



# Welcome!

*We will get started promptly at 12 noon.*



## Advancing Health Equity in End of Life Planning and Care

Name: Laura Benzel and Laura Vanderhill

Date: April 7 and 13



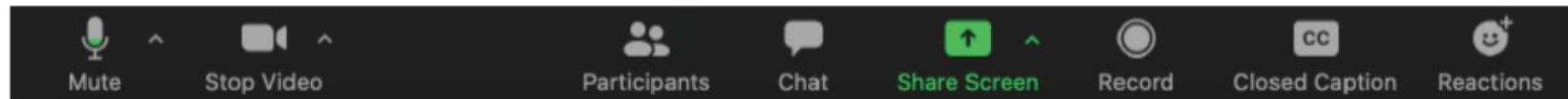
■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Use Chat to introduce yourself & ask questions

## How to use Zoom

At the bottom of your screen, you will see a black bar with icons:



Chat **Everyone** for general comments or questions

# Welcome!

---

- Today's session is being recorded
- Although we want active participation, we ask that you please keep yourself on 'mute' during the presentation
- Please introduce yourself (name, organization & role, location) using the Chat feature

# The IPRO QIN-QIO

## The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

### IPRO:

New York, New Jersey, and Ohio

### Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

### Qlarant:

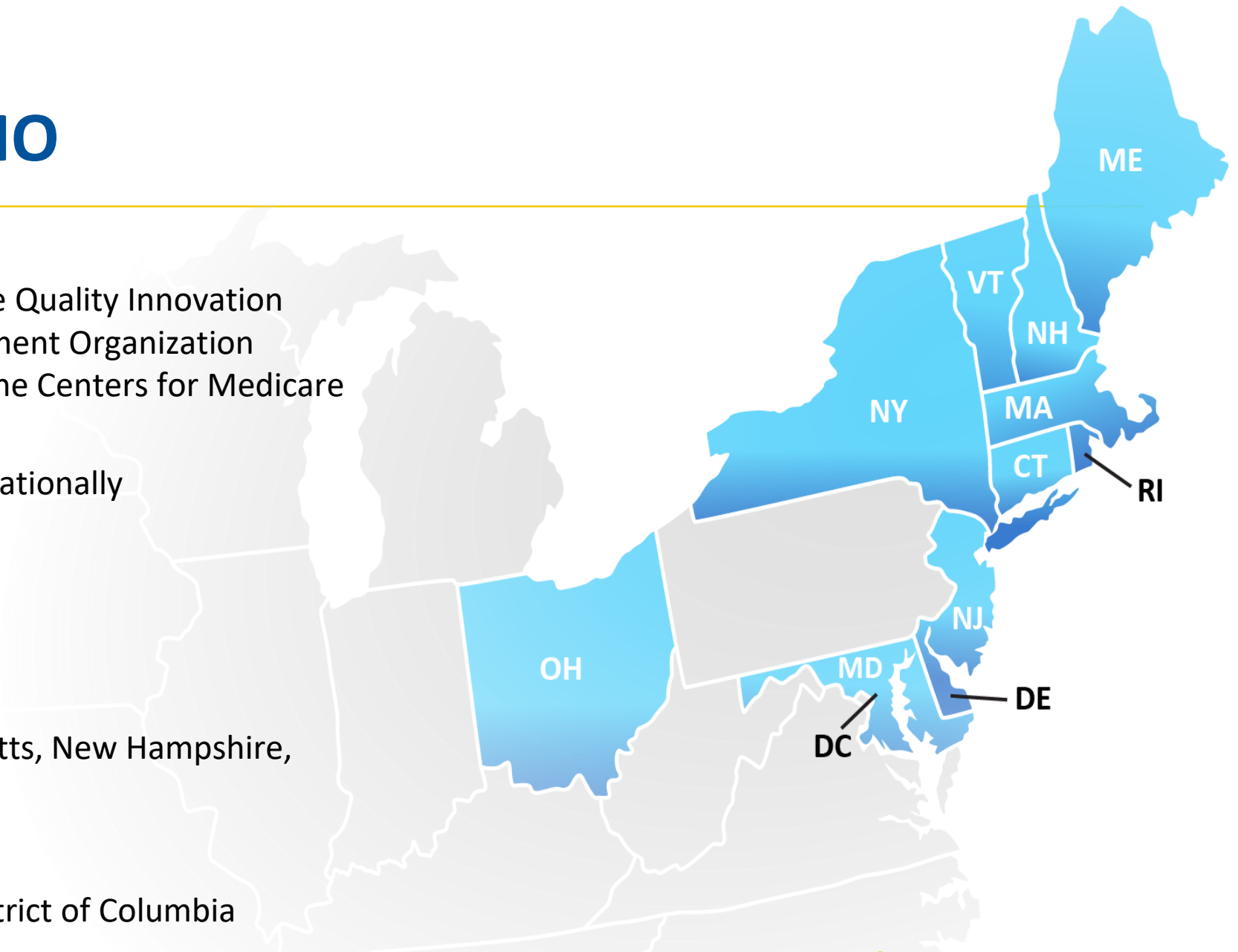
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for  
**20% of the nation's Medicare FFS beneficiaries**



