

# Bio

*Dr. Rob Berube is the energetic founder and idea generator behind 5thPort. He is a board certified oral and maxillofacial surgeon in Augusta, Maine who received his oral and maxillofacial surgical training at Yale-New Haven Hospital – Saint Raphael Campus in association with the Yale University School of Medicine. He served as Chief Resident in Oral and Maxillofacial Surgery from 1991-92. He is a Diplomate of the American Board of Oral and Maxillofacial Surgery and a Fellow of the American Association of Oral and Maxillofacial Surgery.*

**Dr. Rob Berube**  
5thPort





Dr. Rob Berube, DDS

# Patient Engagement and eConsent

*A Surgeon's Perspective*

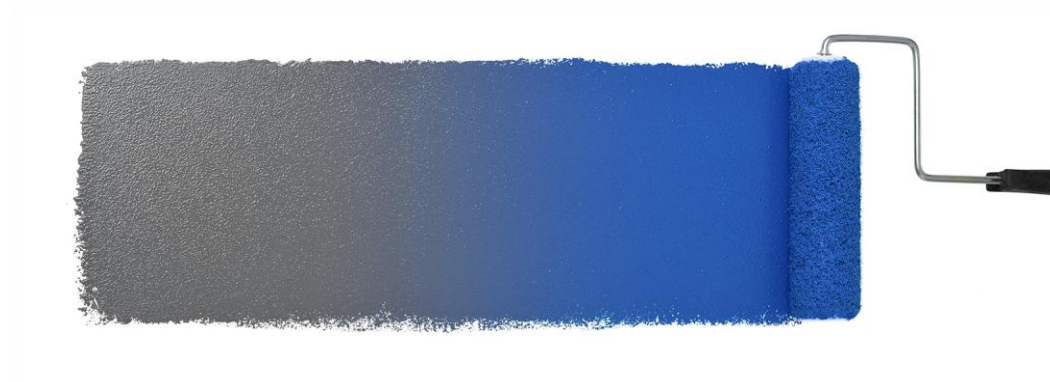


## Dr. Rob Berube

- Board certified oral and maxillofacial surgeon
- Diplomat of the American Board of Oral and Maxillofacial Surgery
- Fellow of the American Association of Oral and Maxillofacial Surgery
- Co-Founder of 5thPort  
(not involved in the company's day-to-day operations)

