## **Advanced Directives Workflow**

As a facilitator for advanced care planning conversations working with Honoring Choices Idaho, please consider how you will identify patients in the target population and set up conversations with them. This document is designed to help you think through your current workflow and identify processes for reaching out to patients in the target population and initiating ACP conversations. Please complete as much as possible prior to the facilitator training.

Target population: Medicare patients >65 with one or more diagnoses of: heart failure, cancer, COPD, or end-stage renal disease.

At daily huddle to review next day's patients, note patients in target population.
Run report from EMR to get list of patients in target population and any upcoming appointments.
Providers, RNs, Care Manager
Providers will invite any patient if needed during
appointment
RNs will invite all patients in target population during
appointment
Care Manager will reach out to patients in target population that do not have appointments scheduled.
In Care Manager's office.
Care Manager will schedule follow-up phone call for 7-14 days from initial conversation.
Store and retrieve through EMR.
Provider, RNs, patient services coordinators, MAs, Care Manager