

From Status Quo to Status No:

Effecting Change & Quality Improvement in OB/GYN

Objectives today



Recognize the
importance of QI
work



Reflect on the
intersection of
patient-centered
care & QI



Identify key wins
& pitfalls in QI



Learn from my
mistakes

"The secret of getting ahead is getting started. The secret of getting started is breaking your complex tasks into small manageable tasks." Mark Twain

Disclosures

Conversations should be
between experts

I'm an expert
on healthcare

I'm an expert on
ME and my life!

Patient

www.ogilviedesign.co.uk



"The doctor will see you now —
I can't promise that he'll talk
to you, but he'll see you."

Disclosures, part 2

2010



2020



2017



2023

"Today, in America,
there is **no guarantee** that any individual
will receive high-quality care for any
particular health problem.

ADVISORY COMMISSION ON CONSUMER PROTECTION AND QUALITY IN THE HEALTH CARE INDUSTRY, 1998

Patient Centered Care



"An individual's specific health needs and desired health outcomes are the driving force behind all health care decisions and quality measurements. Patients are partners with their healthcare providers and providers treat patients not only from a clinical perspective, but from an emotional, mental, spiritual, social, and financial perspective."



My Goal:
Patient-
centered EOL
care for all.



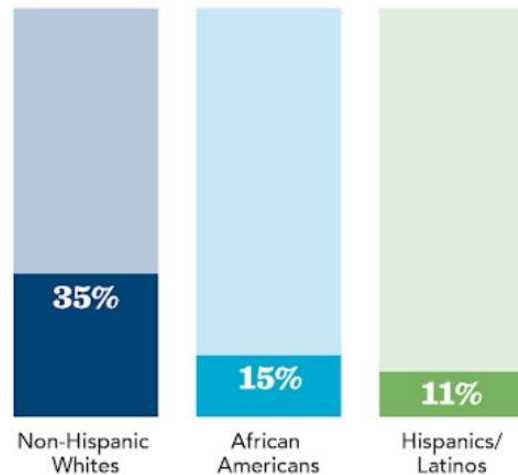
1. Identify the problem(s)

1. We all die.

2. We don't talk about death (if we can help it).

THE RESULT: Patients receive (often unwanted) aggressive & futile end of life care.

DOCUMENTED END-OF-LIFE WISHES
BY RACE



58.3% vs.
63.4%

In last 30 days:

-Cancer-directed therapy

-ICU admission

->1 hospital admission or ED visit

OR

Hospice <3 days



2. Avoid the turtle phase

36.6% made
definitive
outpatient
decision



41.5% never
engaged in
a decision

Increased hospice acceptance

(93.3 vs 68.0%; $p < 0.001$)

Fewer died in the hospital

(5.6% vs 21.1%; $p = 0.004$)

More time between last
chemo & death

(135.5 vs 62.0; $p < 0.001$)





YouTube

3. Assemble the team



Laura Havrilesky, MD MHSC

Gynecologic Oncology

Duke University



David Casarett, MD

Division Chief, Palliative Care

Duke University



Allison Puechl, MD

Gynecologic Oncology

Carolinas Medical Center

The Goal: Timely GOC in high-risk GYN ONC

- **Define the things!**

Timely? High risk?

- **Metrics**

Need an early win!

Must be easy to abstract

- **Feedback**

From everyone!

- **Who does this?**

- **Documentation**

- **Education**

.gynoncgoalsofcare

Advance Care Planning Discussion

Components of today's discussion:

- The patient's understanding of the curability of her cancer is: ***
- The patient's understanding of her prognosis is: ***
- The patient's most important goals of care include: ***
- Discontinuing treatment was discussed in the following context: ***
- Hospice was discussed in the following context: ***
- Code status was addressed today, with the following result: ***

The following people were present for this discussion: @NAME@, {Blank Single :19197:: "Dr. Borchuck", "Dr. Havrilesky", "Dr. Davidson", "Dr. Scord", "Dr. Previs", "Dr. Lee"}, ***

