

Advance Care Planning in the COVID-19 Crisis -- Tipsheet

What is Advance Care Planning (ACP)?

ACP is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of ACP is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness.

Why is ACP so important during the COVID-19 pandemic?

These are unprecedented times when an acute viral illness - COVID-19 -changes the prognosis for patients with serious and chronic illness. Patients are becoming very sick quickly, requiring life support, and even dying. ACP discussions allow patients to convey their wishes regarding resuscitation and/or critical care. Many have never had the chance to talk about their healthcare goals. Now, in the face of COVID-19, patients are more motivated to convey their preferences and ensure their wishes are known and followed. As providers, we are obligated to initiate these discussions.

Who needs an ACP discussion?

All patients are served by ACP discussions with their providers. In the context of the COVID-19 pandemic, we recommend ACP discussions with any patient who you believe would ***NOT benefit from resuscitation and/or critical care***. Focus on patients with serious and chronic illnesses such as advanced cancer, COPD, heart failure, chronic kidney disease, end-stage liver disease, dementia, etc. Ask yourself: ***“Would I be surprised if this patient died in the next year from their underlying illness and/or COVID-19?”*** If the answer is **no**, then you should definitely proceed with an ACP discussion.

How do I use these charts?

These charts provide you with a structure to discuss ACP with your patients. You may use them as a ***guide*** or as ***actual scripts that you read to the patient/surrogate***. This approach may feel new. Yet it is a standard part of care for very sick patients. It uses an informed assent model to provide patients with information about the likelihood of benefit and elicit their values as it relates to future medical care. The 2 charts use the similar language with the second chart focused on critical care interventions such as ventilator support and resuscitation ([written in blue](#)). With slight changes, the language can be used with surrogates as well.

How do I bill for these ACP discussions?

Any physician/APP may bill for ACP discussions. It is a time-based billing code in increments of 30 minutes with at least 16 minutes or more spent on ACP. For an ACP discussion less than 16 minutes, consider billing a different E/M service (e.g. office visit). Of note, an ACP code CANNOT be billed with a critical care code. ACP and E/M codes may be used together on the same day with the modifier 25 attached to the E/M code.

99497 -- The first 30 minutes (at least 16 minutes) face-to-face with the patient, family members and/or surrogate. (1.5 RVU)

99478 – Additional 30 minutes (at least 16 minutes beyond the first 30 minutes) face-to-face with the patient, family members and/or surrogate. It may be billed as many times as needed to cover the time spent. (1.4 RVU)

***We are committed to giving the best care to people, no matter what!
Advance Care Planning helps us meet this commitment.***

Discussion of Advance Care Planning (ACP)		
CALMER for ACP	Hints	Words to use / Scripts if needed
C heck in	Take a deep breath Ask permission	“How are you doing with all this?” “I’d like to talk about this new virus and how it may affect your health. This conversation will help to ensure that we provide you with the care you want if something serious happens – is this okay?”
A sk about COVID	Just listen	“What have you been thinking about COVID and your situation?”
L ay out the issues	Avoid medical jargon	“Here is something I want us to be prepared for. This illness is particularly dangerous for people like you who live with serious illness. These people infected with COVID-19 are becoming very sick, requiring life support, and even dying.” “I hope you would only mildly be affected. At the same time, I’m worried that ____ (1-2 sentence about the likely outcome you predict if patient gets COVID-19) “Is there anything you want us to know if you get very sick from COVID?”
M otivate them to choose a proxy & talk about what matters	Ask for more than one proxy i.e. “Who else” Ask for more than one value i.e. “What else?” Ask for permission and then seek assent	<u>Identify a proxy</u> “If things took a turn for the worse, what you say now can really help your family/loved ones. Who is your backup person; who helps us make decisions if you can’t speak?” <u>Discuss what matters most</u> “We’re in an extraordinary time and situation. Given that, what matters to you?” (e.g. being at home, living as long as possible, being mentally aware) <u>Make a recommendation</u> “I’d like to make a recommendation based on what we’ve talked about, okay?” (If NO, revisit later) “I would recommend _____. What do you think?” IF ASSENT: Okay. I think this makes the most sense for you IF NO ASSENT: I hear you. We may need to talk about this again.
E xpect emotion	Watch for this. Acknowledge throughout the conversation	“This can be hard to think about.” “It sounds like you have been very thoughtful about ____ (e.g. how this impacts your family)”
R ecord the discussion	Documentation helps your colleagues and patients	“I’ll write what you said in the chart. It’s really helpful, thank you.” Document using the smartphrase .ACPCOVID

Discussion of ACP for Critical Care Interventions (e.g. Resuscitation and Mechanical ventilation)		
CALMER	Hints	Words to use / Scripts if needed
C heck in	Take a deep breath Ask permission	“How are you doing with all this?” “I’d like to talk about this new virus and how it may affect your health. This conversation will help to ensure that we provide you with the care you want if something serious happens – is this okay?”
A sk about COVID	Just listen	“What have you been thinking about COVID and your situation?” “Have you thought about what might happen if you needed CPR or life support?”
L ay out the issues	Avoid medical jargon	“Here is something I want us to be prepared for. When a patient’s illness progresses to the point that the heart stops, the medical team uses compressions and shocks to try to restart the heart. They also would use a breathing machine to breathe for you. This is life support” “Given your advanced illness, our team is worried that CPR and a breathing machine won’t help you live longer or have a better quality of life.” “Is there anything you want us to know if you get very sick from COVID and your medical team is considering life support?”
M otivate them to talk to their proxies about what matters	Frame “what matters” as: 1. Living as long as possible regardless of the quality of life 2. Living longer if quality of life can be achieved 3. Living the rest of life focused on comfort and quality of life Ask for permission and then seek assent	<u>Identify a proxy</u> “If things took a turn for the worse, what you say now can really help your family/loved ones. Who is your backup person; who helps us make decisions if you can’t speak?” “Does this person(s) know your wishes regarding CPR and life support?” <u>Discuss what matters most</u> “We’re in an extraordinary time and situation. Given what we have discussed about life support, what matters to you?” <u>Make a recommendation</u> “I would like to make a recommendation based on what we’ve talked about, okay?” (If NO, revisit later) “I would recommend (see options below). “What do you think?” FULL treatment: “I recommend that we focus on treatment that will help you live longer including CPR, a breathing machine and ICU stay” SELECTIVE treatment: “I recommend that we continue all treatments that may get you back to your life, including a possible hospital stay. If you became so sick that your heart or lungs were to fail, we would shift our focus to your comfort exclusively and allow you to have a natural death. We would avoid treatments such as an ICU stay, life support and CPR.” COMFORT-focused treatment: “I recommend that we focus on treatments that will help you feel better and avoid things that won’t. We will ensure your comfort at the end of your life if it comes to that.”

		IF ASSENT: Okay. I think this makes the most sense for you IF NO ASSENT: I hear you. We may need to talk about this again.
E xpect emotion	Watch for this. Acknowledge throughout the conversation	“This can be hard to think about.” “It sounds like you have been very thoughtful about _____ (e.g how this impacts your family)”
R ecord the discussion	Documentation helps your colleagues and patients	“I’ll write what you said in the chart. It’s really helpful, thank you.” Document using the smartphrase .ACPCOVID

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