MISSION

The mission of Honoring Choices Wisconsin is to promote the benefits of and improve processes for advance care planning across the state, in health care settings and in the community.

Honoring Choices Wisconsin will accomplish this by:

• Advocating for advance care planning as a process of planning and communication, with conversation at its core.
• Making facilitated advance care planning conversations a routine part of health care for all capable adults.
• Working with people of all backgrounds, faiths, cultures and identities to create an environment in which the conversation is normalized and thrives.
• Ensuring that advance care planning documents are properly stored and retrievable in the medical record across health care settings.
• Sharing successes, challenges and lessons learned with others.

CONFERENCE OBJECTIVES

Today's objectives:

• Further the mission and vision of Honoring Choices Wisconsin.
• Share successes, challenges and lessons learned in implementing and expanding an advance care planning system.
• Develop professional relationships.

For more information about Honoring Choices Wisconsin, and to subscribe to our e-newsletter, visit www.honoringchoiceswi.org.

Back cover quote attributed to:

Atul Gawande, *Being Mortal: Medicine and What Matters in the End*

The name “Honoring Choices Wisconsin” is used under license from the Twin Cities Medical Society Foundation.
Dear friends,

It seems more has changed in the landscape of advance care planning in the last year than in the previous five combined.

Honoring Choices Wisconsin (HCW) is now a recognized leader in advance care planning (ACP) improvement and promotion. Since our launch, 293 facilitators facilitated over 6,000 conversations within participating HCW organizations. HCW includes 29 participating organizations and has expanded its reach in communities across the state. Nationally, we’ve seen Consider the Conversation 2: Stories About Cure, Relief, and Comfort air on public television across the country, Atul Gawande’s book Being Mortal become a bestseller, expanded reimbursement for ACP services and, with great relief, the decline of “death panel” politics. Other states and countries are looking to Wisconsin and the Midwest as a model for transforming care.

Of course we have much more to do. We need to be counting quality conversations by millions, not thousands, and we’ll need to further transform the culture to make it happen. To that end, today we’ll take in inspiring stories and knowledge from leaders in the field, collaborate and plan to reach new populations and communities and identify new opportunities for innovation to carry this movement forward. We’ll also recognize a few people as champions for their extraordinary work in ACP.

All of these achievements are yours, and today is a day to celebrate. Thank you for your dedication to Honoring Choices Wisconsin and for ensuring that all Wisconsin patients and families can have the conversation.

Sincerely,

Chief Medical Officer, Wisconsin Medical Society
8:30 a.m.  **Continental Breakfast**

9 a.m.  **Welcome**  
Donn Dexter, MD, Wisconsin Medical Society

9:10 a.m.  **Honoring Choices Wisconsin: Building on Your Success**  
John Maycroft, Wisconsin Medical Society

9:30 a.m.  **Fighting for the Right to Self-Determine**  
Tracy Schroepfer, PhD, University of Wisconsin-Madison School of Social Work

10:30 a.m.  **Break**

10:45 a.m.  **Breakout Sessions**

**B1 – Honoring Choices Wisconsin 101**  
John Maycroft, Wisconsin Medical Society

**B2 – Cross-Cultural Advance Care Planning**  
Melissa Hale, Rachel Zuniga, ProHealth Care

**B3 – Maximizing Epic for Advance Care Planning** (Epic Members Only)  
Kat Thomas, Epic

**B4 – Advance Care Planning: What’s the Physician’s Role?**  
Tim Jessick, DO, Aurora West Allis Medical Center

11:45 a.m.  **Lunch**

12:30 p.m.  **Awards**

1 p.m.  **Advance Care Planning Across Settings**  
Karen Lacke Carrig, Rainbow Hospice Care; Nancy Leipzig, Community Care, Inc.; Jennifer Tiedemann, Agrace Hospice & Palliative Care; Joan Ullrich, ProHealth Care; Kay Wipperfurth, Fort HealthCare

