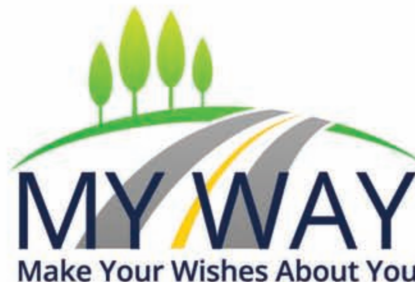
IMPLEMENTATION GUIDE

Implementing the My Way Approach to Advance Care Planning into CKD Practice



Planning Today for Tomorrow's Healthcare

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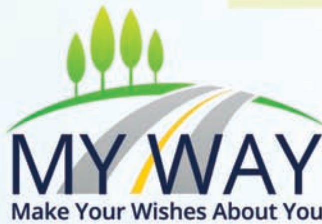


Motivate staff to embrace Advance Care Planning

Your charting & billing systems are standardized

Workflows implemented & optimized

Advance Care Planning forms available

Yearly updates are included

Motivate staff to embrace Advance Care Planning as a valuable and routine aspect of CKD care.

- Familiarize clinicians and staff with My Way patient education materials and processes.
- Educate clinicians and staff on how to encourage participation in ACP.
  - » Normalize: Recommending ACP is not a sign someone is imminently worsening: “We recommend advance care planning to ALL of our patients.”
  - » Empower: “ACP helps YOU stay in control’.
  - » Use a “hope and worry” approach: “We hope you continue to stay healthy. Many people find it helpful to have a back-up plan.”
  - » Encourage generosity: “ACP is a gift to your family. It gives them peace of mind, just in case.”

Your charting sytems, billing systems and procedures are standardized and streamlined for your staff.

- Designate standard place in chart where advance directive/POLST will be kept.
- Designate standard place in chart for documenting ACP discussion.
- Use template for ACP discussion notes – with room to personalize.
- Implement flag on front of chart indicating presence of AD/POLST.
- Establish procedure for Medicare billing for ACP codes as appropriate.

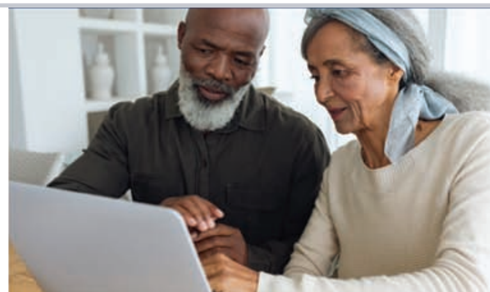
Workflows are implemented to ensure Advance care Planning optimization.

- Provide front office staff clear process for accepting advance directive forms (AD) and uploading to appropriate place in chart.
- Designate an appropriate staff person to be the My Way ACP coach and provide them with training and support to be comfortable leading ACP discussions. In some practices, this might be an education nurse, a social worker, or a nurse practitioner.
- Make ACP coaching a part of the coach's job description and realistically make time available in the coach's week to schedule appointments with patients.
- Integrate ACP sessions into the regular appointment scheduling process, providing patients with option for a longer time at a usual appointment or an additional visit just for ACP.
- Physicians perform warm hand-off to My Way ACP coach: "If it is okay with you, I'd like to introduce you to our My Way coach. He/she can take the time to help you say what is important to you, and write it down, if that is what you would like. If you have questions after you meet, I'm always available for more discussion." My Way coach reports back to physician on significant decisions or questions from patient.
- Periodically audit patient panel to track what proportion have had a discussion and have an AD in the chart. Make ACP a regular part of quality improvement efforts.
- For patients who have had at least two visits with the practice and who do not have AD in the chart yet, actively recommend scheduling visit with ACP coach.

Advance Care Planning information and forms are readily available for patients.

- Prepare folders with My Way patient brochure and state specific AD form readily available to give to patients. (State specific easy-to-read forms in many languages available from PREPARE for your care: https://prepareforyourcare.org/advance-directive).
- Display My Way posters and place brochures where patients will see them.

Yearly updates are included and when there is significant change in patient's life or health status.



- Recognize that ACP is an ongoing process. As patient's life situation and health conditions change, the patient's goals and wishes may also change. It is important to check in with patient for updates at least yearly.

Download the My Way Patient, Coach & Implementation Guides here: https://go.gwu.edu/mywayguides

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