

SERIOUS ILLNESS CARE PROGRAM STUDY

September 2012-June 2016

The Serious Illness Care Program was created by palliative care experts at Ariadne Labs to ensure all patients with a life-threatening illness have more, better, and earlier conversations with their clinicians about what matters most. A four-year study at the Dana-Farber Cancer Institute demonstrated that the program led to more, better, and earlier conversations between clinicians and patients and reduced patient anxiety and depression. The intervention did not demonstrate whether the conversations resulted in care that aligned with patient goals or greater peacefulness. The intervention did not impact survival rates. For more information on this study, visit www.ariadnelabs.org/sic.

Serious Illness Care Program: Study Intervention

- » Serious Illness Conversation Guide: offers clinicians language to ask patients about goals, values, and wishes
- » A 2.5-hour training for clinicians on using the conversation guide and navigating patient conversations
- » In-person, email, or telephone clinician coaching on the use of the conversation guide
- » Pre-conversation letter introducing the guide to patients and a family guide for continuing the conversation
- » Use of a "surprise question" to identify patients who should have a serious illness conversation
- » Email reminders for clinicians to have the conversation with patients
- » Documentation template in the EMR ensuring results of the conversation are available to the entire care team

Study Size and Design

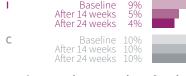
- » A randomized clinical trial at the Dana-Farber Cancer Institute in Boston
- » 278 patients with advanced cancer (134 intervention, 144 control)
- » 91 oncology clinicians (48 intervention, 43 control)

Journal Publications

"Effect of the Serious Illness Care Program in Outpatient Oncology: A Randomized Clinical Trial", JAMA Internal Medicine; DOI: 10.1001/jamainternmed.2019.0077. "Evaluating an Intervention to Improve Communication Between Oncology Clinicians and Patients With Life-Limiting Cancer", JAMA Oncology; DOI: 10.1001/jamaoncol.2019.0292

Results I: Intervention C: Control





and Peacefulness: The study was unable to demonstrate whether the conversations resulted

in care that aligned with

patient goals, or brought about greater peacefulness at the end of life.

Goal Concordant Care

45% decrease in proportion of patients with moderate to severe depression at 14 weeks

I	Baseline After 14 weeks After 24 weeks	11%	
С	Baseline After 14 weeks	21%	

96%

proportion of patients with a documented discussion before death

More conversations 3 conversations 1

per patient C 2 conversations

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per patient
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Better conversations

Values & goals	89% 44%
Prognosis or illness	91%
understanding	48%
Life-sustaining	63%
treatment preferences	32%
End of life care planning	80% 68%

Earlier conversations

4.8 months before death Т

С 2.4 months before death

More accessible EMR documentation of conversations

61%

PATIENT-TESTED LANGUAGE

🗄 | "I'd like to talk about what is ahead with your illness and do some thinking in advance

about what is important to you so that I can make sure we provide you with the care you want — is this okay?"

ASSESS

"What is your understanding now of where you are with your illness?"

"How much **information** about what is likely to be ahead with your illness would you like from me?"

SHARE

"I want to share with you my understanding of where things are with your illness..."

Uncertain: "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility." OR

Time: "I **wish** we were not in this situation, but I am **worried** that time may be as short as _____ (express as a range, e.g. days to weeks, weeks to months, months to a year)." OR

Function: "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

"What are your most important goals if your health situation worsens?"

"What are your biggest fears and worries about the future with your health?"

"What gives you strength as you think about the future with your illness?"

"What abilities are so critical to your life that you can't imagine living without them?"

"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"

"How much does your **family** know about your priorities and wishes?"

CLOSE

EXPLORE

"I've heard you say that _____ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we _____. This will help us make sure that your treatment plans reflect what's important to you."

"How does this plan seem to you?"

"I will do everything I can to help you through this."





Serious Illness Conversation Guide

CONVERSATION FLOW

1. Set up the conversation

Introduce purpose Prepare for future decisions Ask permission

2. Assess understanding and preferences

3. Share prognosis

Share prognosis Frame as a "wish...worry", "hope...worry" statement Allow silence, explore emotion

4. Explore key topics

Goals Fears and worries Sources of strength Critical abilities Tradeoffs Family

5. Close the conversation

Summarize Make a recommendation Check in with patient Affirm commitment

6. Document your conversation

7. Communicate with key clinicians