2 p.m.  **Break**

2:15 p.m.  **Breakout Sessions**

**B5 – We Advertised! Why Didn’t They Come?**  
Erin Aagesen, Wisconsin Medical Society

**B6 – Advance Care Planning and Dementia**  
Daniel Goldman, UW Health

**B7 – Guardianship and the Law**  
Kate Schilling, JD, Greater Wisconsin Agency on Aging Resources Elder Law and Advocacy Center

**B8 – From Documents to Conversations: How We’re Changing Our Focus**  
Beth Golonka, Bellin Health; Anita Lindholm, Reedsburg Area Medical Center; Kristine Phillips, Mercy Health System; Maria Tielens, Bellin Health

3:15 p.m.  **ACP Redesign: The Power of Disruption**  
Linda Briggs, Respecting Choices® and Gundersen Medical Foundation

3:45 p.m.  **One Family’s Story**  
George “Chip” Morris, MD, Wisconsin Medical Society

4:15 p.m.  **Adjourn**
**Tracy Schroepfer, PhD, MSW, MA**  
**Fighting for the Right to Self-Determine**

Tracy Schroepfer, PhD, MSW, MA is an associate professor at the University of Wisconsin-Madison School of Social Work. She is a recipient of the Hartford Geriatric Social Work Faculty Scholar Award, president of the National Association for Gerontology Education in Social Work and serves on the National Social Work and Hospice Palliative Care Network and the National Coalition for Hospice and Palliative Care Board. Dr. Schroepfer’s research focuses on the psychosocial, cultural and spiritual needs of terminally ill elders and reducing the health disparities faced by Wisconsin’s medically underserved communities.

In her presentation, Dr. Schroepfer will take the audience on an exploration of self-determination and how it came to play an important role in the lives of individuals and the health care they receive. This will include examining the emergence across time of self-determination, the threats to self-determination potentially experienced by individuals who are seriously ill and the impact such threats pose for their informal and formal caregivers. Recognition will be made of the critical role that advance care planning plays in ensuring that people are able to exercise their right to self-determine their health care goals and to make the care and treatment choices necessary for reaching these goals.

**Linda Briggs, MS, MA, RN**  
**ACP Redesign: The Power of Disruption**

Linda Briggs is the associate director of Respecting Choices® and ethics consultant with Gundersen Medical Foundation. She has consulted with health care leaders, organizations and communities around the world, providing education and support in implementing the principles of effective and sustainable advance care planning programs. Earlier this year, the Tribeca Film Festival presented Ms. Briggs and Bernard “Bud” Hammes, PhD—also of Respecting Choices®—with the Disruptive Innovation Award, recognizing those “whose ideas have broken the mold to create significant impact.” In her presentation, Ms. Briggs will reflect on:

- How advance care planning redesign is disruptive, yet innovative.
- Why advance care planning redesign creates the opportunity for cultural transformation in how health care is delivered.
- The role of leaders in creating this cultural transformation.
- The importance of creating plans for sustainability.
PRESENTERS

