What Matters Most matters most

- For health systems
  - Better patient experiences scores & retention
  - Avoid unnecessary utilization (↓ ICU stays 80%; ↑ hospice use 47%
- For everyone (patients, caregivers, clinicians, health systems)
  - Everyone on same page
  - Improved relationships
  - It is the basis of everything else

What Matters: What it is not

- What matters is not an advance directive initiative
- What matters is not just a conversation about end of life issues

"Clinicians should elicit what matters to their patients if their prognosis is 6 weeks, 6 months, 6 years or 6 decades…"

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What are the components of what matters?

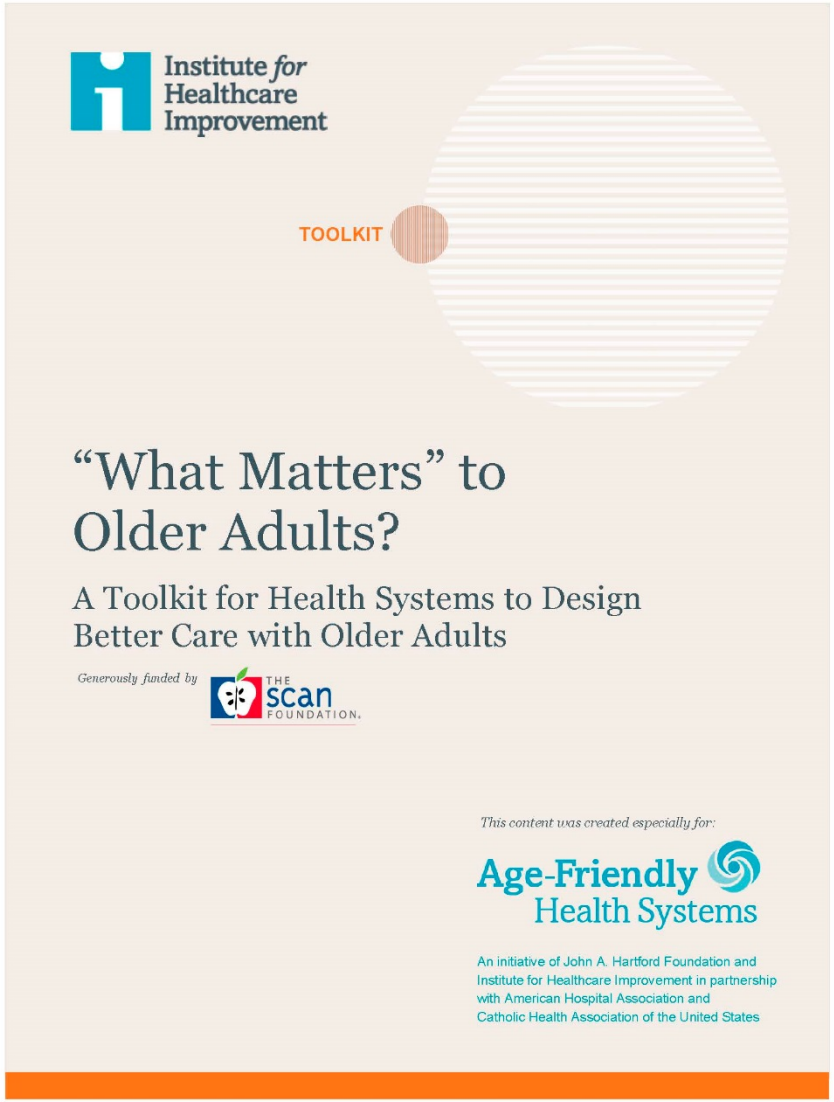
- Get to know person & what's important to them
- Inform care decisions:
  - **Situations**: Ongoing care or immediate decision
  - **Populations**: All older adults (not limited to those with advanced

