

The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



Samantha Di Paola

sdipaola@healthmanagement.com



FROM BEGINNING TO END: A CASE-BASED EXPERIENTIAL SESSION ABOUT ADVANCE CARE PLANNING

PRESENTED BY:

Barry J. Jacobs, PsyD

Jean Glossa, MD, MBA, FACP

Corey Main, MBA

Nathaniel Curry

Thursday,

September 22, 2022

12:00 pm – 1:00 pm EST

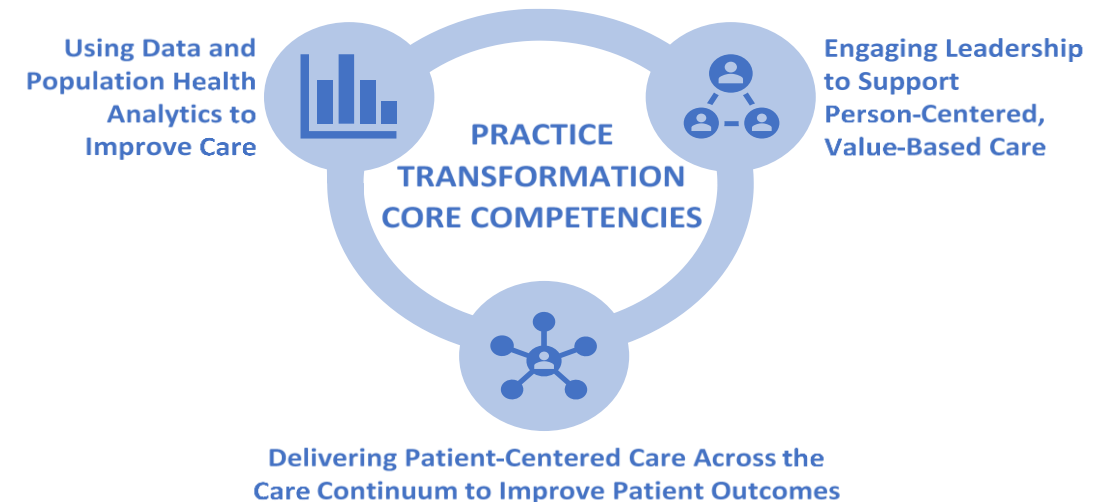
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS INTEGRATED CARE DC?



- » Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- » Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



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Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.



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<https://www.integratedcaredc.com/survey/>



PRESENTERS



Barry J. Jacobs, Psy.D

TA Coach/SME

bjacobs@healthmanagement.com



Jean Glossa, MD, MBA, FACP

TA Coach/SME

jglossa@healthmanagement.com



Corey Main, MBA

Project Manager, CRISP DC

Corey.Main@crisphealth.org



Nathaniel Curry

Project Analyst, DC DHCF

nathaniel.curry@dc.gov

Faculty	Elizabeth Wolff, MD, MPA CME Reviewer	Muriel Kramer, LCSW CE Reviewer	Barry J. Jacobs, Psy.D Presenter	Jean Glossa, MD, MBA, FACP Presenter	Corey Main, MBA Presenter	Nathaniel Curry
Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A	N/A

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- ❖ Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2025. Social workers completing this course receive 1 continuing education credits.
- ❖ To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- ❖ Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.
- ❖ **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- ❖ Certificates of completion will be emailed within 10-12 business days of course completion.

From Beginning to End (So to Speak): A Case-Based Experiential Session About Advance Care Planning

- Welcome and Program Announcements
- Outline processes of and barriers to Advance Care Planning (ACP)
- Breakout rooms to discuss hypothetical ACP cases
- Report out to larger group about breakout room case-based problem solving
- Closing Remarks/Q&A

OBJECTIVES

1. Outline processes of and barriers to Advance Care Planning
2. Describe uses of MyDirectives for uploading and accessing Advance Directives in timely fashion
3. Practice synthesizing clinical skills with use of MyDirectives technological platform



Image permitted by DC Department of Health Care Finance

- » ACP—process of codifying wishes in a transmittable and storable document to be used only when patient is incapacitated
- » Advance Directives—Living Will, Durable Power of Attorney for Healthcare, Psychiatric Advance Directive (Advance Instructions)
- » MyDirectives—platform for downloading available forms (National POLST, DC MOST, Advance Instructions) and then uploading completed forms to HIE to make patient’s codified wishes available to providers in multiple healthcare settings in the region
- » Barriers—patient reluctance, provider discomfort, time



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- » 38-year-old with Type I diabetes whose father died of a heart attack
- » Father had a Living Will saying he didn't want chest compressions
- » Though mother told the paramedics, they did them anyway and broke father's ribs
- » He knows that, because he is at risk for medical events, he should have an Advance Directive. But why bother if healthcare professionals will ignore it?
- » ***What would you say to Samuel?***



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- Doesn't want his chronic illness (diabetes) to define or limit him
- Manages it but tries to put it out of his mind as much as possible. Doesn't want to think of himself as "ill"
- Reluctant to fill out an Advance Directive because doing so will make him feel more vulnerable
- ***What would you say to him?***