Erin Aagesen, MS, MPH, Community Engagement and Evaluation Specialist, Wisconsin Medical Society
Karen Lacke Carrig, President/CEO, Rainbow Hospice Care
Donn Dexter, MD, Chief Medical Officer, Wisconsin Medical Society
Daniel Goldman, LCSW, Clinical Social Worker, Mental Health Clinic, William S. Middleton Memorial Veterans Hospital
Beth Golonka, MSW, Case Manager, Bellin Health
Melissa Hale, MSW, LCSW, Advance Care Planning Coordinator, ProHealth Care
Tim Jessick, DO, Palliative Medicine Physician, Aurora West Allis Medical Center
Nancy Leipzig, BS, Regional Program Director, Community Care, Inc.
Anita Lindholm, RN, BSN, House Supervisor, Reedsburg Area Medical Center
John Maycroft, MPP, Director of Policy Development and Initiatives, Wisconsin Medical Society
George “Chip” Morris, MD, FAAN, Chairperson, Council on Health Care Quality and Population Health, Wisconsin Medical Society
Kristine Phillips, MSN, RN, Director, Critical Care Services, Palliative Care and Advance Care Planning, Mercy Health System
Kate Schilling, JD, Legal Services Manager, GWAAR Elder Law and Advocacy Center
Joyce Hart Smerick, BS, Program Coordinator, Wisconsin Medical Society and Organization Faculty, Respecting Choices®
Kat Thomas, BSN, RN, Implementation Services, Epic
Maria Tielens, MS, Chaplain and LPC in training, Bellin Health
Jennifer Tiedemann, BS, Community Outreach Specialist, Agrace Hospice and Palliative Care
Joan Ullrich, RN, BSN, MBA, Manager, Community Outreach Nursing, Hispanic Health Resource Center, Palliative Care and Senior Health Services, ProHealth Care
Kay Wipperfurth, RN, Vice President, Ancillary and Support Services, Fort HealthCare
Rachel Zuniga, BS, Social Worker and Patient Advocate, Hispanic Health Resource Center and Community Outreach Department, ProHealth Care
Honoring Choices Wisconsin: Building on Your Success
John Maycroft, Wisconsin Medical Society

NOTES

QUESTIONS
Fighting for the Right to Self-Determine
Tracy Schroepfer, PhD, University of Wisconsin-Madison School of Social Work

NOTES

QUESTIONS
Morning Breakout Session

NOTES

QUESTIONS
Advance Care Planning Across Settings

Karen Lacke Carrig, Rainbow Hospice Care; Nancy Leipzig, Community Care, Inc.; Jennifer Tiedemann, Agrace Hospice and Palliative Care; Joan Ullrich, ProHealth Care; Kay Wipperfurth, Fort HealthCare

NOTES

QUESTIONS
ACP Redesign: The Power of Disruption

Linda Briggs, Respecting Choices®

NOTES

QUESTIONS
2015 PARTICIPANTS

Each of the 2015 Honoring Choices Wisconsin participating organizations provided the following information about their trial implementation.

TRIAL IMPLEMENTATION

Amery Hospital & Clinic, Amery

Amery Hospital and Clinic conducted trials with two family physicians and clinic staff and providers:

- Patients of Debra Strodthoff, MD, and Kevin Klein, MD, at the Amery Clinic
- Employees and providers of Amery Clinic

At the Amery Clinic, we targeted patients with appointments scheduled with Dr. Strodthoff, and Dr. Klein, both family physicians. In addition, we met with all interested clinic staff and providers. We approached all patients age 45 and older. As patients arrived for their appointments, the medical assistants gave all patients within the age group the following handouts: Advance Care Planning, Health Care Agent, Advance Care and Planning Guide. The physicians discussed information with the patient and encouraged him or her to attend a facilitated conversation. If the patient was interested, a referral was sent to our Honoring Choices work queue in Epic. The team leader reviewed and then contacted all interested patients/employees to schedule appointments for a first conversation. All interested patients/employees were contacted. For clinic staff and providers, we scheduled a short presentation about honoring choices Wisconsin. Attendees then signed up for a group facilitated conversation or a one-on-one conversation. At these meetings, we showed the video, “It’s about the Conversation.” Our plan for expansion includes adding two physicians in the primary care clinic with the same target population age 45 and older, in addition to all hospital and clinic employees.

Bellin Health, Green Bay

Bellin Health targeted two patient populations at two different locations:

- Patients at the Bellin Health Cancer Team, seeing one provider for an initial consultation.
- Patients at the Bellin Health Ashwaubenon clinic, age 55 or older, seeing their primary care provider for an annual physical.