Hospice coordinator contacted (970-1715): ***

Follow up: Will plan to readdress *** in ***

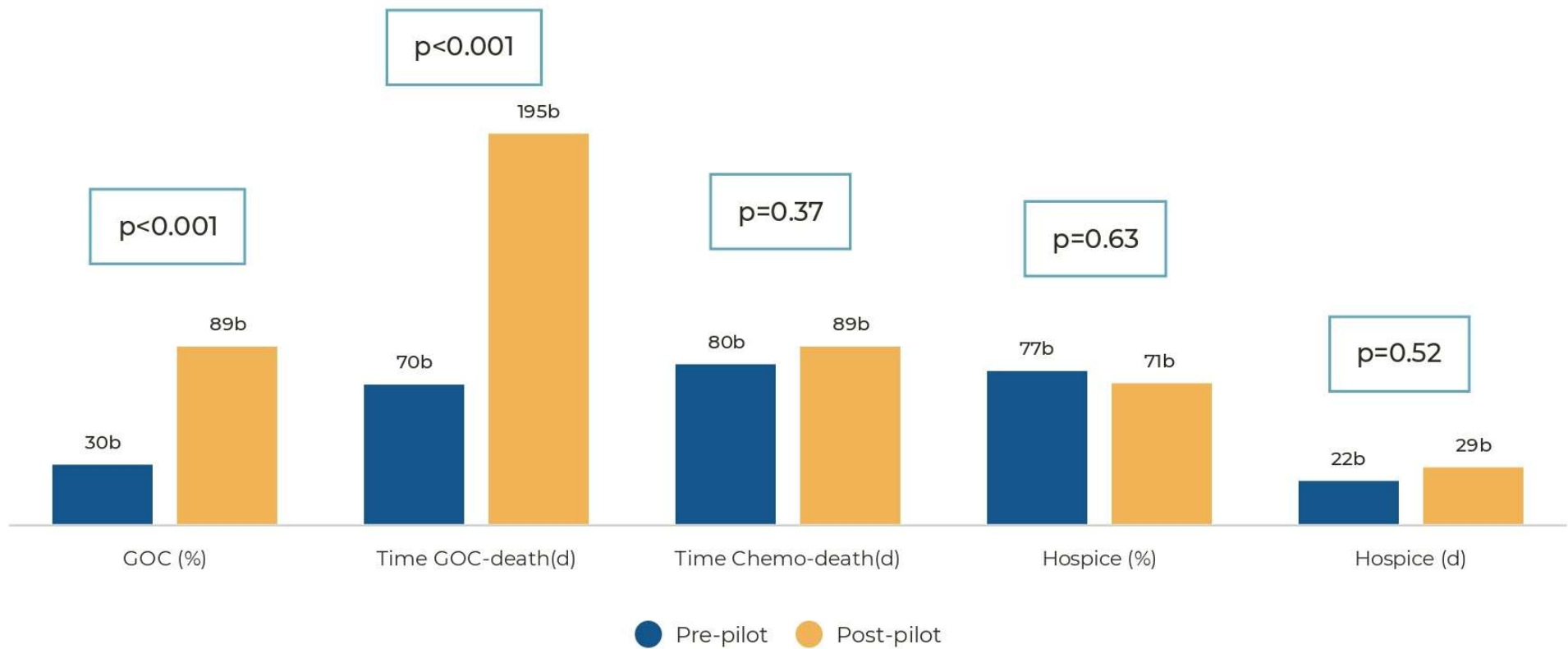
Time spent in direct counseling of advanced care planning: {Blank Single :19197:: "1-15 minutes", "16-45 minutes", "46-75 minutes", "76 minutes or greater", "****"}



	Strongly Disagree	Disagree	Agree	Strongly Agree
3. Improved the care we delivered				
4. Was valuable to my clinical care/team				
5. Accurately identified patients that need advance care planning.				
6. Was burdensome in my daily work				
7. Was difficult to navigate				
8. Would like to continue to use the notification trigger after the study or project is completed				
9. I would recommend the notification to be implemented in other clinics or specialties				

-2/3 agreed patients identified accurately
-88% agreed this pilot enhanced patient care





We had some wins...



Where I got stuck.

- "We know GOC conversations are important"



"I don't have time.
Clinic is already
crazy."



