



# Return on Investment Implementation of Respecting Choices® Model of Advance Care Planning

First Steps® ACP • Next Steps ACP • Last Steps® ACP

Gundersen Health System is leading the nation with its innovative advance care planning program—Respecting Choices—which is designed to assist individuals in making informed healthcare decisions, select and prepare a qualified healthcare proxy and honor informed decisions. Here is how it started.

With the passage of the Patient Self-Determination Act in 1991, healthcare organizational leaders established advance directive (AD) policies and procedures.<sup>1</sup> Compliance with the law became the goal. This inspired admission assessment questions such as, “Do you have an advance directive?” and subsequent provision of brochures to patients. This AD approach has proven ineffective with low prevalence of completed documents and unavailable, unknown or ambiguous information that lacks the ability to effectively guide clinical decision making.<sup>2-5</sup> Furthermore, ADs may be ineffective in preventing unwanted life-sustaining treatment at the end of life.<sup>3,6-9</sup>

Healthcare leaders in La Crosse, Wisconsin, began with the question, “What assistance do individuals need to plan ahead for future healthcare decisions?” This question led to a different approach to ADs—in fact, it led to the development of a coordinated, systematic, person-centered advance care planning (ACP) program.

Advance care planning (ACP), as defined by Respecting Choices (RC), is a person-centered, ongoing process of communication that facilitates individuals’ understanding, reflection and discussion of their goals, values and preferences for future

healthcare decisions.<sup>10</sup> This innovative approach leads to high quality care for patients and the population while at the same time reducing healthcare costs.

By starting small and building success over time, RC designed microsystems that would be integrated into routine care practices across the continuum of care and embedded in community venues.<sup>9,10</sup> Clinical microsystems have formed the core of many healthcare programs aimed at shaping professional behavior, satisfaction with care, effectiveness, safety, and cost.<sup>11</sup> Specifically, RC ACP microsystems were constructed to identify and honor individuals’ informed healthcare preferences as a component of quality healthcare services.<sup>9,10</sup> It is based on five promises made to patients (Figure 1).

Over two decades of experience with assisting organizations, communities and individuals worldwide, RC has demonstrated sustained success in implementing ACP practices that support

Figure 1

## THE FIVE PROMISES

- 1) We will **initiate** the conversation
- 2) We will **provide** assistance with ACP
- 3) We will **make sure** plans are clear
- 4) We will **maintain and retrieve** plans
- 5) We will **appropriately follow** plans

informed healthcare decisions. This model has been replicated in many different healthcare settings demonstrating the strongest research evidence and the widest generalizability toward ACP in improving outcomes of patient care than any other research. Return on investment using the RC ACP model of care is multi-faceted and assists organizations to achieve their mission and vision along with organizational, system and community goals.

## Evidence-based outcomes

### Respecting Choices improves patient care

- Creates sustained person-centered outcomes through a well-designed system<sup>12-14</sup>
- Assists in providing care and treatment that is consistent with patient goals and values<sup>10,12,14</sup>
- Ensures ACP plans are clear and available to healthcare providers<sup>12-14</sup>
- Integrates specific and easy-to-understand plans into medical decision making<sup>12-14</sup>
- Facilitates individualized, person-centered planning discussions in a consistent and standardized manner across all care settings<sup>3,10,16</sup>
- Results in high patient and family satisfaction with ACP conversations<sup>17-22</sup>

- Results in high satisfaction with hospital care in general<sup>15,17</sup>
- Creates positive impact on family members by reducing stress, anxiety and depression in surviving relatives<sup>17,23</sup>
- Increases prevalence of planning in racially, ethnically and culturally diverse communities<sup>19-22,24-26</sup>
- Improves satisfaction with planning for adolescents with medically stable but serious illness<sup>19-22</sup>
- Increases parent/guardian understanding of their adolescent loved one's preferences<sup>19-22</sup>
- Increases surrogate's understanding of patient's goals of care<sup>18</sup>
- Decreases decisional conflict<sup>17</sup>

### Respecting Choices improves population health

- Improves prevalence of written advance directives<sup>12-14,25</sup>
- Integrates ACP throughout the community<sup>12-14</sup>
- Increases hospice use at end of life<sup>16,23</sup>
- Creates consistent ACP planning materials used for patient education and community engagement<sup>27</sup>
- Increases hospital CPR success (alive at discharge) while decreasing CPR prevalence with associated poor outcomes<sup>28</sup>
- Increases number of ADs naming an appointed surrogate decision maker<sup>10,12,17</sup>
- Increases congruence in patient and surrogate decisions<sup>18-22</sup>