At the Bellin Cancer Team, we targeted patients seeing Hassan Tahsildar, MD (medical oncologist and hematologist). The physician approached patients that were coming in for their first consultation appointment, regardless of whether or not they already had an advance directive in place. He encouraged the patient to schedule an appointment with a facilitator for an advance care planning session. Patients were given the information packet and scheduled an appointment with a facilitator if they were interested. The plan to spread clinic wide at the Cancer Team to four other oncologists for expansion is already in progress. They also will approach patients coming in for an initial consultation to recommend an advance care planning conversation.

At Bellin Health Ashwaubenon, a primary care clinic, James Jerzak, MD, and Brooke McComb, NP, and their teams targeted every patient over the age of 55 presenting for a complete physical. Both the rooming nurse and provider followed a script to encourage the patient to schedule an appointment with a facilitator for advance care planning. Plans for expansion include several other primary care providers as part of a larger patient care redesign project following a timeline. As these providers institute changes for patient care redesign, they also will learn the Honoring Choices Wisconsin advance care planning approach.
2015 PARTICIPANTS

Hudson Hospital & Clinic, Hudson

Hudson Hospital & Clinic, in collaboration with Hudson Physicians, conducted a trial targeting patients of Kristin Severson, DO, who were coming in for six-month follow-ups, annual physicals and medication checks. Doctor Severson has a strong interest in this initiative. She serves an adult-only population with specialty in internal medicine and geriatrics. In pre-visit planning, Dr. Severson’s clinic nurse identified patients who did not have an advance directive in place and those patients who needed their advance directive updated. She introduced patients to the program and gave them a folder of information. Doctor Severson then reviewed the program in greater detail, and if the patient was interested, placed a referral. Hospital staff then scheduled patients with a facilitator.

Plans for expansion include targeting patients of additional providers—both at Hudson Hospital and Hudson Physicians Clinic, as well as employees of both organizations.

During the implementation we managed referrals manually; in the next phase, we hope to automate referrals so that all scheduling and registration staff can assist patients.

Mercy Health System, Janesville

Mercy conducted trials at two implementation sites: Mercy Clinic North and Mercy Clinic Milton. Both clinics focused on one physician’s practice and patients meeting the criteria of 65 years and older coming into the clinic for a “wellness” visit, like a “Welcome to Medicare” visit or a scheduled physical.

Mercy Milton Clinic and Mercy Clinic North used a similar process:

- Pamphlets were handed to patients when they approached the receptionist.
- The physician discussed the value of completing the process of advance care planning (ACP) and recommended that the patient take advantage of this service.
- The facilitator (a nurse at the Milton clinic and a medical assistant at North) met with the patient and discussed more about the ACP process. They assisted patients with making an appointment to complete the process.
- The pamphlet the patient received also had the ACP phone number in case they decided to make the appointment later.

Reedsburg Area Medical Center, Reedsburg

The advance care planning (ACP) team at Reedsburg Area Medical Center chose to target diabetic patients over the age of 50. We chose this population because these patients are dealing with a chronic illness but are, for the most part, not in crisis, therefore encouraging conversations is not influenced by the stress of a crisis situation. We worked with one of our diabetic educators and asked for her involvement. She was very willing to encourage these patients. We then went to our IT department and asked them to help us develop a plan for communication between our diabetic educator and ACP facilitators. Once the electronic medical record (EMR) was prepared, we did some training and testing of the system prior to the pilot roll out. It worked! When seeing patients who did not have a Healthcare Power of Attorney (HCPOA) on the chart, the educator asked them if they would like more information, provided educational materials and made a referral to an ACP facilitator, instructing that someone would call to set up an appointment. These referrals were compiled weekly and distributed to the facilitators for follow-up.
2015 PARTICIPANTS

