

COVID-19 Conversation Guide for Outpatient Care

SET UP

This is a difficult and scary time with the coronavirus. I'm hoping we can talk about **what is important to you**, so that we can provide you with the best care possible. **Is that okay?**

ASSESS

What do you **understand** about how the coronavirus could affect your health?

What are you currently doing to **protect yourself** from getting the virus?

May I share with you **my understanding** of how the coronavirus could affect your health?

SHARE

Most people who get the coronavirus get better on their own. However, people who are older or have other health problems **like yours** can get very sick and may not survive. The treatments that we use to try to help people live, like breathing machines, may not work. If they do work, recovery from the illness is uncertain. **[Pause, respond to emotion].**

We really hope that you don't get the virus, but it is important **to prepare** in case you do.

Given your [medical condition]/age, I'd like to think together about what would be important to you if you became very sick and couldn't speak for yourself.

EXPLORE

What would be **most important** for your healthcare providers or loved ones to know if you became very sick and couldn't speak for yourself?

With all that's going on, what are you most **worried** about?

What **abilities** are so important to you that you can't imagine living without them?

If we think they may not help or may cause suffering, some people make decisions to avoid treatments like breathing machines or CPR if they get very sick. If that happened to you, have you thought about **medical treatments** that you may or may not want?

How much do your **loved ones** know about your priorities and wishes?

CLOSE

This can be hard to talk about. At the same time, this conversation can help us ensure that **what matters most to you** guides your care if you get sick.

I've heard you say _____. I think it's important to **share this information with your loved ones** so they can speak for you if you can't. I recommend that we complete a healthcare proxy so we know who you trust to make decisions if you can't.

[If additional recommendations] I also recommend _____.

This is an uncertain time for all of us. **We will do everything we can** to help you and your family through this.



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CONTEXT AND DESCRIPTION

Why? Communicating with patients about serious illness is challenging under the best of circumstances. The COVID-19 pandemic reinforces the need for conversations that enable patients with serious illness or other risk factors to understand the potential impact of COVID-19 on their health, to share their worries, values, and priorities, and to make informed decisions. This tool aims to make it easier for clinicians to have these discussions in a trustworthy and compassionate way during this time of uncertainty and distress.

Who? Patients in the community who have underlying health conditions are at increased risk of critical illness or death from COVID-19 infection. While there is still a lot to learn about this infection, the highest risk patients may include **older adults**, those who are **immunocompromised**, and/or **patients with one or more** of the following underlying conditions:

- Cardiovascular or cerebrovascular disease
- Pulmonary disease
- Advanced cancer
- Chronic renal disease
- Diabetes and hypertension
- Frailty

What? Engage in a conversation with the patient or surrogate to:

1. Discuss [protective measures](#) to prevent infection
2. Share the risk of critical illness due to COVID-19 because of underlying health conditions
3. Understand their priorities, values, and preferences in this context
4. Acknowledge and respond to emotions
5. Make a recommendation about next steps
6. Document the conversation and care plan in the EHR

Where? Ambulatory care via telehealth

When? Early! Ideally at a time when the patient is feeling well. Build this into an existing telehealth visit or schedule a separate telehealth visit for this conversation.

How?

1. Watch the [demo video](#) and review the guide
2. Try the Guide language for the conversation
3. Use silence to allow emotions to be shared
4. Acknowledge emotions with [empathic statements](#)
5. Recommend next steps, such as completing a healthcare proxy
6. Reiterate your ongoing support to the patient and family
7. Use advance care planning billing codes - 99497 and 99498
8. Don't struggle alone: Debrief with a colleague for support and self-care



Meta-LARC Advance Care Planning Project

Tip Sheet for Serious Illness Conversations: COVID-19 Responses



In the face of COVID-19 pandemic, advance care planning conversations have never been more important. Here are tips on how to use your Serious Illness Conversation (SIC) skills in the context of this pandemic.