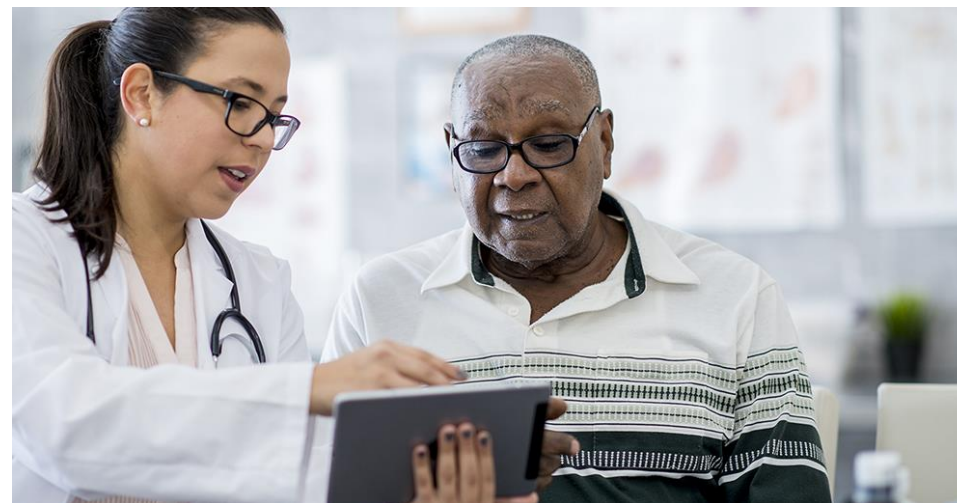


Healthcare is transitioning to a value-based model





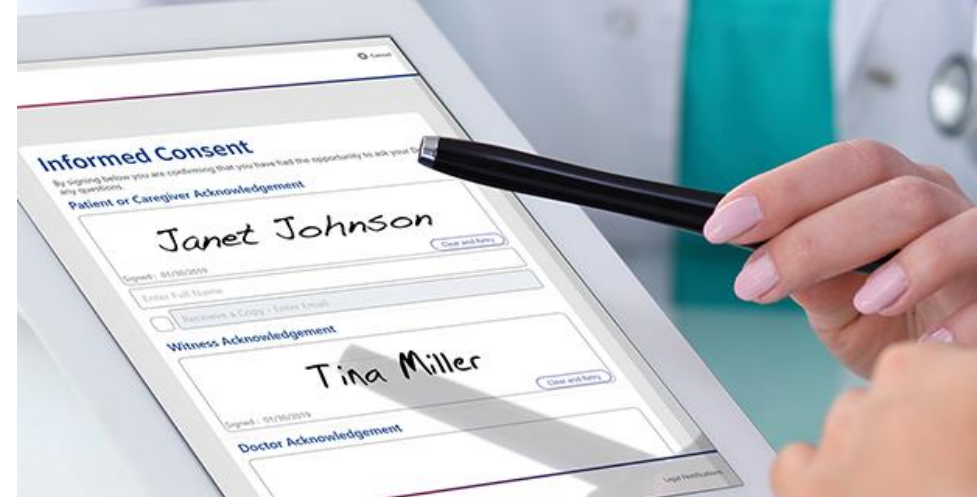
# Engaged patients achieve better clinical outcomes



CONNECTING MICHIGAN FOR HEALTH AND MORE



# Informed consent is a critical step in engaging patients



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We live in a digital-first world!



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# At Facial & Oral Surgery Associates

- Acknowledgement(s)
- Videos and Documents
- Comprehension Tests with Teach Back
- Conversational Informed Consent
- Monitor

The image displays two documents related to patient consent. On the left is a printed document from 'Facial & Oral Surgery Associates' titled 'Acknowledgement of HIPAA Privacy Practices'. It includes a commitment to privacy, a section titled 'UNDERSTANDING YOUR HEALTH RECORD/INFORMATION' explaining the purpose of health records, and a list of uses for the information. At the bottom, it has a signature line for 'Janet Johnson' with the label 'Viewer signature'. On the right is a tablet displaying a digital form titled 'Wisdom Teeth Education Consent Agreement'. The form contains an introductory paragraph, a large signature box with 'Janet Johnson' written in cursive, and input fields for 'Please type your full name.' (containing 'Janet Johnson') and 'Today's Date' (containing '01/30/2019'). At the bottom of the form are two buttons: 'Clear and Retry' and 'Submit'.





## At Facial & Oral Surgery Associates

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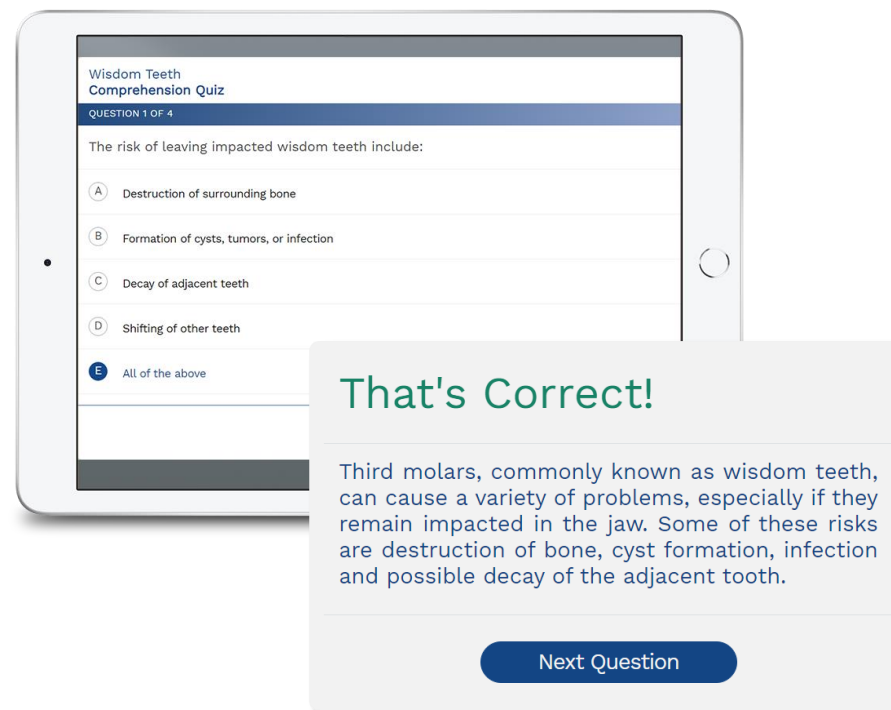


CONNECTING MICHIGAN FOR HEALTH AND MORE



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# At Facial & Oral Surgery Associates

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The image displays a printed informed consent form and a tablet showing a digital version of the same form. The printed form is titled "Facial & Oral Surgery Associates" and "STANDARD INFORMED CONSENT". It includes patient information: Patient Name: Janet Johnson, Patient Date of Birth: April 08, 1968. The procedure is "Tooth Extraction of Teeth #1, #16, #17, #32". The form also includes a section for the patient's signature and date, and a section for the doctor's signature and date. The tablet screen shows a "Section Recap" of the "STANDARD INFORMED CONSENT" form, with a "Verify Patient Information" section that includes the patient's name and date of birth, and an "Informed Consent General Information" section that includes the procedure and alternative treatments.