St. Croix Regional Medical Center, St. Croix Falls
St. Croix Regional Medical Center conducted the trial at the Lindstrom Clinic. We targeted patients with appointments with Lisa Szymanski, MD, James Sotis, MD, and Inieke Ikpe, MD, who are family physicians. The patients were approached if they were in for a health maintenance visit such as a Medicare wellness visit, medication check, pre-op visit or establishing care visit. The patients had to be age 50 or older. The rooming assistant asked the patient if he or she had an advance directive. If not, the patient was offered the Honoring Choices Wisconsin advance care planning (ACP) free service and given a brochure. The rooming assistant placed a white dot on the schedule and placed a folder containing ACP educational material outside the patient room. This was an indication to the provider that the patient was interested. The provider further discussed ACP and placed a referral for a facilitated conversation to social services.

Our plans for expansion after the trial phase include adding one provider from each of our five clinics. Eventually, we will add all providers to address ACP at patients’ annual physical appointments for those 50 and older. We also plan to include the hospitalist to offer this service to our in-patients. Lastly, after the trial phase, we will add employees of the nursing staff so they will have a better understanding of the program and be better prepared to offer this service to their patients.

Westfields Hospital & Clinic, New Richmond
Westfields Hospital & Clinic’s pilot group for Honoring Choices Wisconsin includes:

- Cardiac rehabilitation patients and staff.
- Patient Advisory Council members.
- Environmental/plant operations staff.

The target population in each of the stated groups above is 18 or older. The cardiac rehabilitation staff is available to all new patients. For our next pilot, we plan to add two primary care providers for all patients coming for an annual exam or are new to the provider.

SUCESSES

Amery Hospital & Clinic, Amery
Our most significant success was the use of our Honoring Choices referral work queue. This helped create a very organized way of following up with calls to interested patients. We also found group facilitation for clinic employees and providers very successful, using the video “It’s About the Conversation” and presenting them with initial material. Many signed up for a follow-up conversation and have since completed an advance directive.

Bellin Health, Green Bay
The Cancer Team’s greatest success is the fact that their providers became more aware of the importance of the advance care planning conversation as part of a whole staff presentation. Doctor Tahsildar recognized the need to approach his patients early on in their cancer diagnosis, so he was able to honor their wishes in the course of their treatment plan. The greatest success of the primary care clinic was that the rooming nurses really encouraged the targeted patients to schedule an appointment to have the conversation, despite how busy they were in their daily work. It became a “challenge” for them to get the appropriate patients to schedule an appointment with a facilitator.
2015 PARTICIPANTS

Hudson Hospital & Clinic, Hudson
The team did a thorough job planning for implementation. All systems and processes worked well and no significant adaptations needed to be made. Facilitators (primarily volunteers) were very enthusiastic and dedicated to the program. They provided flexible scheduling which was helpful in the model we designed. The team felt well supported by the organization leaders.

Mercy Health System, Janesville
The biggest success at both clinics was the education provided to patients, staff and physicians about advance care planning and its importance.

Reedsburg Area Medical Center, Reedsburg
Locating documents has always been a challenge. We had developed a paper system that worked well for the most part, but was not as timely as we would like especially in the middle of the night when our medical records department is closed. Time matters when we are honoring an individual’s wishes. After our pilot study we conducted a random survey of the folks we had conversations with. By checking their electronic medical record (EMR), it was possible to determine the presence of an advance directive and pull it up within an average of 32 seconds. We were very pleased with this result. It is definitely working in the right direction for honoring the individual. More work is being done to scan current documents into the EMR to facilitate rapid retrieval of documents in the future.

St. Croix Regional Medical Center, St. Croix Falls
Our most significant success was presenting the program to our fellow staff members and providers using the Honoring Choices Wisconsin video along with the PowerPoint presentation. This enabled staff/providers to have a better understanding of what advance care planning is, so they are able to offer this program to their patients more clearly. Our staff seemed better engaged after this presentation.

Westfields Hospital & Clinic, New Richmond
Our greatest success has been staff education/awareness about Honoring Choices Wisconsin. The result is that a number of staff, and sometimes spouses, have met with facilitators. We have affectionately called this group our “creepers.”