## Respecting Choices controls the per capita cost of care

	Per capita cost of care		
	La Crosse Wisconsin	Statewide Wisconsin	National Average
Reduces unwanted hospitalizations—percent hospitalized at least once during last six months of life <sup>29</sup>	59.5% (below 10th percentile)	67.5%	71.5%
Reduces costs of care in last two years of life due to elimination of unwanted treatment <sup>29</sup>	\$48,771	\$67,443	\$79,337
Decreases hospital care intensity in last two years of life <sup>29</sup>	0.49 (half the national average)	0.72	1.00
Reduces inpatient days in last two years of life <sup>29</sup>	10.0 days (below 10th percentile)	13.2 days	16.7 days
Reduces hospital deaths <sup>29</sup>	20.4%	20.9%	25.0%
Reduces percent of decedents seeing 10 or more different physicians during last six months of life <sup>29</sup>	22.7% (well below 10th percentile)	31.0%	42.0%
Reduces percent of decedents spending seven or more days in ICU/CCU during last six months of life <sup>29</sup>	3.8% (well below 10th percentile)	6.8%	15.2%
Reduces percent of decedents admitted to ICU/CCU in which death occurred <sup>29</sup>	9.5% (well below 10th percentile)	13.1%	18.5%

**Reduces healthcare costs: for each dollar spent on ACP the cost of healthcare is reduced by \$2. The ROI is \$1 for every dollar spent.**<sup>12,30</sup>

## Experiential Evidence— Our Narrative

Respecting Choices values our customers' experiences and promotes replication of other teams' success. Experiences with large urban, rural, geographically spread, statewide initiatives and diverse populations have led to these experiential conclusions as return on investment indicators.

### Respecting Choices improves patient care

- Encourages and enhances shared decision making between individuals, surrogate decision makers and healthcare providers
- Improves clinician competency and comfort level with ACP conversations by developing and enhancing communication and facilitation skills
- Translates patients' goals and decisions into written plan to guide clinical decision making
- Integrates ACP into the routines of patient care over the lifespan of the individual resulting in timely decisions appropriate to stage of illness and acknowledges goals and values may change over time
- Provides specific guidance in making clinical decisions as patients live with advanced illness
- Opens channels of communication between patients and loved ones, strengthening relationships for ongoing discussions and decision making<sup>31</sup>

### Respecting Choices improves population health

- Standardizes the delivery of a consistent ACP service through a systems approach<sup>10</sup>
- Assists in clarifying patient goals of care by exploring the concept of "living well" (i.e., experiences most important to give life meaning)
- Increases professional satisfaction with a standardized approach to ACP
- Decreases moral distress of healthcare providers and clinicians working with patient and surrogate end-of-life decision making
- Promotes timely and appropriate referrals for other needed services (care coordination)
- Creates a common language for the ACP process that assists in engaging and motivating individuals to participate
- Acknowledges the emerging role of the ACP facilitator as a member of the healthcare team<sup>32</sup>
- Creates an effective, engaging and uniform low literacy level AD document available to the community
- Shifts time spent by physician and healthcare team on crisis end-of-life decision making (e.g., family meetings, conflict resolution) to time spent on early and effective ACP
- Defines role of the physician as part of an effective ACP team (e.g., inviting patients to participate in ACP as a part of routine care, ensuring patients understand illness and treatment options, addressing medical questions)

## Aligns With Patient Care Excellence Goals

Respecting Choices aligns with many organizational goals and standards for best practice. The RC model also assists organizations in initiating and sustaining best practices to achieve accreditation, certification, legal and regulatory requirements.

### Mission and Vision

1. Pursuit of Malcolm Baldrige National Quality Award
2. Institute of Medicine's six dimensions of healthcare performance: safety, effectiveness, patient-centeredness, timeliness, efficiency and equity
3. Institute for Healthcare Improvement's Triple Aim

### Excellence in Patient Care

1. Joint Commission accreditation and disease specific certification
2. ANCC Magnet recognition
3. Community Health Accreditation Program (CHAP)
4. Circle of Life Award

### Partner with other Person-centered Initiatives

1. Medical home models of care
2. Care coordination / case management / care navigator programs
3. Palliative care / palliative medicine programs
4. Transitions in care programs
5. Population health management strategies
6. Advanced disease management initiatives

### Promote Shared Savings

1. Shared savings / accountable care organizational models

### In Summary

Implementation of the RC ACP program provides patients with an informed, timely and specific decision-making process, resulting in improved outcomes. To be successful, this approach to planning needs to be supported by an organized ACP system and skilled facilitators who assist individuals and their surrogate and family to understand, reflect upon and discuss goals for making future healthcare decisions in the context of their values and beliefs.

The Respecting Choices model ensures that

- Decisions are accurately reflected in written care plans that are available to the health professionals providing treatment in all settings of care.
- Care plans are reviewed and updated over time to make sure they stay current.
- Well-designed social and community engagement is undertaken that promotes the value and need of ACP.

This evidence-based program can be successfully replicated and returns on investment achieved in diverse communities and cultures worldwide.

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