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Satisfaction Survey

QUESTION 1 OF 7

How satisfied were you with the content of the information provided during this engagement?

(A) Highly Satisfied

(B) Somewhat Satisfied

(C) Satisfied

(D) Somewhat Dissatisfied

(E) Highly Dissatisfied

Next



And don't forget the digital footprint!

**Encounter Detail**

Encounter ID: 60421b454528760a896b7ed7  
WebSite: J28455-Encounter

- + Viewer Information
- + Appointment Information
- + Education Plan
- + Procedure Details
- + Email Communication
- + Viewing Information
  - Name: [Redacted]
  - Start Time: 03/05/2021 9:11 AM
  - ACL Reconstruction Surgery (D): 03/05/2021 9:12 AM
  - ACL Reconstruction Surgery (D): 03/05/2021 9:12 AM
  - Standard 8thPort provided consent (EA): 03/05/2021 9:13 AM
  - ACL Healed (D): 03/05/2021 9:16 AM
  - Orthopedic Informed Consent 1 (D): 03/05/2021 9:16 AM
  - Indefinite Survey (D): 03/05/2021 9:20 AM
- + Document Download/Print
- + Digital Informed Consent Detail
  - Consent Name: Orthopedic Informed Consent 1
  - Applicable Section: Informed Consent General Information
  - Surgical Procedure Risks: [Redacted]
  - Confirmation of Understanding: [Redacted]
  - Patient's Responsibilities: [Redacted]
  - ACL Reconstruction Surgery 1 Procedural Risks: [Redacted]
  - Surgical Procedure Risks: [Redacted]

Action: Initial, Flag, Viewer Comm, Initial, Flag, Provider Comm

**Facial & Oral Surgery Associates**

**One Touch Compliance™**

**Encounter Audit Log Report For 60421b454528760a896b7ed7**

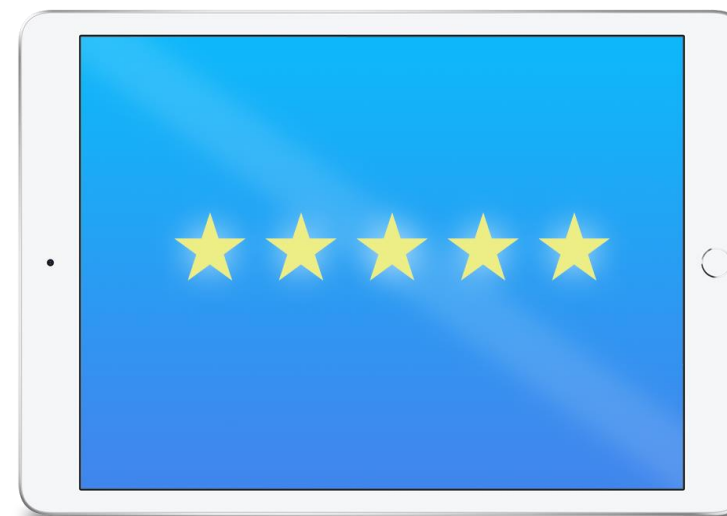
Date	ViewerType	ActionBy	Location	Action
3/5/21 6:51:33 AM	User	5f8f41404bd3874fc51cfcdd	In Office	Encounter Created
3/5/21 6:51:59 AM	User	5f8f41404bd3874fc51cfcdd	In Office	Provider Send Link Sent
3/5/21 9:11:23 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Standalone Acknowledgement Started
3/5/21 9:11:59 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Standalone Acknowledgement Completed
3/5/21 9:12:19 AM	Patient	5f8f47144bd3874fc51d005e	Remote	play
3/5/21 9:12:22 AM	Patient	5f8f47144bd3874fc51d005e	Remote	pause
3/5/21 9:12:59 AM	Patient	5f8f47144bd3874fc51d005e	Remote	end
3/5/21 9:12:59 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Video Associated Quiz Started
3/5/21 9:13:51 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Video Associated Quiz Completed
3/5/21 9:13:51 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Video Associated Acknowledgement Started
3/5/21 9:14:58 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Video Associated Acknowledgement Completed
3/5/21 9:15:03 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Document Started
3/5/21 9:15:29 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Document Completed
3/5/21 9:16:57 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Informed Consent Started
3/5/21 9:17:33 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Initial
3/5/21 9:17:59 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Flag
3/5/21 9:17:59 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Viewer Comment
3/5/21 9:18:14 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Initial
3/5/21 9:18:19 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Initial
3/5/21 9:18:55 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Flag
3/5/21 9:20:46 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Standalone Quiz Started
3/5/21 9:23:08 AM	Patient	5f8f47144bd3874fc51d005e	Remote	Standalone Quiz Completed