"Patients don't want
to hear all this bad
news"



"My GOC
conversations are
already fine"



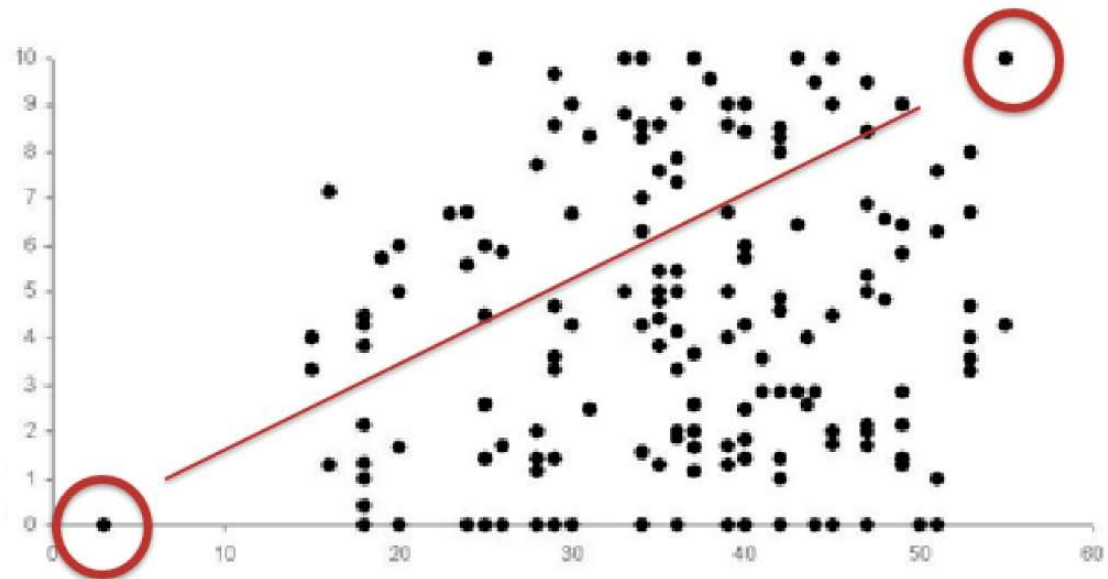
"Faculty are all over
the place in their
approach"





Clearing the Path...

Patient-rated
competence



Doctor self-rated
competence



And minding the elephant...

4 main themes:

1. Delivery: Technique & skill impacts how it lands
2. Family involvement: ASK!
3. Prioritize MY values
4. Need guidance on when to discontinue anti-cancer therapies

“Most of all that [they were] going to be honest with me. That was really critical to me, that when you know in your mind that the gig is up, I want to know that and no fancy words.”—77-year-old with ovarian cancer

“Having it put very gently made a really big difference.. [They] didn’t dash all my hopes of survival, but [they were] realistic about the expectations you know, expect the worst but hope for the best.”—37-year-old with cervical cancer

“I initially was fairly open to having my children there but then they wanted to interject too much. So, I ended up a lot of the time really wanting to see [them] alone because there was just too much of [my children] being intrusive. .. [My daughter] is coming at it from one place and I’m coming from another place and I don’t seem to be able to make [them] you know, understand.”—77-year-old with ovarian cancer