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP



# IPRO QIN-QIO *small Talk* series January-June 2022

---

Our *small Talks* are short, impactful presentations designed to meet your needs during this uniquely challenging time.

Two different topics will be presented on a monthly basis and each *small Talk* will:



Consider a ***challenge***

Identify ***interventions***

Guide you to a specific ***result*** or outcome



## Advancing Health Equity in End of Life Planning and Care

Name: Laura Benzel and Laura Vanderhill

Date: April 7 and 13



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Quick Overview



1

**CHALLENGE:** Recognize that racial and ethnic minorities, and individuals with lower socioeconomic status experience disparities in end-of-life planning and care.

2

**Intervention:** Discuss strategies and resources for addressing disparities in end-of-life planning and care.

3

**Result:** Be prepared to use best practices & resources to reduce these disparities.



# Terms and definitions

---

- Advance Care Planning
- Advance Directives
  - Health Care Agent, Health Care Proxy
  - Personal Directive/Living Will/Five Wishes
- POLST
- DNR/CC
- Palliative Care
- Hospice Care

# Disparities in End-of-Life Care and Planning

- Racial and ethnic minority patients and individuals with lower socioeconomic status are more likely to:
  - experience disparities with access to advance care planning
  - have more aggressive and non-beneficial medical care at end-of-life
  - Have poorer pain and symptom management at end-of-life
  - not have a documented advance directive
- Black patients are less likely to be believed when they report pain and other symptoms, and are 3 times more likely to not have their preferences for care taken into account
- There is less access to home care services for those who are economically disadvantaged, which disproportionately affects Black, Hispanic and other minorities

# Disparities in Nursing Home EOL Care

---

- Differences in EOL care were most apparent among nursing homes with higher proportions of Black residents
- Racial/ethnic minority residents were less likely to complete advance directives
- Black residents were consistently less likely to use hospice/palliative care before death
- Hispanic and Black residents were more likely to experience an EOL hospitalization compared with non-Hispanic White residents
- Racial/ethnic minority residents experienced worse pain and symptom management at the EOL

<https://pubmed.ncbi.nlm.nih.gov/33428892/#:~:text=Differences%20in%20EOL%20care%20were,to%20use%20hospice%20before%20death>



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Benefits of Advance Care Planning & Palliative Care

---

- Has been proven to reduce hospitalizations & 30-day readmission rates:
  - One study found advance care planning decreased hospitalization for nursing home residents by 9 – 26%
- Can boost hospice and palliative care utilization
- Can reduce health care costs
- Can reduce elder abuse
- Improve patient and family satisfaction
- Medicare reimburses for advance care planning

<https://www.sciencedirect.com/science/article/abs/pii/S1525861015007768>



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# CMS Reimbursement

## CODING

Hospitals, physicians or non-physician practitioners (NPP) may bill ACP services if the practice scope and Medicare benefit category include the services described below.

