

“Despite the best technologies and efforts, most diseases will progress, and how and when we, as caregivers, communicate these changes in prognosis and options is as important as the treatments themselves.”

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Increase the frequency and quality of Critical Illness Planning discussions

Improve patient experience by empowering those with a serious illness to make choices for their own care

Description: Studies have shown that patients and families would want to talk with their own doctor about end-of-life care but only 7% report having done so. 70% of people say they'd prefer to die at home yet 76% die in an institution receiving aggressive treatment. Most providers are not trained in how to engage in these discussions, and most readily admit that they do not have the skills they need. Many falter in their efforts to do it well. Initiating and having conversations with patients and their families about a serious illness is a skill that is learned and requires training and practice, just as any other complex medical technique or procedure. This immersive training has been developed by experts in advance care planning to assist others in their profession successfully prepare and navigate their way through having a serious illness conversation with patients and family members.

IMPACT

- ✔ Increase physician satisfaction by training them on approaching situations that are difficult
- ✔ Reduce physician burnout – the loss and replacement of a single primary care physician will cost from \$600,000 to \$1 million
- ✔ Improve patient/family satisfaction with provider interactions
- ✔ Improve care by increasing the options discussed with patients
- ✔ Provide “practice” for providers to cement learning over time
- ✔ Increase organizational sustainment with low cost training of newly hired staff while providing reminders for all staff

The prevention of one unnecessary readmission, for a patient who didn't want it, pays for the training of 70 providers.

Accreditation:

- CME - Lahey Clinic Hospital Inc.
- CREDIT: 1.00 AMA PRA Category 1 Credit(s)
- EXPIRATION: Oct 1, 2020

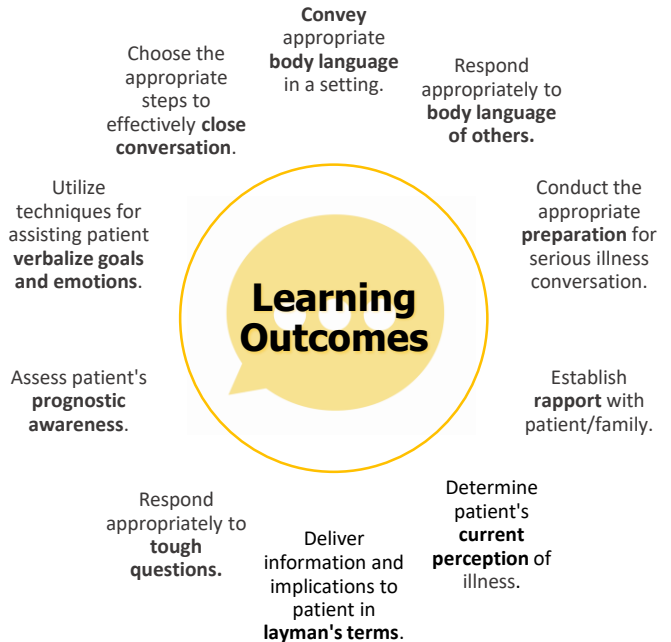


Recommended for Physicians

- ✔ Oncology
- ✔ Home Health
- ✔ Cardiology
- ✔ Hospice care
- ✔ Family Medicine
- ✔ Palliative care
- ✔ Geriatrics
- ✔ Primary Care

Features

- 👉 3 Modules of interactive immersive learning that includes both acute and ambulatory settings
- 👉 Professionally voiced avatars, combined with subtle branching options, teaches the learner the importance of “how” things are communicated as well as “what” is communicated
- 👉 Female and Male voice-over choice allows for maximum learner immersion
- 👉 SCORM compliant to allow for completing the learning in multiple sessions without repeating previously completed segments
- 👉 Robust “Resources” section including subject related materials as well as key journal article lookup information
- 👉 Facial recognition (emotion reading) “Quiz” allows for repetitive practice at the learners’ discretion
- 👉 Multi-segment learner assessment takes place over several patient engagements over a 7-year period to mimic real-world application of learning material
- 👉 Hardware compatibility for Windows computers as well as iPad tablets



Business Case:

The significant spending of healthcare dollars during the end of patients’ lives is related, at least in part, to the fact that many patients have not thought about how they would like to be treated – or not treated – during the final stage of their lives. While some patients have living wills/advanced directives, others may never have considered what they will want at the end of their life.

Number of Beds	Discharges	Readmits	Preventable Readmits	Preventable Costs	Target Savings (10%)	Physicians Trained	ACP Cost	Year 1 Net Savings
100	6,000	810	203	\$ 2,835,000	\$ 283,500	200	\$40,000	\$243,500
200	12,000	1,620	405	\$ 5,670,000	\$ 567,000	450	\$90,000	\$477,000
500	30,000	4,050	1,013	\$14,175,000	\$1,417,500	1150	\$130,000	\$1,287,500