

Advance Health Care Planning: My Care, My Plan–Speak Up Sonoma County

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EXECUTIVE SUMMARY

Sonoma County has a vision to be the healthiest county in California by 2020. A component of that vision is to increase the number of advance care directives that exist in the county and to increase how often the directives are used at the end of life. Goals of this initiative include raising community awareness, motivating residents to speak to their health care providers about advance health care directives, and increasing the quality and quantity of advance care planning conversations between individuals and their family members as well as with their health care providers.

Lower health care costs are a side benefit of expanded advance care planning. Total health care expenditures in the United States are expected to reach \$5 trillion by 2022. Almost 30 percent of all Medicare spending occurs during the last six months of a patient's life. Over half of the health care costs are for the five percent of the most seriously ill Americans.

California's ten-year vision from the Let's Get Healthy California Task Force notes that advance care directives are important in reducing health care costs. The task force has set goals to decrease hospitalization during end of life, increase the use of palliative and hospice care, and increase the

completion of advance care directives. Sonoma County's initiative is doing its part to help further California's vision to become the healthiest state in the nation by implementing its initiative locally and by setting an example for other counties around the state.

Sonoma County's My Care, My Plan–Speak Up Sonoma County Initiative furthers the county's vision by addressing a once-taboo topic of end of life planning. The county's Human Services Department (HSD), Department of Health Services, and various community organizations are working together to promote education about advance care planning and to spark conversations about the topic between family members as well as between patients and health care providers.

The My Care, My Plan initiative follows a collective impact model with Sonoma County's HSD providing the backbone support in the form of a part-time FTE. The initiative has also received funding from two grants to date. In the future, the goal is for the program administration to exist within a community based organization or health system that serves the broader community. HSD will continue to play a major role on the initiative's steering committee as well as with the planning process.

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Introduction

Health care is a complex, controversial, and confusing topic to say the least. Lately, the nation has seen sweeping changes in health care. Topics, such as minimum essential coverage, health care cost containment, pre-existing conditions, and even tax penalties, have entered the realm of ‘water-cooler-worthy’ conversations. The topic of this paper, advance health care planning, is another important strategy for meeting at least one of California’s health care goals. While advance health care directives may not be at the top of the lunch-room conversation list, the topic is gaining ground, in part, due to local initiatives like My Care, My Plan–Speak Up Sonoma County (MCMP).

Advance health care planning is not merely for the aged or ill. Advance care planning (or planning for care in advance of the need for care) is for all adults. A medical crisis could leave anybody too sick to make his or her own health care decisions or unable to communicate them. Being able to make those decisions before the need arises can help ensure that a person receives the level of medical care he or she wants. An advance care directive allows a person to do two things: 1) document his or her health care wishes and 2) choose someone to speak on his or her behalf if there is ever a time when he or she cannot or will not speak for his or herself.

Healthy Sonoma, Healthy California

Sonoma County has a vision to be the healthiest county in the state by 2020. As individual counties

become healthier, they contribute to the overall health of the state. Sonoma Health Action is *A 2020 Vision for Sonoma County*. In 2007, the Sonoma County Board of Supervisors authorized the Department of Health Services to convene a health action council (Health Action) to work on improving health and health care for all Sonoma County residents. Health Action’s over-arching mission is community health improvement. It is a framework with ten goals for getting people involved in creating a healthier county. Goal number ten is “Residents are connected with a trusted source of prevention-focused primary care that coordinates patient care across the continuum of health care and community-based services.”¹ MCMP specifically ties into this goal by helping residents have their voices heard in medical situations where they cannot or will not speak for themselves. Spanning the health care continuum and supporting conversations about end of life hospice and palliative care, the MCMP initiative contributes to the overall vision Health Action is advancing.

Advance care planning may not be the first topic that comes to mind when describing a healthy community; nevertheless, it is a key component of California’s goal to become the healthiest state in the nation. In 2012 Governor Jerry Brown’s Let’s Get Healthy California Task Force developed a ten-year vision for improving the health of Californians. The task force identified two strategic directions with

¹ “Health Action, A 2020 Vision For Sonoma County”, Health Action, <http://www.sonomahealthaction.org/about>, Web

three goals each. Goal number three of the *Health Across the Lifespan* direction is, “End of Life: Maintaining Dignity and Independence.” The priorities of this goal are decreasing hospitalization during end of life, increasing the use of palliative and hospice care, and increasing the completion of advance care directives.² Compared to the country as a whole, California had a higher percentage of patients dying in the hospital, more ICU days, and a higher percentage of deaths that included a stay in the ICU from 2003 to 2010. During the same period, California added fewer hospice days, adjusting for population size, than the nation as a whole.³ Aggressive medical interventions at the end of life are expensive. The National Institute of Health notes that over half of the nation’s health care costs are for the five percent of the most seriously ill Americans. Nearly 30 percent of all Medicare spending occurs during the last six months of a patient’s life. It is projected that total U.S. health care expenditures will reach \$5 trillion by 2022.⁴ Besides helping people take an active role in their end of life health care and reducing certain stresses a family might suffer when making decisions for a loved one, advance care planning can actually save money.