What Matters: Whiteboards

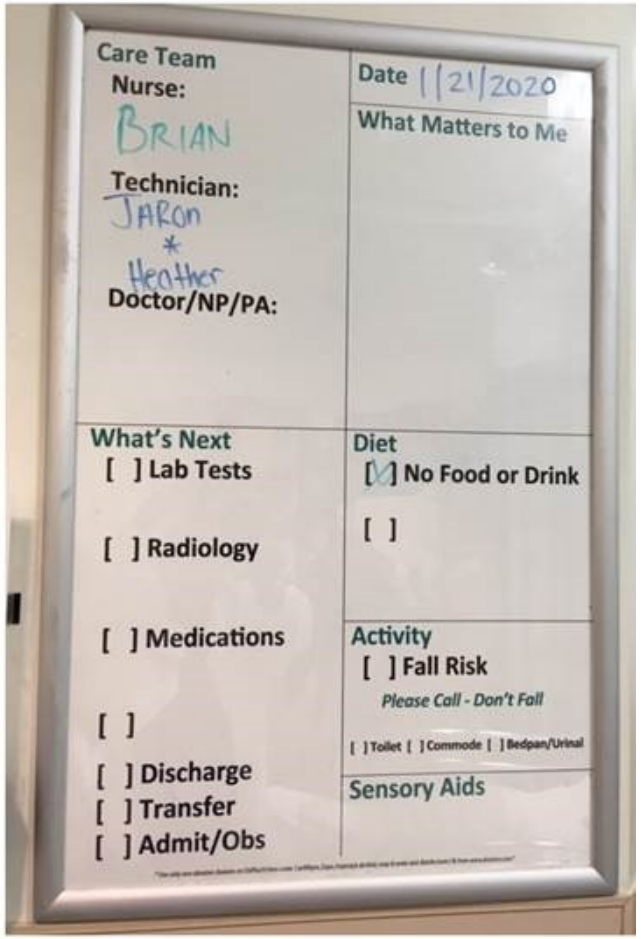
How to ask What Matters Most

- Agree on what information important
- Involve patients, families, staff
- Feasible (time, format)
- How documented, transmitted, shared
- Transcend settings (not solely hospital based)
- Consider culture, cognition, etc.
- Reliable, specific, actionable (preferably vetted and tested)
- AFHS What Matters toolkit

IHI –AFHS What Matters toolkit



Anne Arundel Whiteboards



Date: Day:	Room 660 Phone # 443-924-6660	Welcome to the ACE Unit Acute Care of the Elderly
Diet: ☐NPO	Dentures or Bridgework:	Blood Sugar:
Health Care Team Nurse 443-481- _____ PCT: 443-481- _____ Physician: _____ Charge Nurse 443-481-3604	MENTATION PLAN Eyeglasses Y/N Hearing Aide Y/N L/R Activities I like: Questions for the Care Team:	MOBILITY PLAN: Assistive Devices (cane) (walker) (wheelchair)----images Activity Level: ☐self ☐1 ☐2 ☐BSC ☐Lift Mobility Goal:
Family Contact Name: Relationship: Phone Number:	MEDICATION EDUCATION: New Medications: Purpose & Side Effects of medication: Pain Goal?_____ Next Pain Medication Due_____	What Matters to You? Plan for the Day- Approximate Discharge Date

Tools for getting to know person & what's important

- **Patient Passport**: National Quality Forum
  - Free mobile APP from Doctella
  - Multi-stakeholders involved in development

- **Patient Wisdom**
  - Proprietary product
  - Grounded in research

- Effect on patient outcomes?

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Getting to know person & what's important: Commonly used & vetted questions

- What is important to you today?
- What brings you joy? What makes life worth living?
- What do you worry about?
- What are goals you hope to achieve in the next six months, one year?
- What do we need to know about you to take better care of you?
- What else would you like us to know about you?

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What are the components of what matters?

