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

<table>
<thead>
<tr>
<th></th>
<th>I: Intervention</th>
<th>C: Control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>50% decrease in proportion of patients with moderate to severe anxiety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>After 14 weeks</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>After 24 weeks</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>45% decrease in proportion of patients with moderate to severe depression at 14 weeks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>After 14 weeks</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>After 24 weeks</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>More conversations</strong></td>
<td>proportion of patients with a documented discussion before death</td>
<td></td>
</tr>
<tr>
<td>I: 3 conversations per patient</td>
<td>96%</td>
<td>79%</td>
</tr>
<tr>
<td>C: 2 conversations per patient</td>
<td>79%</td>
<td>63%</td>
</tr>
<tr>
<td><strong>Better conversations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values &amp; goals</td>
<td>89%</td>
<td>44%</td>
</tr>
<tr>
<td>Prognosis or illness understanding</td>
<td>91%</td>
<td>48%</td>
</tr>
<tr>
<td>Life-sustaining treatment preferences</td>
<td>63%</td>
<td>32%</td>
</tr>
<tr>
<td>End of life care planning</td>
<td>80%</td>
<td>68%</td>
</tr>
<tr>
<td><strong>Earlier conversations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I: 4.8 months before death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C: 2.4 months before death</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>More accessible EMR documentation of conversations</strong></td>
<td>61%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Goal Concordant Care 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.
Serious Illness Conversation Guide

PATIENT-TESTED LANGUAGE

**SET UP**

“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?”

“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?”

“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.”

**SHARE**

“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?”

“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.”

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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**