### CPT Codes & Descriptors

| CPT Codes | Billing Code Descriptors  |
|-----------|---|
| 99497     | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate    |
| 99498     | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure) |

**NOTE:** There are no limits on the number of times you can report ACP for a given patient in a given time period.

# Interventions - Where to Start?

---

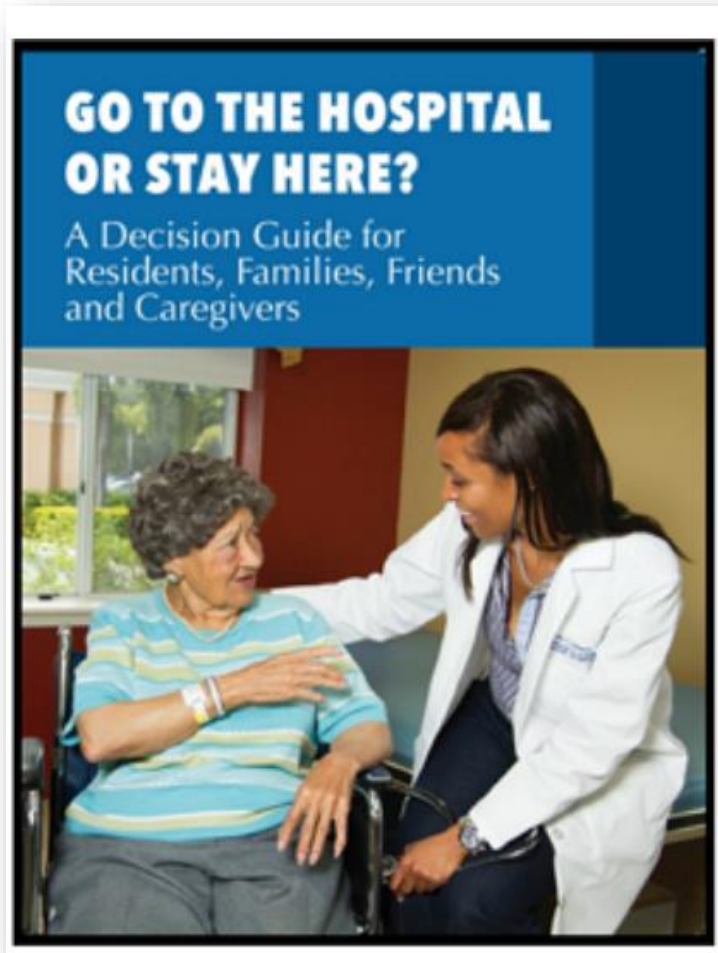
- Start with an internal, organizational assessment
- Encourage staff to complete their own advance directives
- Offer provider education about cultural humility and implicit bias, as well as how to have challenging conversations with patients about EOL care
- Build an interdisciplinary team
  - Social workers, nurses, patient navigators, chaplains
- Designate a champion to encourage advance care planning as a standard practice for all patients/residents
- Consider developing community-based partnerships (NHPCO guide)
  - Faith-based organizations & community leaders, senior centers, etc.

# Interventions – Next steps

---

- Data: collect REaL and SOGI information, and screen all patients for SDoH needs using evidence-based tools (i.e. PRAPARE)
- Build patient knowledge & health literacy
  - Provide information, forms, and opportunities to ask questions
- Start early, if possible – before the decline, before the crisis
- Address cultural & language barriers
- Use shared-decision making tools and trauma-informed care approach
- Be intentional, proactive and authentic when communicating

# Decision Guide and Inclusion & Access Toolkit



<http://www.decisionguide.org/>



■ Healthcentric  
Advisors  
■ Qlarant

**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP



# Having the Conversation: Communication strategies

---

- Key things to consider:
  - Importance of building trust
  - Recognize that problems – like implicit bias – exist
  - Ask what matters most for the patient
  - Remember that group decisions may be the cultural and social norm for some patients

<https://www.capc.org/covid-19/communication-skills-bridging-inequality-during-covid-19-pandemic/>  
<https://www.vitaltalk.org/guides/bridging-inequity/>



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Building trust

---

- Patient or family member says: “I’m concerned I’m not being told everything about ...”
- Clinician response: “Let’s start with what you are most concerned about. Your trust is important to me.”