- Get to know person & what's important to them
- Inform care decisions:
  - **Situations**: Ongoing care or immediate decision
  - **Populations**: All older adults (not limited to those with advanced illness)

Tools for informing decisions: Advanced illness

For Patients:

- **Stanford What Matters Most letter project**
  - ✓Who matters most (life review tool)
  - ✓What matters most (advance directive ± Letter)
    - ✓↑clinician understanding of patients' goals of care
    - ✓↑ clinicians knowing patients' preferred site of death (79% vs 20%, $p<0.05$) VJ Periyakoil

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Tools for informing decisions: Advanced illness

For Patients:

- Prepare for your care: Well researched patient-facing, online
  - ↑ advance care planning documentation (43% vs 32%; P < .001)
  - ↑ significant among English speakers & Spanish speakers

- **Physician (Medical) Orders for Life-Sustaining Treatment** (POLST or MOLST) 42 states
  - ↑ in treatments at the end of life that match orders on form
  - ↓ unwanted care (e.g. hospitalization, IV fluids)

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Tools for informing decisions: Advanced illness

For clinicians (communication guides)

- **Serious Illness Conversation Guide** (Ariadne Labs): Outlines steps for having conversations with seriously ill patients about their goals and values

- **Vitaltalk** – training in communication skills

Tools for informing ongoing decisions: All older adults

- Less known than for advanced illness
- Goal setting approaches appropriate for specific situations

  -Goal attainment scaling (Psychiatry, Rehab, Dementia)

  - Disease specific goals & preferences

Tools for informing ongoing decisions: Patient health priorities identification

- Identify specific, actionable health outcome goals given care older adult willing and able to do & receive (care preferences)

- Feasible; acceptable, effective:
  - Takes 20-30 minutes; 100% able to complete
  -↓ Unwanted care (meds, tests, etc.) & treatment burden
  Tinetti, JAMA Int Med, 2019

- Self-directed under development

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AFTER YOUR PATIENT SESSION: EHR TEMPLATE

After completing page 21 with the patient, you will also complete a note in the patient's electronic medical record documenting this conversation. This helps notify the patient's medical team of their goals and healthcare preferences, so that the team can discuss these with the patient and take these into account. Notify or route the document to the patient's care team.

Patient Name:		Date:	

Patient Priorities Aligned Care: Health Priorities Template

Current Function and Support:

Health trajectory (Current understanding of how health will likely change over the next few years):

Matters most: If we could accomplish (or change) one thing in your health/healthcare, what would it be?

Key Tradeoff:

SMART Health Outcome Goals

1.
2.
3.

Helpful care: The medications, self-management tasks, clinical visits, tests, or procedures, that I think are helping me most with my health goals and I can do them without too much difficulty

1.
2.
3.

Difficult or bothersome care: The medications, self-management tasks, clinical visits, tests, or procedures that I don't think are helping my goals and are bothersome or too difficult for me. I would like to talk with my doctor about whether these are helping my goals. If not, can I stop them or cut back? If they are helping, is there a way to make them less bothersome or less difficult?

1.
2.
3.

Priorities Facilitator:		**Phone/Email:**	

Based on facilitator's impression of patient

What matters most: from patient manual page 7

SMART Goals: from patient page 11

From patient page 12

From patient page 13

Your name and contact information

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Tools for informing situational decisions

- **Best case**: worst case-likely case scenarios: Useful for procedures or surgery (death may not be worst outcome)
- **One thing** (Specific Ask): Two questions that focuses care on what matters

  - Based on Patient Priorities Care health priorities

  - Being tested by IHI-AFHS / Geriatric Emergency Departments

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What Matters in ED Conversation Guide

Step	Step and Wording	Rationale
Let patients know why you are asking these questions.	*"We want to understand what matters to you about your health and healthcare, to make sure that the care we give is right for you."*	People may not expect these questions; this sentence helps explain/provide context.
Ascertain concerns and fears about health and healthcare in the ED.	*"What concerns you most when you think about your health and about being in the ED today?"* *"What fears and worries do you have about your health as you think about what brought you to the ED today?"*	Giving the patient an opportunity to share his/her fears and concerns helps tailor treatment and education, increasing effectiveness and efficiency of ED care.
Identify outcomes patients most wants from their ED visit	*"What outcome are you most hoping for from this ED visit?"* *"What are you most hoping for or looking for from your ED visit?"*	To align care with what matters most, help identify the outcome the patient hopes to achieve