1. Having Serious Illness Conversations by TELEHEALTH
2. Recommending next steps
3. Addressing emotions

1. How to set up SIC via telehealth (*Note: Telehealth visits MUST HAVE VIDEO, not audio only.*)

- **Figure out technology first – then let technology disappear:**
 - Getting used to telehealth requires practice - Practice doing telehealth for other visits prior to a serious illness conversation. Stick with it – it will become easier!
 - Start the visit by confirming patient/family can see and hear you.
 - Let patient/family know that it is okay to interrupt if they need to pause or make an adjustment.
 - Confirm that you will call them in the event that the connection is lost during the visit.
 - Speak slowly and clearly and check every so often to ensure that you are being heard.
 - Remember to look at the camera. Match your “head size” to theirs.
- **Create a transition:** Acknowledge the strangeness of the moment we are in and ask your patient: “This is really an uncertain time for everyone lately, how are you and your families doing with this uncertainty and chaos?” Then transition into SET UP in the Serious Illness Conversation Guide.
- **Have a serious illness conversation using COVID-19 Conversation Guide:** When you SHARE your understanding about COVID-19 risks and care options, you may want to explain that it is possible visitors will not be allowed in hospitals.
- **Summarize the visit:** Let patient/family know when 5-10 minutes left and ask if there’s anything they want to discuss. End the visit by summarizing what you heard and what the plan is. Reaffirm your commitment to the patient.
- **Documentation:** Document and bill as you would in a face-to-face encounter. Document patient consent for telehealth service (verbal is allowed).
- **Billing:** Telehealth can be used for advance care planning (CPT codes 99497 and 99498).

For more billing code information, see the Virtual visit billing code algorithm:

https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telehealth_algorithm.html?cmid=em_FPM_20200325

CMS Covered telehealth service for the COVID-19 pandemic:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

2. Recommend next steps (for patients with serious illness during COVID-19 outbreak)

- **Ask about healthcare proxy:**
 - “Is there someone you trust to help make medical decisions for you if there ever came a time you could not speak for yourself?”
 - “Now is a good time to reach out and ask them to be your healthcare proxy and make sure they know what is important to you. That way they can speak for you if needed.”
 - “I will make sure I put this in your medical record.”
- **Ask about their preferences for medical care (Living Will):**
 - “I recommend everyone to have an advance directive. This is a written document with your preferences for medical care. Have you ever completed an advance directive?”
 - If YES** – “That’s great. Do you remember what you wrote? Do you still feel the same way? Do you know where this form is? It is important to share the information in this form with your family and friends, and bring a copy with you if you need to go to the hospital.”
 - If NO** – “This is okay. A good place to start is [Example, use local preference].” Share resources, e.g., PREPAREforYourCare.org.
- **Consider completing a Medical Order for Life Sustaining Treatment with the patient:**
 - If you think the patient is at high risk for rapid deterioration due to COVID-19 or other conditions and has clear preferences for treatment, consider completing a portable medical order for life sustaining treatment (e.g., POLST, MOLST, MOST: see POLST.org) or complete a local- or institution-specific forms (e.g., code status).

3. Addressing patient’s emotions

Conversations about serious illness are challenging because of the intense emotions they may bring up. The NURSE framework below can help convey your empathy and address their emotions.

NURSE statements for articulating empathy

	Example	Notes
Naming	“It sounds like you are frustrated/scared”	In general, turns down the intensity a notch when you name the emotion
Understanding	“This helps me understand what you are thinking”	Think of this as another kind of acknowledgment but stop short of suggesting you understand everything (you don’t)
Respecting	“I can see you have really been trying to follow our instructions”	Remember that praise also fits in here e.g., “I think you have done a great job with this”
Supporting	“I will do my best to make sure you have what you need”	Making this kind of commitment is a powerful statement
Exploring	“Could you say more about what you mean when you say that ...”	Asking a focused question prevents this from seeming too obvious

For more examples of COVID ready communication skills, see [Playbook by VitalTalk](#)
 For project updates, visit the website at www.PrimaryCareACP.org