

**Developing the Minnesota Cancer Plan
Step 2: Recommend Objectives and Strategies**

Workgroup: Advance Care Planning

Date: June 14, 2016

Objective: Increase awareness of the benefits of advance care planning (Objective 20)

Desired Outcome:

- More individuals and families will gain access to ACP resources and tools
- More individuals wishes will be honored at the time of death
- More families will understand the patients wishes related to end of life care treatment options
- Stress will be reduced for all involved

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?

- Standardization of ACP tools
- Normalization of ACP conversations in our culture
- Clearer understanding of what ACP is and what it isn't
- More providers are trained in their role in ACP
- More employers are offering ACP resources to their employees
- A payment structure is embedded into health insurance payments to providers

Alignment:

Partners currently working on this objective and type of activity: (Don't get hung up on "partners." Who's working on this?)

Organization	Activity (such as PSE change, education, programmatic)
Honoring Choices Minnesota	Community awareness, clinical education, hospital readiness, health and human service alignment.
Stratis Health	Rural palliative care programming

MN Network of Hospice and Palliative Care	Similar mission to HCM, but with hospice and palliative care focus
Hospitals, clinics, long term care facilities	Shari
MN Hospital Association	Shared vision
Health insurance companies	
Many others	

Stakeholders for this issue not currently working on it and potential role: [These organizations are working on this independently. Are there strategies that would benefit from aligning forces?]

Organization	Potential role (PSE change, education, programmatic)
Multicultural organizations	Assisting in multicultural outreach
Faith based organizations	Assist in broad dissemination of ACP education
Employers	Assist in broad education and awareness to employees
Health and human service organizations	Assist in the standardization
Medical organizations	Assist in standardization
Senior organizations	Assist in education
Insurance companies	Assist in broadening payment of providers for having conversations

Strategies

Strategy #1: Partner to convene statewide organizations to develop and then conduct a large scale community awareness and education campaign with consistent messaging and resources for Minnesotans coming from all regions and sectors of the state.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

- Increase media events (including radio, television, public television)
- Increase community based events
- Increase the number of stakeholders to represent more fully the sectors of the state that are being targeted

Rationale:

A state wide conversation about the important of ACP can help to minimize confusion, increase participation, and lead to increased patient satisfaction leading to better outcomes. There is already a campaign underway in Minnesota that is mature and whose mission aligns with the stated strategy. It is called Honoring Choices Minnesota. There are other programs that are also operational that are part of the Honoring Choices collaborative that could be called upon to enhance the strategy.

This is an evidence-based practice promising practice other. Please explain.

There is clear evidence that a broad based communication strategy is an effective way to communicate messages to a wide audience.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes. There is evidence that multicultural communities handle ACP conversations much differently than Western cultures. For example, some cultures believe that talking about ACP will bring immediate death. There is also distrust in some communities of the medical system, so when ACP is discussed in a clinical setting, the immediate reaction might be of rationing care.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank 1 of 3 strategies

Strategy #2: Educate health professionals about tools and resources, including culturally appropriate resources, that can help them to have meaningful conversations with patients and families about advance care planning.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Rationale:

Physicians are likely to be the first person to know that the life of the patient is coming to an end yet they are clearly uncomfortable

discussions the issue with the patient. Physicians do not have the flexibility in their schedules to have lengthy discussions with their patients about goals of care, values, beliefs about end of life care health care preferences. As the Baby Boomers age into Medicare, these types of conversations are becoming more and more critical because our health care systems are already stretched.

This is an X evidence-based practice ___ promising practice ___ other. Please explain.

There is evidence that physicians are not adequately trained to have these conversations.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes. Part of the education and tools and resources would include culturally appropriate approaches to talking about ACP. The economic and geographic barriers can be addressed but are not central to the education of providers.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank 2 of 3 strategies

Strategy #3: Collaborate with EMR vendors and/or health care systems to develop best practices for housing and retrieving ACP material in the electronic medical record.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

- The number of health care systems will prioritize this issue.
- A training program will be developed within hospital systems that would train providers on where to find the ACP materials in the EMRs (focus on emergency medicine and primary care providers).
- Increase in the number of EMR providers that would work collaboratively on this problem

Rationale:

If a patient and his/her family take the time to go through ACP, and they give the documents to their physician it is reasonable to believe that the physician can find the document in the EMR. There is also the potential for a liability issue if the patient's wishes are not honored when the ACP materials were available but not followed.

This is an evidence-based practice promising practice other. Please explain.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank of strategies