

Physicians as Patients in Advance Care Planning

When Honoring Choices Wisconsin (HCW) launched in September 2012, Tim Bartholow, MD, the Wisconsin Medical Society's (Society) chief medical officer, acknowledged that "starting a conversation about the end of life is difficult for all of us, whether we are physicians, patients, family members, religious and community leaders or health care professionals."

Since then, more than 300 patients at 6 health care organizations have discussed their future medical decisions, including end-of-life preferences, with facilitators trained through a pilot program with HCW. Much of the early success of HCW—the Society's advance care planning project—can be attributed to physician leaders at the Society and participating organizations in southern Wisconsin. They have committed staff time and resources to HCW to help ensure that their patients understand treatment options and receive the care they want.

An article in this issue of *WMJ*—"An Exploratory Study of the Use of Advance Directives by US Oncologists"¹—provides evidence of this. In their survey of almost 7600 physician members of the American Society of Clinical Oncology (ASCO), the authors found that only a slight majority (58.8%) of oncologists who responded had completed a living will or a power of attorney for health care – two of the most common types of advance directives.

Although one might expect more physicians to have completed an advance directive, previous studies have shown that health care workers have completion rates similar to the general population. The good news is that respondents with an advance directive reported being more likely to routinely discuss advance directives with their patients and being more comfortable helping patients complete one. In addition, three-fourths of all oncologists who responded said they already had end-of-life discussions with their loved ones, and all respondents with an advance directive reported that the documents were in their medical records.

Having a conversation with loved ones about future health care wishes is a critical first step, but equally important is formalizing those wishes in an advance directive that is shared with a patient's physician—even if the patient is a physician. That's exactly what hundreds of patients in southern Wisconsin have experienced with the help of trained facilitators through HCW pilot projects.

Patient participation has been higher than expected, with overwhelmingly positive feed-

back. All patients surveyed found the advance care planning discussion either "helpful" or "very helpful," and 100% of health care agents said they "now feel better prepared to make health care decisions for their loved ones."

Society leaders were confident that's what they would hear from participants. Physicians want to provide the most appropriate care and respect patient's wishes at every stage of life; Honoring Choices Wisconsin allows them to do so.

Because of the early success of the pilot projects, the Society is recruiting additional organizations to participate. To learn more, visit www.wisconsinmedicalsociety.org/professional/hcw.

John Maycroft, MPP, Director of Policy Development and Initiatives, Wisconsin Medical Society

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The State of Telemedicine in Wisconsin

Recent coverage of telemedicine by the popular media has increased public awareness of its potential;¹ however, barriers to telemedicine expansion are numerous. For example, a recent survey identified the following as principal human barriers to adoption of robotic telemedicine in emergency and critical care medicine: (1) regulatory barriers for physician privileges; (2) financial barriers related to the inability to bill for services while needing to pay for additional technology; and (3) cultural barriers resulting from a lack of desire or unwillingness to change clinical paradigms through the use of telemedicine.² Nonetheless, with the adoption of the Affordable Care Act, the impact of the regulatory and financial barriers mentioned may be lessened. In addition, other inventive solutions to these problems such as special telemedicine licenses and credentialing agreements have been described and are being implemented.³

Informed planning, including an understanding of resources available at present and the resources that ultimately will be needed, is important for the successful expansion of telemedicine. The state of telemedicine within Wisconsin, that is to say the number of programs

currently in place, the way these programs are being used, and the perceived need for access to health care that telemedicine might provide, is largely unknown. The most recent summary of telemedicine activity in Wisconsin was published in 2009 when the Rural Wisconsin Health Cooperative released a report that included information gathered via a survey of "a broad range of health care providers," informant interviews, and a literature search.⁴ It identified 98 sites utilizing telemedicine applications. Those successful in establishing telemedicine programs cited good strategic planning and the ability to secure funding as keys to success. This project did not aim to identify any perceived need for access to telemedicine that might exist within the state. Characterizing any existing gap between currently available programs and perceived needs might allow for better allocation of resources as well as guide development of future telemedicine programs. As such, we recently developed a survey that aimed to characterize such a gap between current resources and perceived need.