3. Lean into the discomfort



Clay Musser, MD

Hospitalist

Board Certified in Clinical
Informatics



Matt Ainsworth

EPIC Build Analyst



Rashad Senior, MD

Clinical Informatics Fellow



Salam Ibrahim

Performance Services

RCT
time



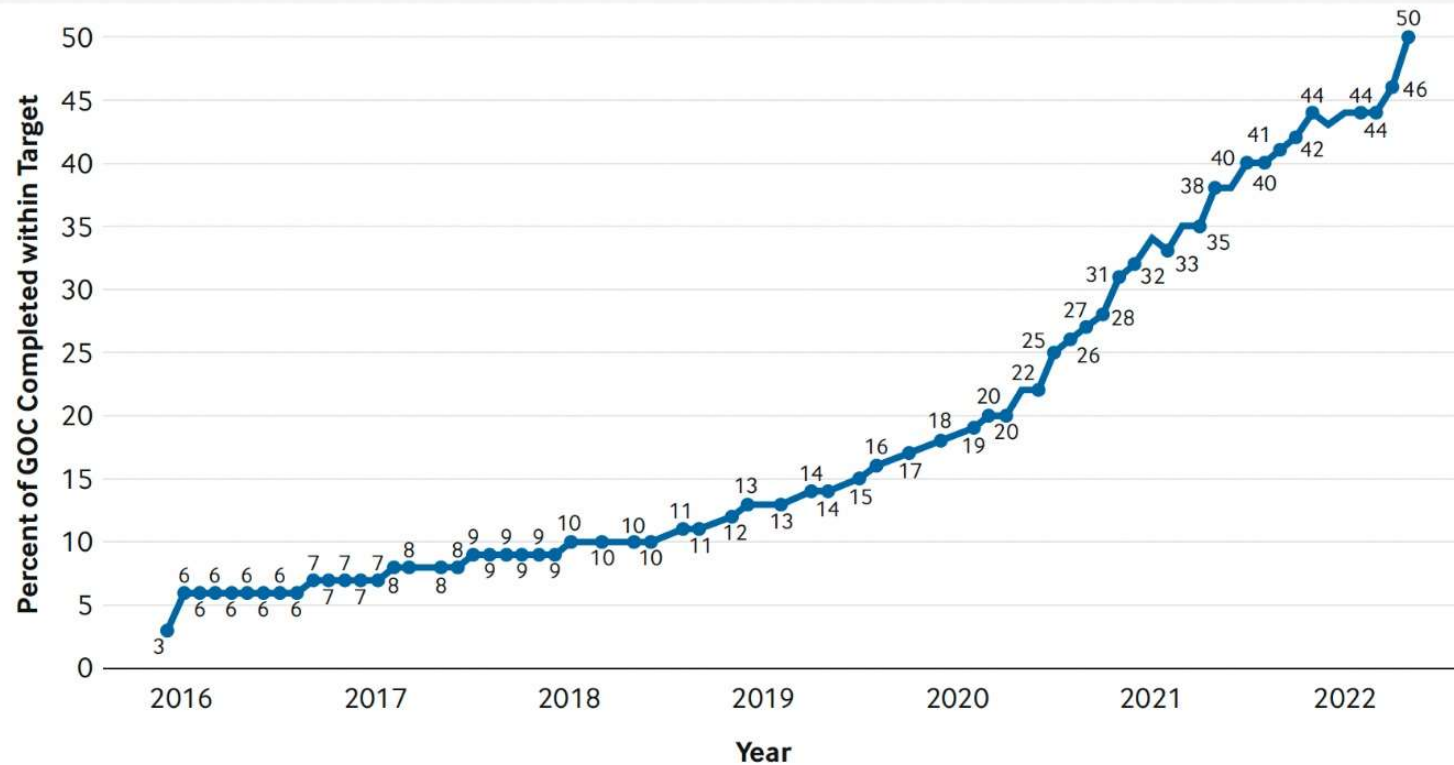
The screenshot displays the Epic EMR 'Plan' page. The top navigation bar includes 'Snapshot', 'Chart Review', 'Charting', 'Notes', 'Plan', 'Oncology', 'Wrap-Up', 'Communications', 'Patient Station', 'Sexual Orientati...', and 'Demo...'. The main content area is titled 'Plan' and includes tabs for 'Immunizations', 'Flowsheets', 'Review Flowsheets', 'Synopsis', 'Order Entry', 'Order Review', 'Pathology Specimen Orders', 'Prep for Surgery', 'Orders for Later', 'Therapy Plan', and 'Orders for Admission'. Below these are sub-tabs for 'Problem List', 'Visit Diagnoses', 'After Visit Summary', 'Med Management', 'Controlled Rx (PDMP)', 'BestPractice', 'SmartSets', and 'Communications'. The 'Problem List' section shows a table with columns for 'Diagnosis', 'Code', 'Sort Priority', and 'Updated'. A 'Goals of Care' advisory is highlighted with a yellow background and a red 'A' in a circle. The advisory text asks, 'Would you be surprised if the patient passed away in the next 6 months?'. Below the question are three radio button options: 'Yes-I would be surprised', 'No-Document GOC/Consider PC consult', and 'Show me this next time'. A green callout box labeled 'Meaningful responses' points to the first two options, and a red callout box labeled 'Deferral' points to the third option. A 'BestPractice Advisories' section is also visible, containing a similar advisory with a red 'B' in a circle. The left sidebar contains patient information, including 'Code: Not on File', 'Advance Care Planning: None', 'COVID-19 Vaccine: Unknown', 'Isolation: Special Airb', 'Surprised if pt passed away in 6 months?' (with a red 'C' in a circle), 'PCP Coverage: None', 'Allergies: No Known Allergies', 'ACTIVE TREATMENTS: None', 'CELL THERAPY: None', '6/4 OFFICE VISIT', 'BP: 120/80 > 1 day', 'Care Gaps: 13', 'LAST 3YR: Admission (Current), Admission (Discharged)', 'Lab (1)', 'Other (1)', and 'Last CrCl: None'. At the bottom, there is a copyright notice: '© 2023 Epic Systems Corporation'.