# Acknowledging a previous negative experience

---

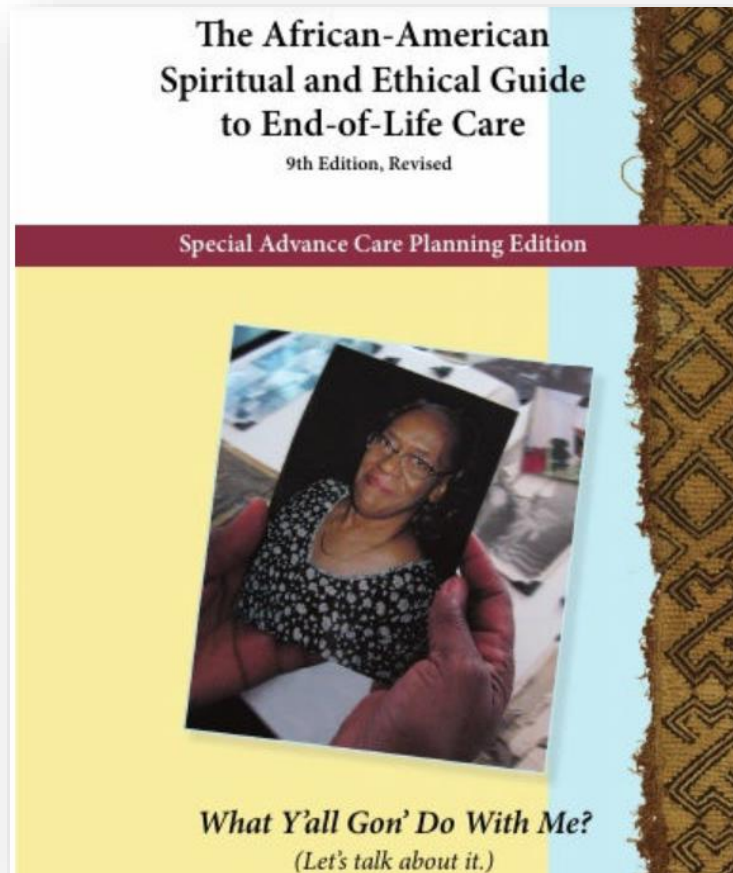
- Patient may feel that nothing was done during that previous experience, or their concerns were not taken seriously.
- Possible clinician responses:
  - “I would be concerned about that, too. Can you tell me more about what happened?”
  - “I have heard from other patients who had negative experiences that this can make it hard to trust the medical system. How has it affected you?”
  - “That sounds very frustrating. I want to do what I can to help you get the care (or information) you need.”

# Person-centered care planning examples

---

- “I’m going to describe what I think would be the best plan for your condition at this time and then I want to hear your thoughts and concerns so we can meet your preferences. Please ask for clarity at any time. My goal is to help you in the best possible way.”
- “Many of my patients want to bring in a family member or faith community member, and I welcome that. If there is someone you want to have here, we can do that.”

