An Interactive Guide to Facilitate Goals of Care Conversations



Samantha Cohen, Dorian Ho, Daniel Lee, Astha Ray, David Casarett, MD



Introduction

 Goals of care conversations (GOCC) between patients and physicians align care with the patients' values and goals.
 The transition between pediatric to adult care can make it hard for patients to communicate life goals and interests and be vulnerable with new providers.

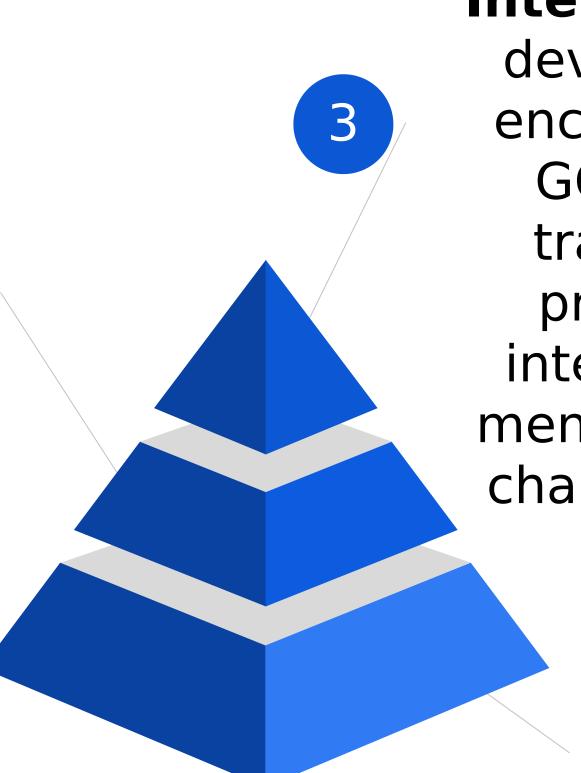
Diabetes is a chronic disease associated with major lifestyle changes for the rest of life, warranting GOCCs.

Healthcare guides, even for pediatric populations, are often very technical, requiring high demands on health literacy.

There is a need for a plain language, youth-friendly intervention to ensure goals of care are communicated to adult providers following transition from pediatric care.

Methodology

Identifying a
Need In
chronically-ill
patients in this
stage of life,
additional
resources are
needed to
facilitate patientcentered
transitions from
pediatric to adult
care.



Developing an Intervention Our team developed a guide to encourage productive GOCCs as patients transition between providers. We also interviewed research mentors for advice and changes to the model.

Selecting a
Population From
the subpopulation of
patients with chronic
illnesses, our team
selected the
demographic of
young adults with
diabetes.

The Intervention

A GOC guide that encourages patients to thoughtfully address different aspects of their own long-term healthcare, including treatment, lifestyle, benefits, and risks.

Target subpopulation: Diabetes patients transitioning from pediatric to adult care

Setting: The guide will be given to diabetes patients at their last pediatrics appointment (usually age 18) and/or their first adult medicine appointment

We will provide the option to complete the prompts electronically or on paper

Example questions:

What aspects of your life, such as education, family, career, etc., mean the most to you? How has your illness affected or interfered with these priorities?

Where do you see yourself in 5 years, and how do you think your healthcare will fit into that picture?

Success and Sustainability

• Intervention has small startup costs, with some clinician training and monitoring costs
Reimbursement can be provided through billing codes for **Principal Illness Navigation**,
which, as of 2024, compensate outpatient providers for assisting with decision-making and
care navigation for patients with serious illness

Outputs

Inputs
 Online guide Clinicians trained in intervention Staff oversight

Pilot guide among youth Revise guide Train clinicians on use of guide Track uptake

Activities

1. Number of guides distributed and completed 2. Number of discussions with adult provider

1. Increased GOCCs with adult providers 2. Greater provider awareness of patient values

Short-term

outcomes

outcomes 1. Greater provider comfort with GOCC

2. Shared patient-

provider decision-

making

Long-term