What Can I Do?
5 Ways to Promote Advance Care Planning

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What is Palliative Care?

➔ Palliative care is specialized health care for people living with a serious illness.

➔ Focused on providing relief from the symptoms and stress of an illness, and it is based on need, not prognosis.

➔ Goal is to improve quality of life for both the patient and the family.

➔ Provided by a specially-trained team of physicians, nurses, and other specialists who work together with a patient’s other doctors to provide an extra layer of support.

➔ Appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.
The Center to Advance Palliative Care

CAPC provides tools, training, technical assistance, and connection for all clinicians caring for people with a serious illness.

Our levers for change:

➔ Playbook for sustainable palliative care program design
➔ Think tanks with health plans, clinicians, and policy-makers
➔ Web-based palliative care skills training for clinicians
Identify Opportunities

➔ Broader view of Advance Care Planning
➔ Clarify fears, hopes and preferences
Interventions

➔ Use of clergy in faith-based congregations
➔ Lay ACP navigators
  – Dedicated time
  – Health literacy
  – Follow up
Communication Skills

➔ Staff comfortability in navigating conversations
➔ Use evidence-based tools and scripts (e.g. VitalTalk)
➔ Explore meaning of words/phrases; clarify and ask open-ended questions
➔ Opportunity to identify and address barriers

Patient describes an instance where a family member had a negative outcome with care, e.g., “My aunt did what they told her to do, but still ended up in the hospital.”

“Anybody would be concerned about that. I would be concerned too. What happened?… Do you think she was being treated differently because of her background?”

https://www.vitaltalk.org/guides/bridging-inequity/
Trusting Relationships

- Acknowledge mistrust
- Help restore trust and empower
- Tool to understand person’s preferences

Simulated demonstration video below created by Ariadne Labs Serious Illness Care Program
Action Planning

→ This is not “one and done” – over time there will be changes in preferences
→ Provide information on how to learn more about advance care planning
→ Recommend follow-up actions to complete the advance care planning process
Advocate

Advocate for a state registry for advance care plans

This is everyone’s responsibility

- All types of professions (healthcare providers, social workers, clergy, senior center directors) have a role to play
THANKS!

→ CAPC COVID-19 Response Resources Hub / Communication (https://www.capc.org/covid-19/communication/advance-care-planning/)

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