Table 2 Comparison of three alert types on measures of user response

	Alert type			p-Values ^a			
	Required on Open	Required on Close	Optional Persistent	3-way	RO vs. RC	RO vs. OP	RC vs. OP
Total alerts	757	873	_b	-	-	-	-
Total encounters	521	677	588	-	-	-	-
Any response	521 (100%)	651 (96.1%)	117 (19.9%)	<0.001	<0.001	<0.001	<0.001
Meaningful response	494 (94.8%)	610 (90.1%)	116 (19.7%)	<0.001	0.003	<0.001	<0.001
Initial deferral	165 (31.7%)	74 (10.9%)	2 (0.3%)	<0.001	<0.001	<0.001	<0.001
Alerts/encounter	1.5	1.3	_b	-	-	-	-
Total responses	757	697	120	-	-	-	-
Meaningful	515 (68.0%)	616 (88.4%)	118 (98.3%)	<0.001	<0.001	<0.001	<0.001
“No” (worse prognosis)	53 (10.3%)	43 (7.0%)	16 (13.6%)	0.028	0.047	0.304	0.016
“Yes”	462 (89.7%)	573 (93.0%)	102 (86.4%)				



Where are we now?



25%
all cancer

81%
GYN cancer

93%
GYN ONC on trial

Source: Duke Health

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



How did we get here?

YOU DIDNT COME THIS
FAR TO ONLY COME
THIS FAR

Don't be the
lone nut!

What's the
problem?

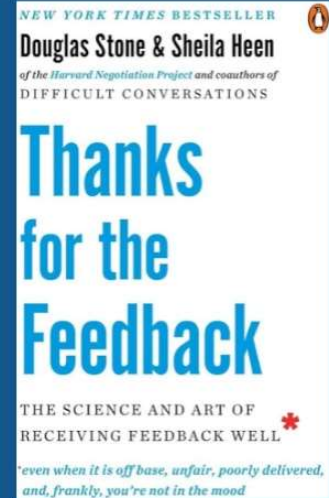
Remember the
rider, elephant
& path!

Embrace the
uncomfortable

Learn to love
feedback

Study your
questions

Be persistent!



So what now...



Clinical trial enrollment &
EOL care



Content analysis of GOC



Streamline GOC
templates



Keep teaching!

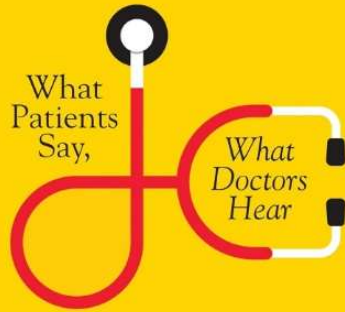
A note for the non-oncologists...

Thank you!

**DO WHAT IS RIGHT.
NOT WHAT IS EASY.**



Danielle Ofri, MD



"With the meticulous care of Oliver Sacks and the deep humanity of Atul Gawande, Ofri...presents compelling evidence that the human, affective relationship is at the very center of responsible practice."
—Andrew Solomon, author of *Far From the Tree*

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How to Unlock the Secret Language of Connection
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