What Matters in ED IHI / Geriatric Emergency Department pilot

- 5 EDs pilot in small sample
- Lessons learned:
  - Surprised by responses, "*would never have known*!" E.g. woman chief complaint shoulder pain; couple with persistent cough
  - Replace not add
  - Help decide admit or discharge
  - Be early in encounter

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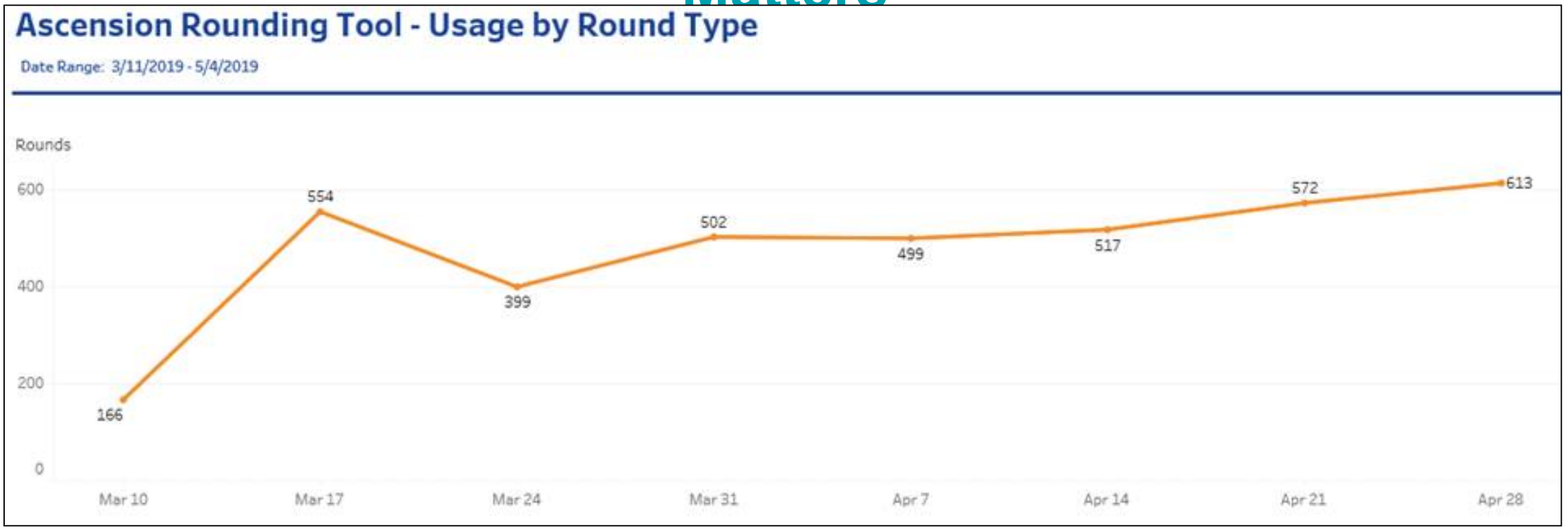
Ascension - Review of Assessment Tools – What Matters



Tips on acting on What Matters Most

- **Start with one thing** that matters most to each patient, *" You said you most want to be able to (most desired health outcome) and you think (health problem, symptom, treatment, etc.) is getting in way. I suggest we start with…"*

- **Link care options to outcome goals & care preferences**, *"There are several things we could do, but knowing what matters most to you, I suggest we…"*

Tips on acting on What Matters Most

- **Use patient's priorities (not just diseases)** in communicating, decision-making, assessing benefit, "*I know you don't like the CPAP mask, but are you willing to try it for 2 weeks to see if it helps you be less tired so you can get back to volunteering which you said was most important to you*"

- **Acting on What Matters** requires input & coordination from many disciplines (PT, SW, community organizations, etc.) – Everyone on the same page

What Matters: Your turn

Plan a PDSA to advance your efforts to ask What Matters as part of What Matters Day 6/6