CRISP DC

Conversation Starters to Integrate Advance Care Planning

Starting an advance care planning (ACP) conversation with your patients is a valuable and important step in building trust and ensuring their wishes are honored.

Using conversational prompts with the MyDirectives for Clinicians platform, a free ACP tool in the HIE, can **help you empower your patients to make informed decisions** about their future healthcare and **improve care coordination, all while fitting seamlessly** into your existing clinical workflows.

Who are the appropriate healthcare professional(s) to initiate and facilitate ACP conversations?

- MDs, DOs, and APRNs are the licensed professionals required to sign a POLST
- Nurses, social workers, and others can play a supportive role.

Below are **sample prompts tailored for healthcare professionals for various visit types**, making it easier to fit introductory ACP discussions into your routine patient encounters.

Annual Wellness Visit

Physician: "As part of your annual wellness visit, we like to talk about your wishes for future medical care. This is about ensuring your voice is heard, regardless of what happens down the road. Have you ever thought about who you would want to make decisions for you if you couldn't?" **OR**

Physician: "Today, we're also covering topics that help you plan for your overall well-being. One important area is advance care planning, thinking about your healthcare preferences in case of a serious illness. Is this something you've considered or would like to discuss?"

Nurse: "As part of your wellness visit, we're talking with everyone about something called 'advance care planning', which is about making sure your healthcare team knows your preferences for care if you ever can't speak for yourself. Have you heard about this or thought about it?"

·*Since ACP is a covered and reimbursable service during AWVs, this is a great starting point to have this discussion.*

New Patient Intake

Physician: "Welcome to the practice! As we get to know you, we want to understand what your overall health goals are. Many patients find it helpful to think about what matters most to them regarding future medical care. Is that something you're open to talking about today or at a future visit?"

Nurse/Intake Coordinator: "We ask all our new patients if they have advance care directives or if they've designated someone to make medical decisions for them in case they are unable to do so. Do you have this in place or is it something you'd like to learn more about?"

Use this opportunity to establish a baseline understanding of your patient's values.

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Chronic Disease Management

Physician: "Given your [condition name], we often talk with patients to ensure their care aligns with their wishes, especially as things might change over time. What things are most important to you when it comes to managing your health now and in the future?" **OR**

Physician: "As we continue to manage your [condition name], it's a good time to make sure your care plan reflects what's most important to you. Have you thought about what a 'good day' looks like for you as your condition progresses, and how medical care fits into that?"

Nurse: "Since we're regularly checking in on your health, it's a good time to just confirm your wishes for your care. Have your thoughts or priorities about your medical treatment changed at all since we last spoke?"

Social Worker: "Beyond medical treatments you're receiving for [condition], have you thought about what brings you joy or meaning in your life, and how your medical care can best support those things?"

·*When a patient's condition progresses or becomes more complex.*

Following Major Health Events

Physician: "That was a really challenging time you just went through with [event, e.g. hospitalization, major trauma, heart attack, significant decline in functional status]. After an experience like that, many patients find that they want to make sure their wishes are clear for the future. Would you like to discuss what's important to you if something similar were to happen again?" **OR**

Physician: "After [event], we want to make sure your care going forward is exactly what you want. This might be a good time to talk about your preferences for medical treatment and who you'd want to speak for you if you couldn't. Would you like to discuss those right now?"

Nurse/Social Worker: "That was a significant health event you experienced. Sometimes, going through something like that makes people think about what matters most to them and may want to clarify their wishes for future care. Would you be open to talking about your values and preferences for future healthcare decisions, or how your family can best support your decisions?"

Interested in integrating ACP in your workflow through the HIE? The MyDirectives for Clinicians platform in the DC HIE is a free tool that allows you to create or upload ACP documents directly within the DC Portal or your EHR. For more information, visit our website, reach out to dcoutreach@crisphealth.org, or book some time with the Project Lead, Priya Byati. Click here to register for one of our upcoming webinars.

Created in partnership with eHealthDC — A District of Columbia Primary Care Association Program