

KODAHEALTH

# Patient-Surrogate Alignment in Digital Advance Care Planning

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PennAITech Aging Focus Pilot Core



PennAITech

## Background

- **Advance Care Planning (ACP)** involves:<sup>1,2</sup>
  - Education on potential future healthcare decisions
  - Clarifying patients' priorities & preferences
  - Sharing decisions with family & care providers
- **Benefits of ACP:**
  - Improve patient quality of life & respect for wishes<sup>3,4</sup>
  - Alleviates stress & anxiety for loved ones<sup>3,5</sup>
  - Reduce unwanted healthcare utilization & costs<sup>6-9</sup>
- **Surrogate Decision Maker (SDM):** loved one chosen to ensure that patient's wishes are implemented if & when the patient cannot speak for themselves
- **Currently, fewer than 25% of SDMs** are engaged in the ACP process or aware of patient preferences

## Objectives

- 1) Determine motivators of patient-SDM alignment among Koda users
- 2) Develop a machine learning algorithm to perform SDM persona identification to ultimately improve engagement

## Project Highlights

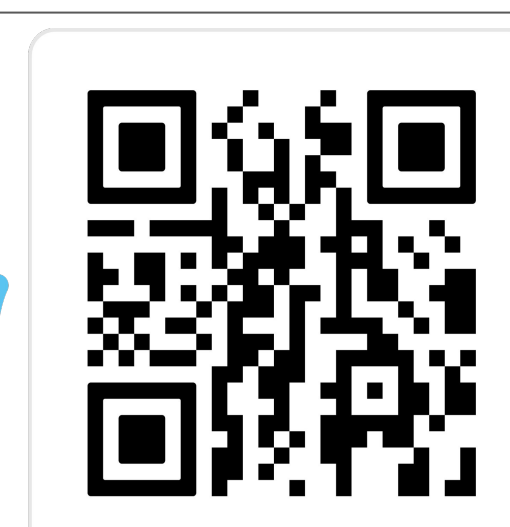
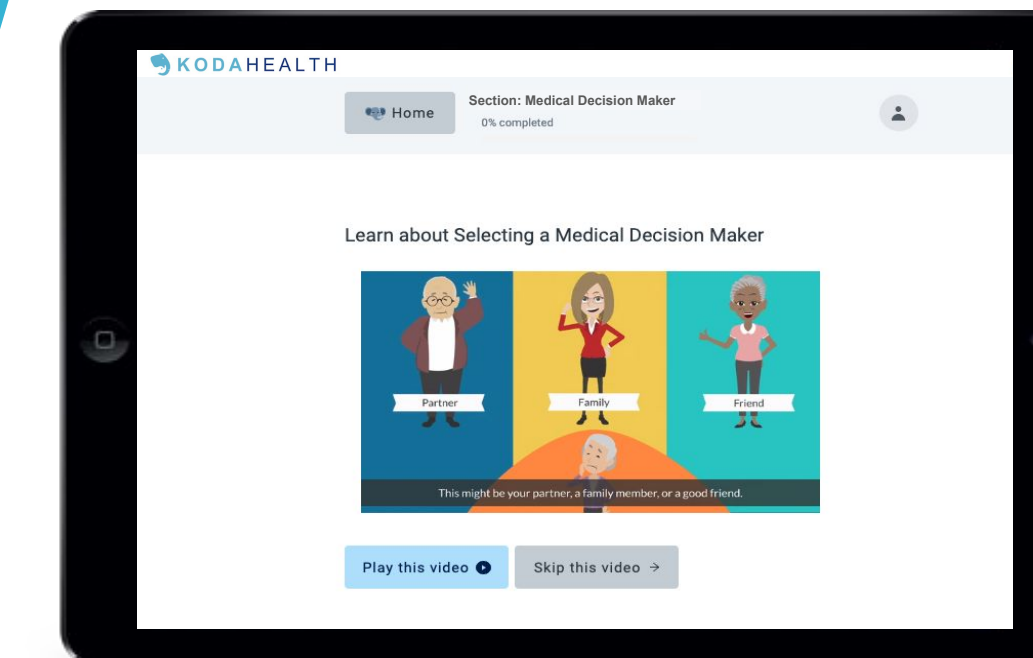
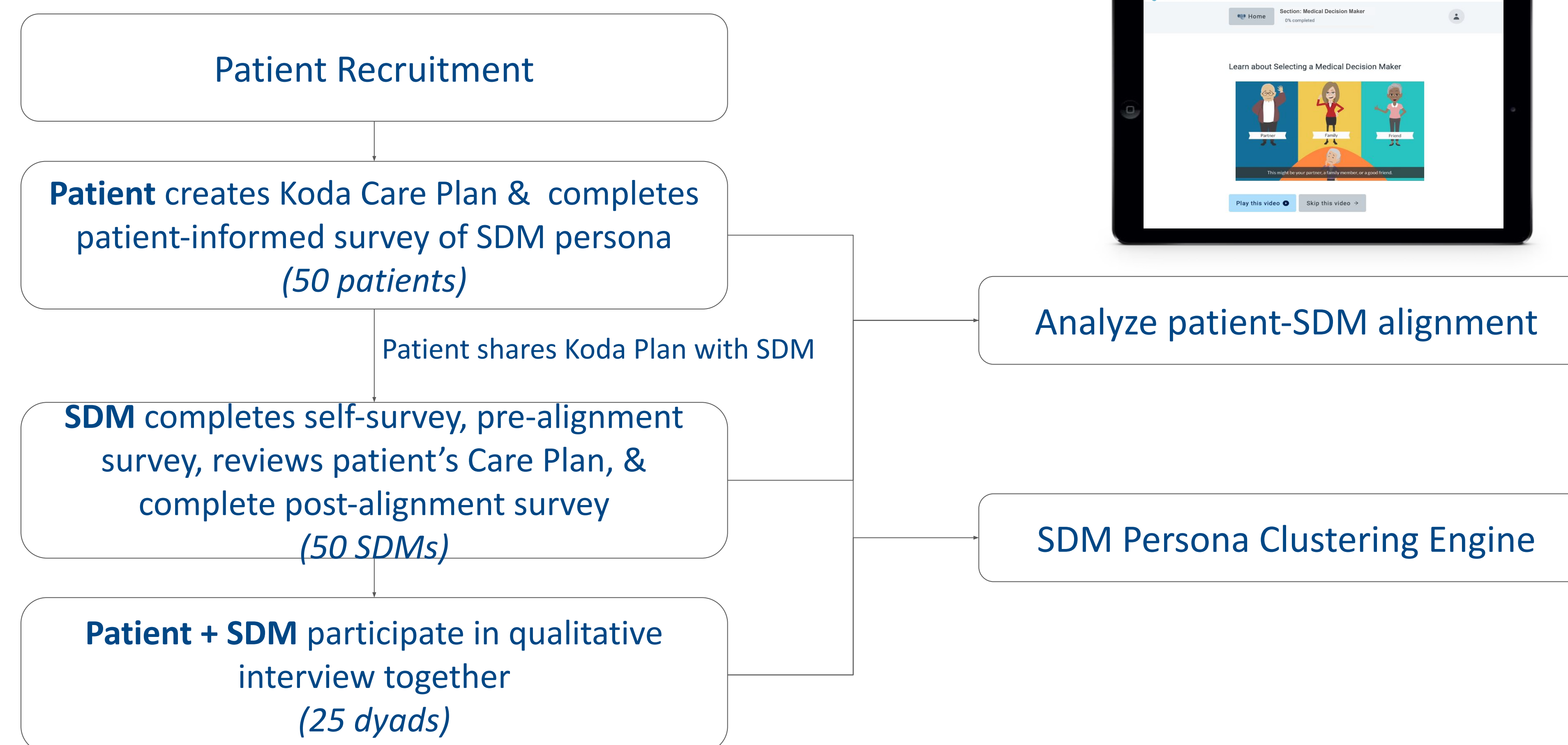
### Koda

**A machine-learning based ACP platform** with dynamic educational content, decision guidance, & advanced directive documentation. Introduced in the health system, Koda facilitates a personalized ACP process for patients and reduces labor for clinical staff.

