






## The New Language of Advance Care Planning

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HEALTH BENEFITS      Complementary but Distinct Business Platforms      HEALTH SERVICES

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FOUNDATIONAL COMPETENCIES


Clinical Insight      Technology      Data & Information



### Objectives

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- Share findings from the New Language of Advance Care Planning study
- Share ideas and seek feedback and advice for UHG's involvement in advance care planning



### Outline

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- Study overview
- What works
  - Recognizing the barriers
  - Protecting and removing a burden from your loved ones
  - Future Care Preferences
  - Choosing an advocate
  - Striking the right tone
  - Easing into the conversation
  - Making it for everyone
  - Life Events
  - Validating and easing uncertainty
  - Flexibility and "a plan to build off of"
- UHG's future in advance care planning




### Our purpose

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Create the language for advance care planning that will encourage and facilitate open, honest, and importantly, timely conversations between patients, families, doctors and other care givers



Motivate people to **start having conversations** about advance care planning, **sooner.**



- Despite the fact people aren't acting on this topic today, your audience sees themselves as proactive doers

**84%**

claim they are more likely to do tasks to get them done rather than put them off until they need to do it

**63%**

claim they are more likely to stick to New Year's Resolutions and complete them than start it but not finish it

**65%**

claim they would rather have a tough conversation in a challenging situation than let it work itself out

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- And there are many patient-friendly and specialized institutes focused on motivating your audience today
- The messaging they use cover a range of reasons why people should be having these conversations now and acting upon them

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so...why is this still a challenge?

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### Methodology

- Communication and Research Audit to understand the insights and strategy to date
- Language Landscape Analysis and Wire Tap assessing key trends across patient-friendly organizations, articles published in mainstream media and specialized institutes, and social media platforms
- Language Lab in Washington, D.C. with 15 key stakeholders to uncover new and existing ideas on communicating in this space
- Fifteen Stakeholder Interviews: One-on-one interviews with internal and external (C-TAC speakers, partner organizations, subject and policy experts) stakeholders for a 360 degree view of the space today
- Eight 2-hour Instant Response Dial Sessions in Nashville and Miami, N=160 to provide a targeted, clear direction for our audiences with quantitative data
- National Online Survey, N=1000
- 15 In-Depth Specialized Audience Interviews to begin understanding the best ways to engage experts and professionals who can widen the opportunity with our audience

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I don't want to leave me laying in a hospital bed and having my family decide do they pull the plug or not.

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100=Very Favorable

Total 85

0=Very Unfavorable

mean 0:00:57

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today's language is agreeable,  
not motivating.

**barriers to the conversation**

**Q. What would you say is or would be most holding you back from completing a plan like this?**

Barrier	Percentage
I don't know where to start	23%
I don't want to talk about death	21%
It doesn't apply to me yet	17%
It's too expensive	13%
I don't think my family wants to discuss it	13%
It's not necessary to discuss	8%
Other	5%

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ambiguous +  
complicated +  
unpleasant +  
costly = I'm not doing it

because they think it is...	the language must be...	so that they...
Ambiguous	Direct	understand exactly what this is about and who this is for
Complicated	Simple	know what this entails, rather than assuming it's too much to handle
Unpleasant	Approachable	have resources and reasons why to have this conversation now that best fits with their life
Costly	Accessible	

**making this a priority.**

- Our audience knows this is a necessary conversation to have...at some point
- Once they know what this is about and what they need to do, the real challenge is moving this to the top of their long list of to-dos so that it's a priority to talk about *now*—not 10 or 20 years down the line

this conversation is ... **necessary** → this conversation is ... **priority**

- While there is language in use today around taking the burden off family members, it's often buried under language all about protecting your own values
- But a top driver of how our audience prioritizes today is based on the instinct to protect their loved ones, which is more than just emotional—it's primal

**make it about the ones they love.**

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**“Protection” and “Removing a Burden”**

- Both “protection” and “removing a burden” for loved ones are powerful motivators
- While the former speaks to a primal instinct to shelter our family, the latter is a strong visual that subtly hints at the consequence of not having this conversation soon enough