A short survey of medical providers was created using the online software SurveyMonkey (www.surveymonkey.com) as a platform. Sample questions from the survey are provided in Figure 1. In May 2011, the survey was distributed electronically to 3095 Wisconsin physicians using the Med-E-Mail physician e-mail address database (Medical Marketing Services Inc., Wood Dale, Illinois). This is a proprietary database sourced from multiple contributors. The response rate was low (4%), precluding accurate quantification of existing telemedicine resources within the state; however, perceived need for access to telemedicine was identified. Fifty percent of respondents (n=57) do not currently have access to telemedicine resources. Of these, 65% (n=37) report interest in gaining access to additional services via telemedicine and only 18% (n=10) are aware of plans to establish telemedicine services at their institution. When asked about the subspecialty services they anticipate they would most likely consult, responses were highly variable and differed greatly from the reported subspecialty utilization by those currently using telemedicine for consultation purposes (Figure 2). The discrepancy between anticipated consultation and reported consultation was greatest for the pediatric subspecialty. Only 9% of respondents report consultation of a pediatric service. However, 46% of those without access to telemedicine report that they would likely consult pediatricians, possibly an indication of a lack of comfort with this age group. Also notable was that the anticipated frequency of consultation exceeded the reported frequency of consultation in all but 3 subspecialties (psychiatry, general surgery, radiology), which could speak to general

enthusiasm for access to telemedicine resources by those who currently operate without them. While the sample size of this survey does not allow for proper statistical analysis, the survey does demonstrate a perceived need for access to telemedicine and suggests a favorable environment for development of telemedicine programs.

The development of broad-based telemedicine programs and technology platforms offers opportunities to manage a patient population across the continuum of care, from home-based monitoring systems to improving local subspecialty care by remote presence of outreach providers. In Wisconsin, the growth of the telemedicine field likely will involve the creation of new telemedicine programs to address specific medical conditions but also will include the optimization of existing resources. Efficiency of resource allocation will require more than a market-based approach but also a collaborative approach between the state and regional health care networks to identify resources, needs, and gaps to appropriately implement telemedicine programs and state and national health care reforms. As the authors of this letter continue to consider methods to better describe the state of telemedicine within the state of Wisconsin, we urge others to do the same as informed planning will increase the likelihood of successful expansion of this promising field.

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Figure 1. Telemedicine Survey Sample Questions

Instructions: If you practice at more than one institution, please answer such that responses are reflective of the institution where you practice primarily.

1. Which of the following best describes telemedicine resources within your institution? (Please select one.)

- My institution uses telemedicine to access services provided by remote consultants.
- My institution uses telemedicine to access services not available onsite AND also provides services to others via telemedicine.
- My institution provides services to others via telemedicine.
- My institution does not use telemedicine to access services from remote consultants nor does it provide services to others via telemedicine.

2. Which of the following describes the services that you access via telemedicine? (Check all that apply.)

- Consultation with a remote consultant using two-way video and audio (provider requesting consultation and remote consultant are able to view and hear one another).
- Consultation with a remote consultant using one-way video and two-way audio (video is transmitted to the remote consultant with audio available to both parties).
- Consultation with a remote consultant other than a radiologist using store-and-forward technology (audio, video, or imaging that is stored and then forwarded to the remote consultant).
- Consultation with a remote radiologist for review and interpretation of imaging studies, eg radiographs, CT scans, etc.
- Other (please specify) _____

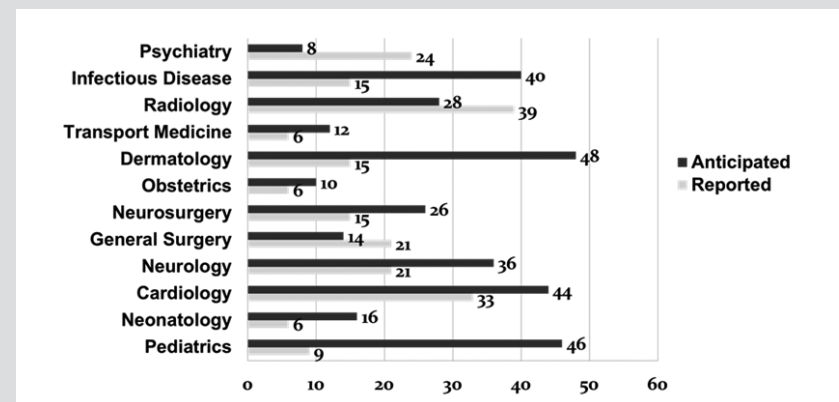
3. From which of the following specialty services do you most commonly request a consultation? (Check all that apply.)

- Pediatrics
- Neonatology
- Cardiology
- Neurology
- General Surgery
- Neurosurgery
- Obstetrics
- Dermatology
- Transport Medicine
- Radiology
- Infectious Disease
- Other (please specify) _____

4. If a remote provider is consulted, which of the following are the most common reasons for consultation? (Check all that apply.)

- Emergent/urgent management of a critical patient.
- Nonemergent management of a patient requiring specialty services not available onsite, eg pediatrics, neonatology, cardiology, dermatology.
- Interpretation of imaging studies by remote radiologist.
- Other (please specify) _____

Figure 2. Anticipated Frequency (%) of Consultation vs Reported Service Use (% Reporting Consultation) Among Non-users of Telemedicine.



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