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## At Facial & Oral Surgery Associates

- 8,970+ digital engagements
- 91% of patients rate their experience a 4 or 5 stars (out of 5)





 Thank you!

# Bio

Rev. Dr. Jim Kraft is a well-seasoned, experienced educator and communicator. Formerly the system lead for Advance Care Planning for a large healthcare system in South East Michigan he is now Director of Consumer Choice and Collaborative care for the Michigan Health Information Network. He is a certified Respecting Choices® First, Next and Advance Steps trainer and has trained over 1,000 individuals as advance care planning facilitators.

**Jim Kraft, Ph.D.**  
MIHIN





Making Choices Michigan, a Strategic Business Unit of MiHIN



# Advance Care Planning/Documents

*A View from the  
Frontlines*

Presented By:  
Jim Kraft, Ph.D.  
October 7, 2021

# Frontline Perspectives

01

Current State

02

Physicians and ACP

03

System Chart Audit

04

Demographic Example

# Advance Care Documents: Current State

Percent of Americans with AD's

38.2 percent of **people with** a chronic illness had advanced **directives** compared to 32.7 percent of healthy **people**, a difference that wasn't statistically meaningful.

(Healthcare & Pharma, July 2017)

Most **people** nearing the end of life are not physically, mentally, or cognitively **able to make their own** decisions about care. Approximately 40 percent of adult **medical** inpatients, 44-69 percent of nursing home residents, and 70 percent of older adults facing treatment **decisions** are incapable of make those **decisions** themselves. (American Bar Association, 2015)



# Current State Continued



According to a report by the United States Agency for Healthcare Research and Quality, between 65% and 76% of the physicians whose patients had an AD were not aware that it existed.

(NHHD, 2003)

Research shows that, even when one has made one's wishes known through the legal document known as an Advance Medical Directive, doctors and family members frequently disregard it.

(Office of the Assistant Secretary for Planning and Evaluation, U.S., 2008; Burkle, *et al.* 2012).

A study conducted by Duke University Hospital showed that, among patients for whom withdrawal or withholding of care was considered, there was a conflict between the family and the provider 78% of the time (Breen *et al.*, 2001).