Q. I'm more likely to take action on this topic if I thought of it as \_\_\_\_\_.

A gift to my loved ones	~10%
Protecting my loved ones	~25%
Taking a burden off my loved ones	56%

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**Peace of Mind**

The power in peace of mind is that it connects to all the main drivers to have this conversation today

deciding your future care preferences will give you **peace of mind**

- You won't leave a burden on your family
- You have an advocate to be your voice
- Your preferences will be there for your doctor

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**“Advance Care Planning”**

It's misunderstood!

	you say	they hear
<b>Advancing Choices</b> MINNESOTA Advance Care Planning (ACP) is a process which helps you think about, talk about, and write down your choices for future health care <b>C-TAC</b> The Coalition to Transform Advanced Care (C-TAC)	advance care planning	Funeral planning? Financial planning? Life insurance?
<b>the conversation project</b> The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.	end-of-life care planning	Planning for seniors I don't want to talk about death This conversation is for people who are dying

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**“Future Care Preferences”**

- “Preferences” came out on top as the most motivating descriptor of what this is, for two main reasons—
  - there's an inherent element of a “preference” that makes the conversation more approachable and personal
  - it's less final than “decisions” or “choices,” which can have the negative implications that a) they can't change what their choices or b) that all the “what ifs” they're planning for are inevitable

“future care \_\_\_\_\_”

“Preferences are about YOU, and what you want at that time.”  
–Potential Caregiver, Miami

**preferences**

wishes

choices

decisions

“Choice makes it sound final, like you can't revisit it”  
–Potential Caregiver, Nashville

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**“Future Care Preferences” adds clarity**

Q. Which of the following do you think is the best term for this? Choose your top two answers.

advance care plan	45%
future care preferences	42%
end of life care personal health wishes plan	33%
health wishes	30%
healthcare choices	26%

“(future care preferences) isn't just for when you're on your death bed. It opens it up to situations where anything can happen.”  
–Potential Caregiver, Nashville

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### Healthcare "Agent" and "Proxy"

- Healthcare "proxy" and "agent" are both dominant terms in the space today—but they are both clinical and cold, detaching your audience from the importance of this role

you say	they hear
healthcare proxy	"My first question is, what's a proxy?" - Participant, Nashville
healthcare agent	"It sounds like a third party, not like somebody I love" - Participant, Nashville

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### "Advocate"

- On the other hand, the term "advocate" suggests a degree of trust, respect, and understanding that many instantly recognize as critical

It's important to choose my \_\_\_\_\_ to speak for me, and defend my choices, when I can't speak for myself.

advocate	20%
substitute decision maker	20%
voice	20%
healthcare agent	14%

they hear

"We all need someone on our side that's backing up what we want—and this makes it sound critical."  
- Potential Caregiver, Miami

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### "Advocate"

- The opportunity to choose an **advocate** stands out as an essential step that breaks through as well
- It communicates the stakes in this conversation—we may need someone to speak on our behalf at any given moment—while still empowering our audience with active language that gives them ownership

"It's all about my connection with my family...and it makes me feel in control."  
- Participant, Miami

"It's someone who knows you and will be your voice—we need that."  
- Participant, Nashville

"I want someone totally on my side that will fight for me and what I want."  
- Participant, Miami

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### striking the right tone

- While much of the current language focused on death is too negative to motivate many, sugarcoating the conversation as a very positive one causes a similar reaction
- A clear, direct, and encouraging tone ensures the message gets right to what your audience really wants to hear—what this is, and how to do it

"I liked that because it was a clear message about what to do and how to prepare yourself—simple and straight to the point."  
- Miami, Potential Care Recipient

negative ← clear and direct → positive

"While I know we're talking about death, I don't want to get hit over the head with my own mortality."  
- Miami, Potential Care Recipient

"Any way you slice it, you're talking about something negative. So don't make it fluffy."  
- Nashville, Potential Caregiver

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### Ease them into the conversation

- Almost half our audience lists not knowing where to start as one of the biggest reasons they haven't had this conversation today
- Highlighting they can start with an informal conversation makes this seem simpler, puts them in control and assures them they can have this conversation on their terms

you say	they hear	agreed
It can be an informal conversation, and doesn't have to start with a form	"I thought it was all about filling out these legal forms...starting with this is much easier" - Care Recipient, Miami	62% agreed This makes me more likely to have this conversation sooner
		63% agreed This makes me feel that this is simpler than I thought

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### when is the right time to start?