My Care, My Plan – An Advance Care Planning Community Initiative

Advance care planning is a process of reflection and communication that culminates with a personal Advance Health Care Directive, a legal document intended to guide medical decisions. It involves exploring and expressing personal wishes, and preparing others to honor those wishes. Advance care planning is basically a conversation that takes place over time and is better done in the living room with

loved ones, rather than a hospital room with possibly just strangers.

MCMP is a collaborative of groups and individuals from the public, private, nonprofit, and volunteer sectors including local health care, social service organizations, and community partners who desire to raise awareness of advance care planning and palliative care.⁵ MCMP is a member coalition of the Coalition for Compassionate Care of California. The Sonoma County Health Action Committee for Health Care Improvement (CHI) features MCMP as one of its health system improvement initiatives because empowering residents to make their end of life care wishes known and having those wishes honored contributes to a healthier community.⁶

The California Healthcare Foundation notes that 82 percent of Americans think advance care planning is important; nevertheless, only 23 percent of adults in America have completed an advance care directive.⁷ The My Care, My Plan – Speak Up Sonoma County initiative was formed to encourage people to speak up about how they want to be treated in any medical situation. The MCMP’s vision is “for every adult in Sonoma County to become educated and empowered to express wishes about end-of-life care, to have the opportunity to do so, and to see [his or her] wishes honored.”⁸

Laying the Foundation – How MCMP Came to Be

Sonoma County’s MCMP program is inspired by Gundersen Health System’s *Respecting Choices Advance Care Planning*, the plan developed in La Crosse, Wisconsin in 1991.⁹ La Crosse has been dubbed “The Town Where Everyone Talks About

² “Let’s Get Healthy Task Force Final Report, *Office of Statewide Health Planning and Development*, December 19, 2012, pg 4 http://www.chhs.ca.gov/Documents/___Let%27s%20Get%20Healthy%20California%20Task%20Force%20Final%20Report.pdf, Web

³ “End-of-Life Care in California: You Don’t Always Get What You Want,” California Healthcare Foundation, <http://www.chcf.org/publications/2013/04/eol-what-you-want#ixzz3cfgVCVUu>, Web

⁴ “National Health Expenditure Data,” CMS.gov, May 5, 2014, <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData>, Web

⁵ “Let’s Get Healthy Task Force Final Report, *Office of Statewide Health Planning and Development*, December 19, 2012, pg 4 http://www.chhs.ca.gov/Documents/___Let%27s%20Get%20Healthy%20California%20Task%20Force%20Final%20Report.pdf, Web

⁶ “System Improvement Initiatives,” *Health Action*, <http://www.sonomahealthaction.org/health-systemimprovement>, Web

⁷ “Final Chapter: Californian’s Attitudes and Experiences with Death and Dying,” *California Healthcare Foundation*, <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/F/PDF%20FinalChapterDeathDying.pdf>, page 2,

⁸ “Health System Improvement Initiatives,” *Health Action*, <http://www.sonomahealthaction.org/node/7/>, Web

⁹ “Respecting Choices Advance Care Planning,” *Gundersen Health System*, 2015, <http://www.gundersenhealth.org/respecting-choices>, Web

Death' because about 96 percent of its residents have advance care directives."¹⁰ This incredible work was accomplished by sustained, coordinated efforts by health care providers in La Crosse. By engaging the major health organizations in town and sparking conversations about end of life choices, advance care planning, and use of advance directives for *all* adults, La Crosse developed, tested, and implemented an end of life planning model that ultimately was able to reduce the amount spent on end of life care. Nationally, health care costs in the last two years of life range between \$26,000–\$65,000. In La Crosse, the average cost is \$18,159.¹¹

The MCMP initiative itself is guided by a twelve-member steering committee chaired by a former long-time representative and chair of the Area Agency on Aging Advisory Council and includes representatives from St. Joseph's Hospice, St. Joseph's Health, Heartland Hospice, Hospice of Petaluma, Council on Aging, Sonoma Valley Hospital, The Healdsburg Health Care District, Satellite Dialysis, the Community Network Journey Project, and staff members from the Human Services Department and Department of Health Services.

The MCMP initiative is partly funded by grants. In the spring of 2014, the project received one of a small number of grants offered by the California Healthcare Foundation for community engagement around advance health care directives. The \$20,000 grant was used for outreach to the general public, website development, and production of three short videos promoting advance care planning. In January of 2015, the Sonoma County Board of Supervisors accepted a grant for \$35,000 from the Community Foundation of Sonoma County. The grant will be used to reach at least 200 underserved, at-risk older adults and provide training to health educators at St. Joseph's Health of Sonoma

County's Community Benefit Department and West County Health Centers to incorporate conversations about advance directives into existing work with their clients and patients. The Sonoma County Health Services Department and the Human Services Department have also invested staff resources in the project. One of the focuses has been capacity-building in the community with the goal of creating an autonomous program.