CHALLENGES

Amery Hospital & Clinic, Amery
All of our facilitators were employees. Over time it became apparent that their work schedules were too full to have many facilitated conversations. Two of the individuals on our implementation team no longer work at Amery, and three of five facilitators had job changes during the implementation stage, making it very difficult to have time for conversations. We were still able to see many people with two primary facilitators. We plan to involve volunteers in the next training to increase our number of facilitators. We also plan to do more group facilitations with employees.
2015 PARTICIPANTS

Bellin Health, Green Bay
The primary care team faced a significant challenge when it became apparent that the rooming nurses were not approaching patients who had a scanned advance care planning document. They didn’t understand that having a document did not necessarily mean that the patient had ever had a values-based conversation with their loved ones. We overcame that challenge by developing a new script for them to use with the patients who already had a document in place, stressing the importance of the conversation rather than simply having a written plan. The Cancer Team faced a similar challenge. Their staff had a hard time understanding why a conversation was important if their patient already had a written plan in place. Doctor Tahsildar did an excellent job of overcoming that challenge by encouraging every patient to have a conversation, regardless of whether or not they had already completed a document.

Hudson Hospital & Clinic, Hudson
One of the challenges we discovered was that many of the patients of our provider already had an advance directive and were hesitant to complete another document. The timing of the implementation also presented a challenge, as many involved staff had high vacation utilization during the summer months. Patients also reported being busy and felt a different time in the future would be better.

Mercy Health System, Janesville
There were multiple challenges during our implementation trial. Despite preparation and planning, several situations presented during the trial.

Mercy Milton Clinic had a physician leave mid-implementation. This left locum physician coverage and a clinic staff that was in transition. Despite the loss of the physician, the nurse was able to continue to approach patients and discuss advance care planning. She had great success getting patients to come in and create their advance care planning document. Factors contributing to that success:
- Time available to complete the conversations.
- Leadership support.
- Existing relationship/rapport with the patients who were approached.

Reedsburg Area Medical Center, Reedsburg
Our greatest challenge was using three different electronic medical records systems to locate advance care planning documentation. Our IT staff worked hard to simplify the process. We use one system for tracking ACP conversations and documentation, while still maintaining the documents on the system utilized within the various departments. Staff is encouraged to use the simplified process for locating documents. More training is required to facilitate this change.

St. Croix Regional Medical Center, St. Croix Falls
A significant challenge for SCRMC was the loss of multiple staff from our trial implementation team. Our social worker, who was our project lead, relocated to another job in the middle of the trial. Then, our human resources staff member left to take another position, that did not allow time for Honoring Choices Wisconsin. We were left with three people working to keep the project going. The co-leader took on the lead role, but it was challenging to keep it all together and also continue with the responsibilities of a full-time position. This issue was resolved when a new social worker with advance care planning experience joined our staff. She will be serving as team lead. As a team, we worked through our next steps and are excited to keep this amazing program growing.
2015 PARTICIPANTS

Westfields Hospital & Clinic, New Richmond
Our greatest challenge has been getting cardiac rehabilitation patients interested in having the conversation. We will have to add another group to our trial implementation in order to get the numbers needed to achieve our goal. The addition will be two primary care providers for patients coming in for the “Welcome to Medicare” visit. We are still in the process of correcting the shortfall of numbers.

KEY LEARNINGS

Amery Hospital & Clinic, Amery
• Focus on training volunteers as facilitators, as employees are often too busy to offer many opportunities for facilitated conversations.
• Offer more group facilitations for employees and some patients, as we found that the group encouraged good conversation and questions.
• Use video more as it seemed to inspire patients to continue the process and complete an advance directive.

Bellin Health, Green Bay
• All staff need education about the importance of promoting a facilitated conversation to our patients regardless of the status of their written advance directive.
• Advance care planning facilitators need to be chosen wisely, with an opportunity to use their skills immediately after training.
• Do not provide an advance directive document to a patient prior to a facilitated conversation.