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- » Recently had incident in which his blood sugars dropped precipitously while he was driving, causing him to crash his car. Police and EMS who soon arrived mistakenly thought he was drunk or high
- » EMS stabilized him and took him to ER for blood testing for drug screen
- » ***How could EMS staff quickly access his medical records and Advance Directives?***
- » ***How could ER team do the same?***



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- » Took home a copy of the DC MOST to think about it, and showed it to his long-time partner
- » Partner became upset that Samuel was considering declining certain treatments
- » Samuel became more hesitant to fill out form
- » ***What would you advise him?***



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- » 30-year-old man diagnosed with paranoid schizophrenia asked by his care manager to fill out a Psychiatric Advance Directive
- » Reluctant to fill out form because he wants his family to make decisions
- » ***What would you say to Roger and his family members about scheduling a family meeting to discuss? Its purpose?***



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- » His parents are from Senegal and are suspicious of Western medicine
- » They don't accept Roger's illness or purpose of Advance Directives
- » Say, "Decisions should be left up to God"
- » ***What would you say to parents?***
- » ***What might you say to Roger when parents aren't present?***



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- » Roger agrees to work with care manager on Psychiatric Advance Directive
- » But then he becomes anxious about who can access form
- » ***How would you explain where the information goes and who gets to read it?***
- » ***How can it be revised if he wants?***
- » ***How could he remove it?***



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- » Roger's psychiatrist doesn't believe patients as sick as Roger can make good ACP decisions. Feels like Roger's care team is in best position to make treatment decisions for him and suggests that care manager not try to persuade Roger to fill out a Psychiatric Advance Directive.
- » ***How would you handle this?***

- » 32-year-old with severe trauma history, chronic depression with occasional psychosis, cutting, multiple suicide attempts
- » When care manager asks her to fill out a Psychiatric Advance Directive, she becomes upset that care manager thinks she will never stop self-harm
- » ***What words would you use to better explain the purpose of ACP to Jada?***



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- » Jada says she is afraid her family members will see the Psychiatric Advance Directive online and use it against her somehow.
- » Doesn't trust that some of her providers would follow her choices
- » ***How would you explain how her choices would be handled on MyDirectives? How can you assure her that she will retain control of the information on the form?***



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- » Several months after filling out Psychiatric Advance Directive, Durable Power of Attorney for Healthcare, and DC MOST, you receive an alert that Jada was brought that day to the ER after making another suicide attempt by mixing alcohol and Xanax. She is intubated in an induced coma
- » ***As a care manager, can you ensure the hospital team has accessed and is implementing Jada's ACP?***



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- » You get a call from Jada's brother who is furious she is intubated when he knows she wouldn't want to be
- » Blames you for misleading her when she filled out ACP forms
- » ***How would you explain purpose and implementation of her DC MOST to him?***
- » ***How would you explain implementation of her Psychiatric Advance Directive if she is psychotic or otherwise incapacitated when she regains consciousness?***



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» ***Before we have each group describe their case and report out to the larger group, what was this exercise like for you?***

» ***What outstanding questions or concerns do you have about ACP, Advance Directives, and/or MyDirectives?***

» ***After these presentations, how much more comfortable are you with raising Advance Directives with patients?***

- Not at all. Still seems like a daunting task
- A little. Still warming to the idea and practice
- A fair amount. More willing to raise it now
- A great deal. Have greater confidence I can manage the ACP process effectively

- ***During the first presentation, we learned only 15% of you have your own Advance Directives.***

- ***For those without Advanced Directives, are you more likely to fill out Advance Directives now?***
 - Yes
 - No

Q&A

CONTACT US



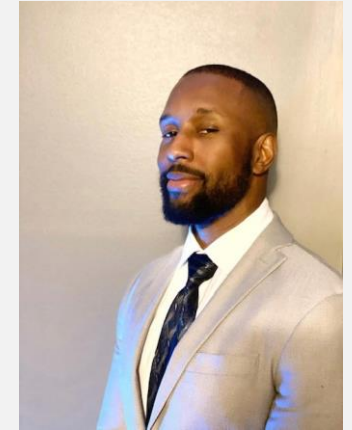
Barry J. Jacobs, Psy.D
bjacobs@healthmanagement.com



Jean Glossa, MD, MBA, FACP
jglossa@healthmanagement.com



Corey Main, MBA
Corey.Main@crisphealth.org



Nathaniel Curry
nathaniel.curry@dc.gov

REFERENCE LIST



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- » "Planning for the Future: Early and Late Goals of Care," 2/24/20 presentation by Bob Arnold, MD to Allegheny Health Network
- » DCMOST form: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/FINAL%20MOST%20Fillable%20Form%20V2%2008182021.pdf
- » Council of the District of Columbia. (2022, July 27). § 21–2221.14A. *establishment of an electronic medical orders for scope of treatment registry*. D.C. Law Library. Retrieved August 23, 2022, from <https://code.dccouncil.us/us/dc/council/code/sections/21-2221.14a.html>
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- » The webinar recording will be available within a few days at:
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- » **Upcoming Webinar:**
 - » **It's a Matter of Context and Compassion: Utilizing Contextualism to Promote Engagement and Health Behavioral Change**, October 18, 12-1pm EST

- » For more information about Integrated Care DC, please visit:
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