# Tools for a culturally-informed approach



## Kagawa-Singer & Blackhall's ABCD Cultural Assessment Model

Kagawa-Singer and Blackhall developed a cultural assessment mnemonic approach to assess the degree of cultural adherence to help avoid stereotyping and decrease the risk of miscommunication (Kagawa-Singer & Blackhall, 2001). The ABCD cultural assessment is outlined below:

| Relevant Information   | Questions and Strategies for the Health Care Provider   |
|--|---|
| <b>Attitudes of parents and families:</b> <ul style="list-style-type: none"><li>What attitudes does this ethnic /cultural group in general – and the patient and family in particular – have about truth telling with regard to diagnosis and prognosis?</li><li>What is their general attitude towards discussion of death and dying?</li><li>Do they have positive or negative attitudes about particular aspects of care?</li></ul> | <ul style="list-style-type: none"><li>Increase one's knowledge about the values, beliefs, and attitudes of the cultural group most frequently seen in your practice.</li><li>Determine the patient and family's perception of an illness: <i>"What does your illness/sickness mean to you?"</i></li><li>Determine if the patient uses traditional healing practices and for what problems.</li><li>Determine if the patient or family has positive or negative attitudes about a particular aspect of care being addressed, such as advance directives.</li></ul> |
| <b>Beliefs:</b> <ul style="list-style-type: none"><li>What are the patient's and family's religious and spiritual beliefs, especially relating to the meaning of death and dying, the afterlife, and miracles?</li></ul>   | <ul style="list-style-type: none"><li><i>"Spiritual or religious strength sustain many people in times of distress. What is important for me to know about your faith or spiritual needs?"</i></li><li><i>"How can we support your needs and practices?"</i></li><li><i>"Where do you find your strength to make sense of what is happening to you?"</i></li></ul>  |
| <b>Context:</b> <ul style="list-style-type: none"><li>Determine the historical and political context of the patient's and family's lives, including place of birth, refugee or</li></ul>   | <ul style="list-style-type: none"><li><i>"Where were you born and raised?"</i></li><li><i>"How long have you lived in the United States?" What has your experience been since coming to the U.S. (or the city)?"</i></li></ul>  |

# Resources

---

## **Advance Care Planning and End-of-Life Care: A Guide to Tools & Resources for Patients and Providers**

<https://qi-library.ipro.org/2022/04/06/advance-care-planning-and-end-of-life-care-a-guide-to-tools-and-resources-for-patients-and-providers/>

## **National Hospice and Palliative Care Organization**

Diversity Resource Guides and Toolkits

<https://www.nhpco.org/education/tools-and-resources/diversity/>

## **Centers for Medicare & Medicaid Services (CMS)**

Medicare Learning Network

Advance Care Planning CPT Codes & Descriptions

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/advancecareplanning.pdf>

## **Center to Advance Palliative Care**

<https://www.capc.org/>

## **Five Wishes®**

<https://fivewishes.org/>

## **The Conversation Project®**

Institute for Healthcare Improvement

<https://theconversationproject.org/>



■ **Healthcentric  
Advisors**  
■ **Qlarant**

**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Benefits of Boosters

---

Recent evidence shows that among healthcare and other frontline workers, COVID 19 vaccine effectiveness has decreased over time, especially in those 65 and older, at preventing infection or milder illness with symptoms.

- Booster shots increase immune response
- Booster shots provide improved protection against becoming infected with COVID-19
- Booster shots help prevent COVID-19 with symptoms

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>



### Contact information:

Name: Laura Benzel  
Email: [benzell@qlarant.com](mailto:benzell@qlarant.com)  
Phone: 443-746-4497

Name: Laura Vanderhill  
Email: [lvanderhill@healthcentricadvisors.org](mailto:lvanderhill@healthcentricadvisors.org)  
Phone: 401-528-3290



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP



# Chat In

---

Please unmute yourself or use the chat feature to share questions, ideas, success strategies, and/or lessons learned



Improvement is a Team  
Support



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Leaving in Action

---

Tips for success:

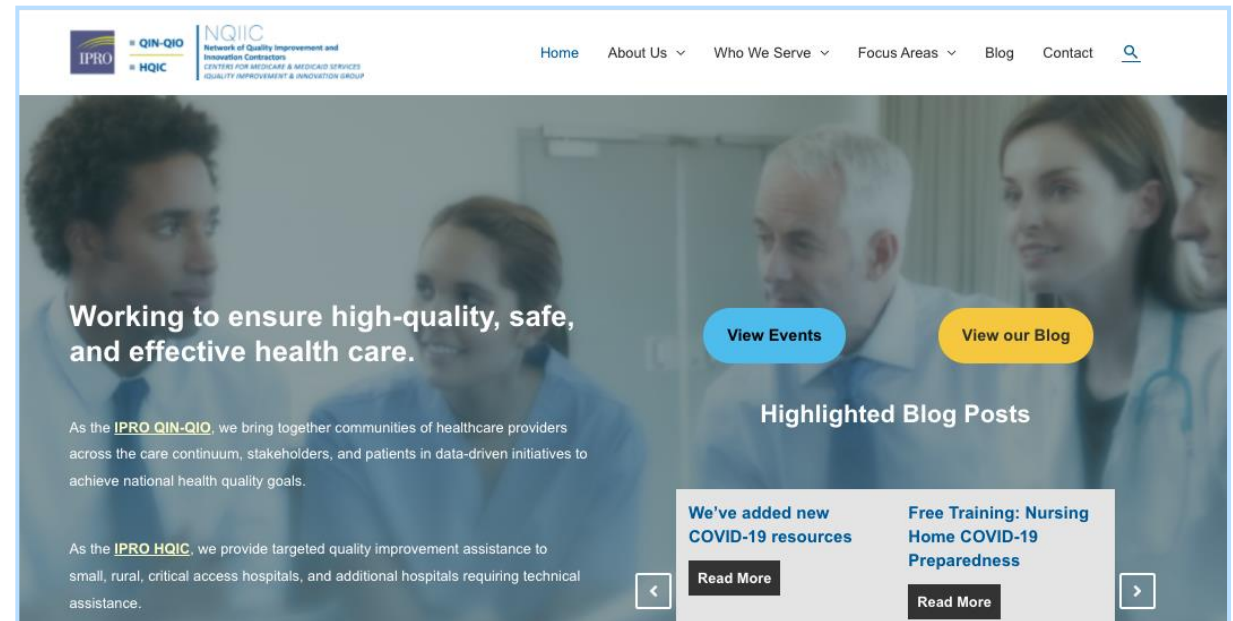
- Access these tools from the IPRO QIN-QIO Resource : <https://qi-library.ipro.org/>
- Small steps of change: for example, start implementing the new process on one unit for two weeks, then evaluate and adjust as needed
- Reach out to our IPRO QIN-QIO team with questions or needs



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Learn More & Stay Connected



## Follow IPRO QIN-QIO



@IPROQINQIO



@IPROQINQIO



@IPRO QIN-QIO



IPRO QIN-QIO

*This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-IPRO-QIN-TA-AA-22-606*



■ **Healthcentric  
Advisors**  
■ **Qlarant**

**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

# Let Us Know More...

---



Your feedback is critically important and will help guide us as we prepare future small Talks and other educational events.

Please take just a few minutes to complete our session evaluation (link is in chat).

# Mark your calendar for upcoming sessions



Access our calendar of events to view upcoming sessions:

<https://qi.ipro.org/upcoming-events/>

*Heart Failure: Patient Self-Management Supports Better Outcomes*

Thurs – April 21<sup>st</sup> @ 12PM

Wed – April 27<sup>th</sup> @ 12 PM

Check in with the QIO - Office Hours

- Share how it's going with your new intervention(s)
- Ask questions
- Learn from your peers

Upcoming sessions: 4/14 & 5/26 @ 12PM

- <https://healthcentricadvisors.zoom.us/j/85491530818?pwd=SUld3QyZllvQURJTVBFdzJndnRqdz09#success>



Healthcentric  
Advisors  
Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Thank You

---

**Thank you for your  
continued  
partnership and  
commitment to  
quality  
improvement.**