Hudson Hospital & Clinic, Hudson
• Schedule the conversation before the patient leaves the clinic appointment.
• Provide frequent communication with the provider to offer needed resources and support and encourage ongoing referrals.
• Consider the physical environment used for the conversation to promote participant comfort and engagement.
• Keep facilitators connected as a group, providing support and feedback as needed.

Mercy Health System, Janesville
• Education and re-education are critical to success. It’s never enough!
• Don’t measure success by the number of completed documents.
• When you hit a road block, quickly regroup and find another way. You can never predict all of the barriers you will run into. But, where there is a will, there is a way!

Reedsburg Area Medical Center, Reedsburg
2015 PARTICIPANTS

• It is extremely important to take one step at a time. There is an overwhelming desire to do it all at once, but change works best when it is planned step by step.

• It is important to tend to staff needs. Our facilitators have other jobs, and encouraging them—through good communication—is critical to their continued enthusiasm for the work.

St. Croix Regional Medical Center, St. Croix Falls

• Schedule advance care planning (ACP) before the patient leaves the clinic. This eliminates the need for patients to remember to schedule at another time.

• Educate staff that ACP is part of the rooming process for all adult patients age 50 and older coming in for an annual physical.

Westfields Hospital & Clinic, New Richmond

• You cannot communicate/educate enough. Despite creating learning modules in our online education system, hosting meetings and talking with departments, lead staff still reported they did not know about Honoring Choices Wisconsin or what the role of a facilitator is.

• Make sure your trial implementation target population is large enough to begin with. Due to many projects in our primary care clinic, we were not able to engage them in our trial. This resulted in an inability to reach the numbers needed to provide the most learning possible from a trial implementation.
ACCOMPLISHMENTS

• Successful ACP trials at all 21 Round 1, 2 and 3 organizations, with ongoing expansion.
• Five new organizations conducting trial implementations.
• 6,000+ conversations facilitated.
• Electronic medical record storage standardized.
• Advance directive improved and standardized across Honoring Choices Wisconsin and translated into Spanish.
• Four faculty certified to train statewide.
• 293+ facilitators certified.
• 27 facilitator instructors certified.
• Three annual Sharing the Experience conferences held with 150+ attendees.
• Faith Ambassador programs created and expanding in Madison, Milwaukee and the Fox Valley.
• Assisted in the revision of facilitator script for improved patient understanding.
• Two videos produced with Wisconsin Public Television.
• Assisted in the creation of the Palliative Care Network of Wisconsin.
• Inquiries received from 22 states and three countries.

MOVING FORWARD

• Bring five new organizations into Honoring Choices Wisconsin.
• Facilitate 12,000+ conversations.
• Offer continuing medical education (CME) activities, including Performance Improvement CME, for physician engagement in advance care planning.
• Develop new models for community engagement.
• Lead Wisconsin’s National Healthcare Decisions Day presence on April 16, 2016.
• Assist participants in utilizing new CPT codes under the Physician Fee Schedule.
• Further expand grant writing capacity to reduce financial dependence on participants.
• Convert educational materials to lower reading levels and translate into two new languages.
• Provide facilitators, instructors, physicians and other health care team members with formal continuing professional development.
• Potential for continued collaboration with Wisconsin Public Television on additional videos for patients, health care agents and implementation teams.
• Evaluate development of advanced communication skills training for physicians.
The Mission of the Honoring Choices Wisconsin (HCW) Statewide Steering Committee is to promote the benefits of and provide the systems for effective advance care planning across the state of Wisconsin.

Committee members advise the Wisconsin Medical Society on how best to pursue Honoring Choices Wisconsin’s mission, advocate in public for HCW and its activities and represent all HCW stakeholders to the project’s leadership.