Ready, Set, Implement!

The Sonoma County Human Services Department's Adult and Aging Services Division has taken an active role in promoting and educating the community about advance care planning. Advance health care planning workshops teach residents about the benefits of having a plan, demonstrate how to begin conversations with loved ones, and show how to complete the advanced care directive forms. The educational series has been extremely well received with some 450 Sonoma County residents participating in the first six months of presentations and workshops. This surpassed MCMP's initial goal of reaching 220 residents with advance care planning information by June 2015. The workshops have an educational session and a hands-on component where attendees sit down with a MCMP representative, for example a hospice nurse, a palliative care coordinator, or a member of MCMP's steering committee, who walks through one of the many available advance directive forms and answers questions from the attendees. At the end of the session, the attendees are equipped with information and tools they can use to start planning and completing their advance care directives.

Lessons Learned

Although the project is relatively new, there have been some lessons learned and "ah-ha" moments. Due to the emotional response end of life planning may generate, multiple presentations or contacts may be necessary to increase both comprehension and comfort about the topic. Recommendations include working toward increasing the number of entities that discuss the advance care planning and normalizing the

¹⁰ Chana Joffe-Walt, "The Town Where Everyone Talks About Death," *Planet Money*, March 5, 2014, <http://www.npr.org/blogs/money/2014/03/05/286126451/living-wills-are-the-talk-of-the-town-in-la-crosse-wis>, Web

¹¹ Craig Hatkiff, Rabbi Irwin Kula, Zach Levine "How to Die in America: Welcome to La Crosse, Wisconsin," *Forbes* <http://www.forbes.com/sites/offwhitepapers/2014/09/23/how-to-die-in-america-welcome-to-la-crosse>, Web

conversation in the community with varied forms of outreach to increase the messaging.

Implementing MCMP has required more staff resources from the Department of Human Services than originally expected. Building a solid foundation for this initiative requires support and commitment to ensure its success. A recommendation is to recruit an intern or volunteer who could offer additional support at little to no additional cost, if department policies allow this.

Supporting Advance Health Care Planning in Napa County

A program similar to MCMP exists in Napa County. The Honoring Choices Napa Valley (HCNV) program is coordinated by the Napa Valley Hospice & Adult Day Services (NVHADS). HCNV also has ties to the Respecting Choices model from Gundersen Lutheran Health System.¹² HCNV aspires to see a “significant shift in the knowledge, behaviors, and attitudes of Napa County residents regarding Advance Care Planning, advanced illness, and the end of life . . .”¹³ Napa County’s Health and Human Services Agency (HHSA) is represented on the HCNV Steering Committee by the Deputy Director of Comprehensive Services for Older Adults Division and the agency’s Emergency Medical Services Administrator.

Some recommendations for Napa County to support HCNV include: promoting advanced care planning’s ties to the county’s Live Health Napa County initiative, exploring how HHSA departments can boost NVHADS’ outreach efforts by encouraging the agency and other county departments to display information about advance care planning in county offices, sharing information with customers and colleagues, and inviting HCNV representatives to present at agency staff meetings. Additionally, HHSA can work with health care partners to encourage promotion of advance care

planning and consider areas for collaboration. Arming agency staff with information about advanced care planning makes it available to a wider selection of the community and can spark more conversations. HHSA may also consider making training available to staff and community members on this topic and encouraging discussions with staff and customers where appropriate. Steady, incremental efforts such as these support the work to normalize the conversation about advance care planning in the community.

Conclusion

Advance care planning makes sense for all adults. Advance care directives are easily accessible through health care providers, community organizations, and on the Internet. The conversation about end of life planning is no longer forbidden and is working its way into communities through initiatives like MCMP and HCNV. Health and Human Services agencies can help spread the word and further the work in this area by being aware of the topic, sharing information with staff and customers, and supporting local efforts to educate community members on advance care planning. Knowledge and best practices can be shared with groups just beginning in order to include advance care planning in ongoing health care strategies.

Economically, advance care planning can help reduce end of life health care expenses as well as ensure patients are in control of their health care choices. As much as the topic is of national, state, and local interest, it is personal. It impacts the lives and health care goals of everyone.

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¹² “Honoring Choices Minnesota,” *Twin Cities Public Television & Twin Cities Medical Society*, 2015, <http://honoringchoices.org/about/>, Web

¹³ “Honoring Choices Napa Valley” *Honoring Choices Napa Valley*, 2014, <http://hcnv.org>, Web

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