Speaking About Goals & Expectations (SAGE)

The SAGE Program: Social Work Innovation in Palliative Care

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Agenda

• Overview of Serious Illness Care Program (10 min)
• SAGE Program: Social Work Leadership in Primary Palliative Care (15 min)
• Questions (5 min)
Objectives

• Discuss the value of earlier conversations about patients’ values in advancing serious illness

• Give an example of best practices in language for serious illness communication

• Describe an innovative, social work-led, primary palliative care initiative aimed at improving serious illness conversations
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Early conversations about patient goals and priorities in serious illness are associated with:

- Enhanced goal-concordant care
- Time to make informed decisions and fulfill goals
- Improved quality of life
- Higher patient satisfaction
- More and earlier hospice care
- Fewer hospitalizations
- Better patient and family coping
- Improved bereavement outcomes

Mack JCO 2010; Wright JAMA 2008; Chiarchiaro AATS 2015; Detering BMJ 2010; Zhang Annals 2009
However there is a gap between what we know and what we do

✓ High-Value Care
✓ Patients want conversations
✓ Good for patients

➢ Avoid conversations
➢ Defer to others
➢ Conduct too late
Why does this gap exist?

- Lack of clinician training
- Time constraints
- Varying attitudes around serious illness conversations
  - Uncertainty about timing
  - Concerns about harming patients
  - Ambiguity about who is responsible (multiple clinicians)
- Prognostication challenges
- No systematic way of identifying high-risk patients

The goal is to bridge the gap

- High-Value Care
- Patients want conversations
- Good for patients

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### Serious Illness Conversation Guide

#### Conversation Flow

1. **Set up the conversation**
   - Introduce the idea and benefits
   - Ask permission

2. **Assess illness understanding and information preferences**

3. **Share prognosis**
   - Tailor information to patient preference
   - Allow silence, explore emotion

4. **Explore key topics**
   - Goals
   - Fears and worries
   - Sources of strength
   - Critical abilities
   - Tradeoffs
   - Family

5. **Close the conversation**
   - Summarize what you’ve heard
   - Make a recommendation
   - Affirm your commitment to the patient

6. **Document your conversation**

<table>
<thead>
<tr>
<th>Patient-Tested Language</th>
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<tbody>
<tr>
<td>“I’m hoping we can talk about where things are with your illness and where they might be going — is this okay?”</td>
</tr>
<tr>
<td>“What is your understanding now of where you are with your illness?”</td>
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<tr>
<td>“How much information about what is likely to be ahead with your illness would you like from me?”</td>
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<tr>
<td>“Prognosis: ‘I’m worried that time may be short.’ or ‘This may be as strong as you feel.’”</td>
</tr>
<tr>
<td>“What are your most important goals if your health situation worsens?”</td>
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<tr>
<td>“What are your biggest fears and worries about the future with your health?”</td>
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<tr>
<td>“What gives you strength as you think about the future with your illness?”</td>
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<tr>
<td>“What abilities are so critical to your life that you can’t imagine living without them?”</td>
</tr>
<tr>
<td>“If you become sicker, how much are you willing to go through for the possibility of gaining more time?”</td>
</tr>
<tr>
<td>“How much does your family know about your priorities and wishes?”</td>
</tr>
<tr>
<td>“It sounds like __________ is very important to you.”</td>
</tr>
<tr>
<td>“Given your goals and priorities and what we know about your illness at this stage, I recommend…”</td>
</tr>
<tr>
<td>“We’re in this together.”</td>
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</tbody>
</table>

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**BRIGHAM AND WOMEN’S HOSPITAL**
The Program is Having an Effect

- More, Earlier, and Better Conversations
- Patients are driving action from the discussions
- Improved psychological outcomes
- More effective use of resources
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SAGE Key Components

- In-Patient focus
- Primary Palliative Care
- Social-Work Driven
- Interprofessional
- Early, upstream conversations about “what matters most”
- Prioritizes communication at transitions of care
The SAGE mission

To drive our internal culture and systems to improve the lives of Brigham and Women’s Hospital patients with serious illness by facilitating conversations about values and priorities, while delivering high-quality coordinated, personalized, goal-concordant care.
The SAGE model

- Patients identified by Interprofessional Team
- Social Worker consults with care team - prompt conversation
- Conversation by Physician and/or Social Worker
- Documentation and Measurement
- Connect with providers & resources post-discharge
Social workers with generalist practice training have diverse and critical skill sets ideal for primary palliative care interventions, including:

- Counseling/therapy, including specialties
- Empathy and emotional support
- Expertise in family systems and communication
- Resource and referrals
- Psychosocial assessment, treatment planning and counseling
- Community and advocacy work
Specialty Palliative Care Social Workers are in the position to assume/engage in leadership roles.

Leadership roles include:

- providing person-centered care
- training frontline providers
- supporting interprofessional teams
- assessing the institutional culture and systems
- collaborating with the greater community
We share core values of patient autonomy and empowerment but it is so easy to become unmoored from these values when dealing in substantial asymmetries in content expertise; so much of the power shifts away from the person who will ultimately reap the benefit and bear the costs of the decision.

What I love about SAGE is that it provides a context that brings us back to these values, time and again as illness evolves . . . . Knowing that I have an expert colleague who can really approach this with expertise and compassion is such a relief to me as I try to help give information in the way that our patients can use it to pick their own road (with the best information I can offer) - wherever it may lead.

—M.D.
I remember when I initially mentioned to the niece that we would be meeting to get a better sense of the patient's wishes, she became so anxious; I believe that just thinking about those questions and decisions worried her. Then, meeting with Catherine, we were able to answer all of their questions, and even ask some questions of them, things to think about.

And compare that today, how the niece was making decisions on behalf of her uncle. She had clearly thought about what we had discussed in the meeting and, as soon as she saw me, she indicated that the family was in agreement about making him DNR/DNI. I think having SAGE involved gave her the confidence to make an informed decision on behalf of her uncle. Hopefully her understanding will lead to better outcomes for their uncle and easier medical decision-making for the family. -LICSW
Summary

- Conversations focused on patients’ values and goals drive high-value care for your patients

- Multiple systems and clinician-level barriers prevent us from doing this well

- Social Workers can both drive conversations and teach others to do it better
SAGE Team

- Catherine Arnold, MSW, LICSW
- Rachelle Bernacki, MS, MD
- Hannah Catzen, BA
- Rebecca Cunningham, MD
- Joshua Lakin, MD
- Jan Lamey, MS
- Arjun Rangarajan, MBBS, MPH

Partners:
- Ariadne Labs
- Brigham and Women’s Physicians Organization
- Partners Population Health Management
- Brigham and Women’s Social Work Department
Questions?