Steering Committee Members:

Ben Adams, JD, Adams & Woodrow SC
John Barkmeier, MD, Fox Valley Coalition for Advance Care Planning, retired from ThedaCare, Family Practice/Geriatrics
Richard Dart, MD, Immediate Past President, Wisconsin Medical Society
Jim Deming, MD, Mayo Clinic Health System
Donn Dexter, MD, Chief Medical Officer, Wisconsin Medical Society
Gina Dennik-Champion, MSN, RN, MSHA, Wisconsin Nurses Association
Arthur R. Derse, MD, JD, Froedtert Hospital
Jerry Halverson, MD, President, Wisconsin Medical Society
Tim Jessick, DO, Palliative Medicine Physician
Toni Kesler, MSN, RN, FNP, ACHPN, Vitas Healthcare
George M. Lange, MD, FACP, Past President, Wisconsin Medical Society
Pamela McGranahan, RN, DNP, University of Wisconsin – Madison School of Nursing
Wendy Peltier, MD, Medical College of Wisconsin
Molli Rolli, MD, Board Chair, Wisconsin Medical Society
Lisa Sherven, RN, BSN, Bluestone Physician Services
Bruce Weiss, MD, MPH, United Healthcare of Wisconsin
Kathleen Ziemba, MSW, LCSW, Respecting Choices
PARTICIPATING ORGANIZATIONS

Adoray Home Health & Hospice, Baldwin
Aging and Disability Resource Center (ADRC) of Jefferson County
Agrace Hospice and Palliative Care, Madison
Amery Hospital & Clinic, Amery
Aspirus, Wausau
Baldwin Area Medical Center, Baldwin
Bellin Health, Green Bay
Care Wisconsin, Madison
Community Care, Inc., Milwaukee
Fort HealthCare, Fort Atkinson
Froedtert and the Medical College of Wisconsin, Milwaukee
Group Health Cooperative of South Central Wisconsin, Madison
Hudson Hospital & Clinic, Hudson
Mayo Clinic Health System—Northwest Wisconsin, Eau Claire
Mercy Health System, Janesville
Meriter-UnityPoint Health, Madison
My Choice Family Care, Milwaukee
ProHealth Care, Waukesha
Rainbow Hospice Care, Watertown
Reedsburg Area Medical Center, Reedsburg
Richland Center Hospital and Richland Medical Center, Richland Center
St. Croix Regional Medical Center, St. Croix Falls
Southwest Health, Platteville
ThedaCare, Appleton
UW Health and Unity Health Insurance, Madison
Upland Hills Health, Dodgeville
Watertown Regional Medical Center, Watertown
Westfields Hospital & Clinic, New Richmond
William S. Middleton Memorial Veterans Hospital, Madison
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Adoray Home Health & Hospice
Agrace Hospice & Palliative Care
Amery Hospital & Clinic
Aspirus
Baldwin Area Medical Center
Bellin Health
Care Wisconsin
Community Care, Inc.
Fort HealthCare
Froedtert and the Medical College of Wisconsin
Greater Milwaukee Business Foundation on Health
Hudson Hospital & Clinic
Mayo Clinic Health System – Northwest Wisconsin
Mercy Health System
Meriter Foundation
Meriter-UnityPoint Health
My Choice Family Care
ProHealth Care
Rainbow HospiceCare
Reedsburg Area Medical Center
Richland Center Hospital and Richland Medical Center
St. Croix Regional Medical Center
Southwest Health Center
ThedaCare
United HealthCare
Watertown Regional Medical Center
UW Health and Unity Health Insurance
Upland Hills Health
Vitas Healthcare
WEA Trust
Westfields Hospital & Clinic
Wisconsin Cancer Council
Wisconsin Medical Society Foundation
Wisconsin Office of Rural Health
WPS Health Insurance
“Our ultimate goal, after all, is not a good death but a good life to the very end.”

— Atul Gawande