# Advance Care Planning and Advance Care Documents

## ADVANCE DIRECTIVES

\_\_\_\_\_ DO NOT RESUSCITATE

\_\_\_\_\_ DURABLE POWER OF  
ATTORNEY FOR  
HEALTHCARE

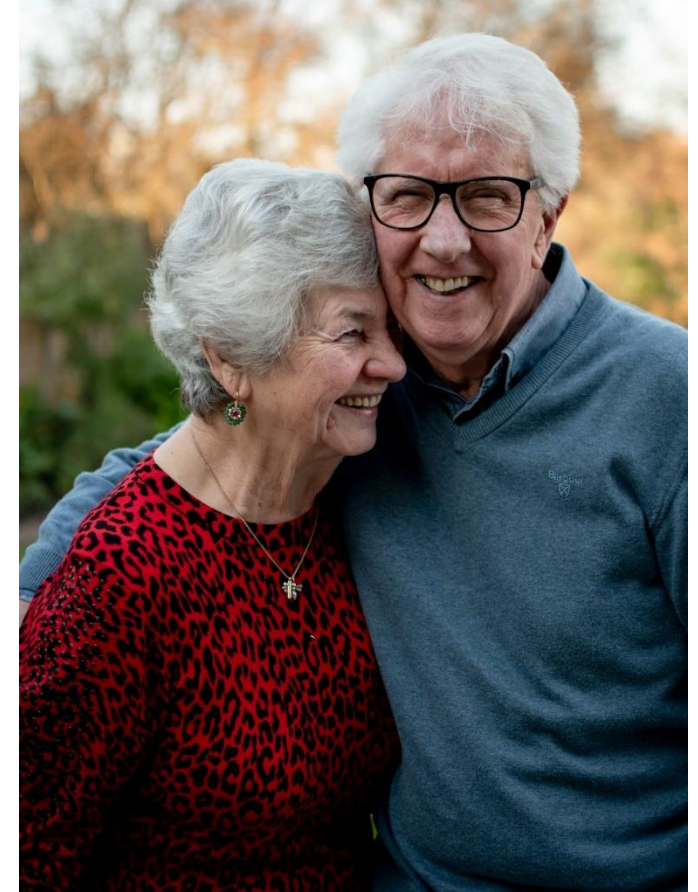
\_\_\_\_\_ LIVING WILL

\_\_\_\_\_ HEALTHCARE PROXY

**It's NOT  
either or, it's  
Both AND**

**We don't just create static  
documents; we prepare  
people and their  
advocates to make  
medical decisions  
regardless of medical  
situation.**

**It's not just about the  
documents, but the  
people they represent**



# Real Numbers, Real Lives – MI 2019 Deaths >50yrs Old



- Heart Disease – 24,567
- Cancer – 19,994
- Diabetes – 8,414
- Chronic Respiratory – 5,682
- Alzheimer's – 4,175
- **Total deaths in 2019 = 62,837**

Using national average of %  
with AD's = 40,844  
individuals without Advance  
Care Documents



More than 20,000  
families without  
direction causing  
moral distress for  
families and care  
providers alike.



## Physicians and ACP: A Provider Survey N=151

- Over 90% of the physicians thought that conversation or discussion with patients over their potential future medical needs was vital and that ACP involved more than merely creating an AD.
- 66.23% of the physicians surveyed indicated an above-average understanding of their role in the ACP process
- **When asked as to whether they consistently sought and reviewed existing patient ADs so that they could present a plan of care that is consistent with their patients' goals of care and desires for treatment, physicians indicated they did so only 47% of the time**
- **57% of those surveyed stated that it was not easy to access the AD in the EMR**
- About training, 68% of those surveyed mentioned that they would like training to help them grow in their competencies in terms of ACP and critical conversations. Of them, 70% were highly motivated to attend such training.

# System Chart Audit (EPIC)

- Charts were audited in four S.E. Michigan hospitals for a period of one year to determine the percentage of patients with AD's in their EMR
- Total unique discharges totaled 91,737 patients

## Hospital A

Location: Urban  
Total Beds: 800  
Discharges: 37,606

Percentage with AD in  
EMR – 14%

## Hospital B

Location: Suburban  
Total Beds: 400  
Discharges: 22,310

Percentage with AD in  
EMR – 15%

## Hospital C

Location: Suburban  
Total Beds: 200  
Discharges: 14,005

Percentage with AD in  
EMR – 14%

## Hospital D

Location: Suburban  
Total Beds: 400  
Discharges: 17,816

Percentage with AD in  
EMR – 18%

**Just under 80,000 patients without AD**



# Covid Audit

Audit performed on 3,419 charts of patients who had been discharged with a positive COVID-19 diagnosis over a 120-day period

Of those who were discharged due to death (17%), 22% had an Advance Directive in their medical record.

**Black patients had the lowest level of Advance Directives compared to White patients (15% vs 26%).**

# The Impact of Faith & Culture on ACP

## Religious/Spiritual Survey N=329

- 94% indicating that their religious beliefs were behind their whole approach to life and medical decision (especially at end of life)
- On average, 80% of all the respondents reported to having some, small or no discussion about future healthcare needs with their physicians
- 70% had some, small or no discussion with family (No advocate ID)
- Among those who identified as highly religious 75% did NOT have an Advance Directive

# Continued

People of faith are more likely to ask for, and receive aggressive treatment at the end of life.

(Balboni *et al.*, 2007; Phelps *et al.*, 2009)

- 6x's more likely to advocate for aggressive (even if nonbeneficial) treatment
- 3x's more likely to get aggressive treatment

However:

- When Spirituality addressed, 3x's more likely to enter hospice.

# Opportunities

- Embedding ACP throughout the patient's continuum of care as standard “best practice” (ACRS 2.0)
- Promotion of **AWARE** to enhance Shared Decision Making between provider and patient/advocate
- Easier retrieval of documents in EMR (ADVault/Epic Orchard)
- In-patient process change to acknowledge ACD is “in play” (QI Project)
- Capacity to make ACP referrals to Community based ACP facilitators(MCM)
- Tailored ACP for specific demographic groups, i.e., highly religious, non-western, BIPOC communities, at-risk/vulnerable, high acuity pts., disease specific ACP i.e., cancer, Alzheimer's, etc. (MCM)



Thank you!

Please reach out to Jim Kraft at [james.kraft@mihin.org](mailto:james.kraft@mihin.org) with any questions. Thank you!