Q. In my opinion, the best age to begin planning for this is when someone is \_\_\_\_\_ years old.

Age Group	Percentage
18-21	4%
22-29	8%
30-39	19%
40-49	20%
50-59	27%
60-69	17%
70+	6%

Experts say it's here (pointing to 50-59)

Your audience thinks it's here (pointing to 50-59)

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### Who it's for

- The impression that this type of planning is only for older audiences is a barrier to having these conversations sooner
- Make it clear this conversation may be applicable at any time—and that these situations can be temporary, and aren't just for end-of-life situations, which makes the conversation more approachable and applicable

you say	they hear	instead say
[prepare for] end of life care	this is for later	[prepare for] when an accident or illness may make it challenging for you to think clearly

**54%** agreed

Having this conversation is important because an accident or illness can happen at any time.

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### directing conversations to happen sooner

- Tying this conversation to an age feels arbitrary to many who point out that their beliefs are influenced by what's happening in their lives—not by their age
- Tying this conversation to life events—such as starting a job, getting married, or having kids, allows us to strategically:
  - ✓ Tie this conversation to events that happen **earlier in life**
  - ✓ Reinforce that this conversation can and **should be revisited**
  - ✓ Position this as a **natural conversation** to be had as you discuss other aspects of your life

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### Tying to life events

- When it comes to the specific language of when to have these discussions, our audience connects most to “life event”—it’s the natural language they use to describe significant changes in their lives

life event	percentage
life change	17%
life transition	14%
milestone	

**they hear**

*“I think differently because of the different events in my life. And those different life events would prompt me to think about this”*  
—Care Recipient, Nashville

*“Tying it to life events makes it more approachable”*  
—Care Recipient, Nashville

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### The freedom of an imperfect conversation

- When it comes to deciding on their preferences, many feel stuck—give them permission to be unsure and provide a path for them to find out what they do want given where they are today

Q. “It’s okay to not know what you want right now—you may even start with what you don’t want”

On a scale of 0-10, this message...

*“I’m not in the medical field, so I don’t know all my options. But I know I can make a list of things I wouldn’t want.”*  
—Potential Caregiver, Miami

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### Flexibility

- Many hesitate to document their preferences now because they think it’s impossible to know what they’d want years in advance, and they’re afraid they can’t change it
- Let them know their plan works with their changing life—and they can change it as their views change
- “Flexibility” tests much better than “change” or “evolve”

you say	they hear
It’s flexible and can be revised as your life changes	<i>“It’s encouraging because you don’t have to cross every ‘i’ and dot every ‘i.’ It’s just getting the ball rolling, then changing it later.”</i> —Potential Caregiver, Nashville
it doesn’t have to be perfect right away—it’s a process and can be changed as our views change	

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language to use	language to lose
future care	advance care
[future care] preferences	end-of-life care
discuss with your loved ones	[future care] choices
it can be an informal conversation and it doesn’t have to start with a form	[future care] decisions
it’s a simple process	discuss with your family (only)
the right time can be when experiencing a life event that you’re already preparing and planning for	[lead with] complete an advance directive
advocate voice	it’s an easy process
positive facts, like “Those who have advance care planning discussions are three times more likely to have their wishes followed!”	the best time to start is at 18 years old, when you become independent from your parents
	healthcare proxy
	healthcare agent
	negative or fear-based facts, such as “More than one-third of physicians are inaccurate in predicting their patients’ preferences”

### summary language to use and lose

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language to use	language to lose
taking a burden off my loved ones protecting my loved ones	a gift to my loved ones
it's okay to not know what you want right now—you may even start with what you don't want	[lead with] decide the medical treatment you'd want
peace of mind	[focus less on] control, certainty
it's flexible and can be revised as your life changes	you can change your choices
it doesn't have to be perfect right away—it's a process and can be changed as our views change	you can revisit your choices
create a plan I can build off of	build the foundation of my plan

**summary language to use and lose**

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# UHG and Advance Care Planning

