



# Serious Illness Conversation Helps Patients Choose What Matters

## MAKING CHOICES WHEN FACED WITH SERIOUS ILLNESS

An aging U.S. population means more people are living longer with chronic illness.<sup>1</sup> It can be challenging for patients with serious, life-threatening illnesses to make choices about the treatment they would prefer.<sup>2</sup> Often, discussions happen late, and occur when patients are already in crisis or when they are unable to speak for themselves.<sup>3</sup> Technology-heavy end-of-life care is associated with poorer quality of life, decreased patient satisfaction, and increased anxiety and depression for family members.<sup>1</sup>

[Partners HealthCare](#) is a not-for-profit, integrated healthcare system based in Boston, Massachusetts. The Partners HealthCare network includes hospitals, community health centers, physician practices and post-acute care facilities. To help patients, families, and their care teams have productive and meaningful conversations about serious illness care, Partners has leveraged the Serious Illness Conversation Guide, developed by [Ariadne Labs](#) in collaboration with clinicians from [Brigham and Women's Hospital](#) and [Dana-Farber Cancer Institute](#). The implementation across the Partners system was managed by its Population Health team.

[Partners Population Health](#) is a team of teams dedicated to researching and redesigning clinical care

in a way that focuses on the whole patient. They design population health management strategies, programs, and tools. To identify and test meaningful interventions, Partners Population Health collaborates closely with frontline clinicians. A central team works with staff across the Partners system to develop, implement, and manage a systemwide value-based care strategy for all patient populations.

## UNDERSTANDING THEIR OPTIONS

Partners recognized that less than one-third of patients with an advanced, serious illness discussed their goals and preferences with their clinicians. When the conversations did occur, they often took place late in the course of illness when there was little time to take meaningful action. In general, clinicians did not feel prepared to have these conversations. Partners committed to supporting patients with serious illnesses, and their families, by providing the opportunity to discuss treatment preferences earlier, increasing the likelihood that patients would be given the care they wanted to receive.

## SERIOUS ILLNESS CONVERSATIONS

To help patients and families discuss what matters most when facing a serious illness, Partners adopted the [Serious Illness Conversation Guide](#) to prepare providers to integrate these conversations into the plan of care for patients in the integrated care management program.

“With the serious illness conversation project, we are getting to the heart of the matter—helping clinicians have meaningful, honest conversations with patients about what means the most to them. I have been through the training myself and it has given me some tools for bringing up really important, often hard topics for patients.

Sandhya Rao, MD  
 Senior Medical Director  
 Partners HealthCare Population Health

The guide provides Partners primary care team members with training and guidance that enables productive conversations about health care options in the face of serious illness and includes instructions on how to:

- Set up the conversation.
- Assess the patient's understanding of their illness and information preferences.
- Share the prognosis.
- Explore key topics.
- Close and document the conversation.

When a patient has a severe, chronic illness, or multiple conditions such as cancer, congestive heart failure, end stage renal disease, chronic obstructive pulmonary disease, Alzheimer's, and/or stroke, the primary care team can use the guide to help instigate the serious illness conversation.

Clinicians document the conversation in the EMR. Notes are collected and can be easily accessed with a single click in the patient's digital record. Information is available across the Partners system, ensuring subsequent providers have access to view previous conversations and continue to explore what matters most to a patient over time and in different settings. On average, serious illness conversations take nine months to complete.

Partners uses technology, including the Health Catalyst® Analytics Platform and broad suite of analytics applications and the EMR, to collect data about serious illness conversations, and to evaluate the impact of those conversations on trends at the end of life. The analytics platform aggregates clinical and financial data, so Partners can complete a comprehensive evaluation of the effectiveness of the Serious Illness Conversation Guide.

## RESULTS

Having serious illness conversations has helped primary care physicians identify what matters most to patients and has positively impacted the end-of-life experience for patients at Partners. Using data from the initial pilot at Brigham and Women's, outcomes have shown:

- 53 percent of the patients with clinicians who used the Serious Illness Conversation Guide used hospice in the last six months of life. Only 42 percent of patients in the control group (those who did not participate in a serious illness conversation) used hospice in the last six months of life.
  - On average, the patients who participated in a serious illness conversation were in hospice for 27.8 and control patients for 12.3 days.
- \$15,588 savings in total medical expense in the last six months of life.
  - Reductions occurred primarily in the last three months of life. Reductions were in both inpatient medical expense and emergency department expense.

## WHAT'S NEXT

Partners will continue Serious Illness Conversation training, increasing the number of clinicians who feel prepared to have these conversations with patients, helping empower patients to live satisfying lives despite having a serious illness. 📞

## REFERENCES

1. You, J. J., Fowler, R. A., & Heyland, D. K. (2014). Just ask: discussing goals of care with patients in hospital with serious illness. *CMAJ: Canadian Medical Association Journal*, 186(6), 425–432. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3971028/>
2. LeBlanc, T. W., & Tulskey, J. (2018). Discussing goals of care. *UpToDate*. Retrieved from <https://www.uptodate.com/contents/discussing-goals-of-care>
3. Bernacki, R., Hutchings, M., Vick, J., Smith, G., Paladino, J., Lipsitz, S., . . . Block, S.D. (2015). Development of the serious illness care program: A randomised controlled trial of a palliative care communication intervention. *BMJ Open*. Retrieved from <https://bmjopen.bmj.com/content/5/10/e009032>

## ABOUT HEALTH CATALYST

Health Catalyst is a next-generation data, analytics, and decision-support company, committed to being a catalyst for massive, sustained improvements in healthcare outcomes. We are the leaders in a new era of advanced predictive analytics for [population health](#) and [value-based care](#) with a suite of machine learning-driven solutions, decades of outcomes improvements expertise, and an unparalleled ability to unleash and integrate data from across the healthcare ecosystem. Our Health Catalyst Data Operating System (DOS™), a next-generation data warehouse and application development platform—powered by data from more than 100 million patients, encompassing over 1 trillion facts—helps improve quality, add efficiency and lower costs for organizations ranging from the largest US health system to forward-thinking physician practices.

For more information, visit [www.healthcatalyst.com](http://www.healthcatalyst.com), and follow us on [Twitter](#), [LinkedIn](#), and [Facebook](#).