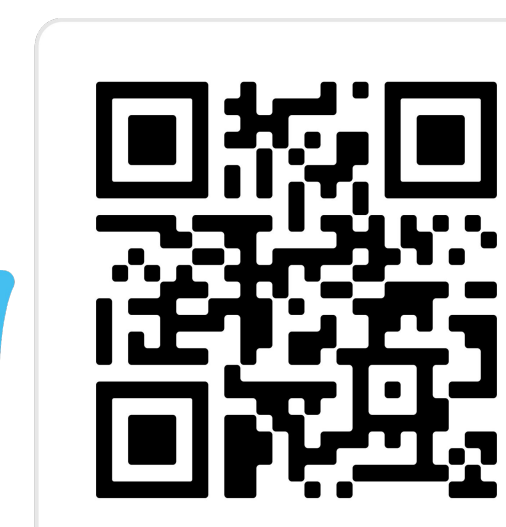
### *Study participants*

50 patient + surrogate decision maker dyads

## Research Plan Overview



Koda Website



Koda Demo Video

## Takeaways

According to the 2018 Delphi Panel on ACP, **SDMs are key** in ensuring that healthcare is utilized according to patient wishes<sup>10</sup>

Ultimate goals of Koda:

- Improve **equitable access** to ACP
- Drive better **quality of life** for patients at all stages of health and **goal-concordant** care at end-of-life
- Ease the **burden on healthcare professionals**

**Having discussions about end-of-life care doesn't have to be the "elephant in the room"**

## Acknowledgements

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**References:** 1.Rietjens JAC, Sudore RL, Connolly M, et al. Definition and recommendations for advance care planning: an international consensus supported by the European Association for Palliative Care. *Lancet Oncol.* 2017;18(9). 2.Sudore RL, Lum HD, You JJ, et al. Defining Advance Care Planning for Adults: A Consensus Definition From a Multidisciplinary Delphi Panel. *J Pain Symptom Manage.* 2017;53(5). 3.Wright AA, Zhang B, Ray A, et al. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA.* 2008;300(14). 4.Fromme EK, Zive D, Schmidt TA, et al. Association between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and in-hospital death in Oregon. *J Am Geriatr Soc.* 2014;62(7). 5.Detering KM, Hancock AD, Reade MC, et al. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. *BMJ.* 2010;340. 6.Bond WF, Kim M, Franciskovich CM, et al. Advance Care Planning in an Accountable Care Organization Is Associated with Increased Advanced Directive Documentation and Decreased Costs. *J Palliat Med.* 2018;21(4). 7.Broome T, Rubin I, Brian Chiglinsky MPP, Israel J. End-of-Life Values and Value-Based Care. 2022;10. 8.Volandes AE, Paasche-Orlow MK, Davis AD, et al. Use of Video Decision Aids to Promote Advance Care Planning in Hilo, Hawai'i. *J Gen Intern Med.* 2016;31(9). 9.Patel MI, Sundaram V, Desai M, et al. Effect of a Lay Health Worker Intervention on Goals-of-Care Documentation and on Health Care Use, Costs, and Satisfaction Among Patients With Cancer: A Randomized Clinical Trial. *JAMA Oncol.* 2018;4(10). 10.Sudore, R. L., Heyland, D. K., Lum, et al. Outcomes that define successful advance care planning: a Delphi panel consensus. *Journal of pain and symptom management,* 2018;55(2).