521 Parnassus Avenue,
Room 104, Box 0131
San Francisco, CA 94143-0131

April 1st, 2025

Re: Application entitled, *Improving Access to Advance Care Planning Goals of Care Documentation in the EHR Using AI*

To the UCSF Artificial Intelligence/Machine Learning Demonstration Project Award Committee:

We are writing in enthusiastic support for the proposed AI/Machine Learning Demonstration initiative designed to improve access to patients' crucial advance care planning information led by Drs. Rebecca Sudore, Elizabeth Wick, and Logan Pierce. In my role (Dr. Mourad) as the Department of Medicine Vice Chair and prior advance care planning (ACP) lead for hospital medicine, and my role (Dr. Kantor) as current ACP lead for hospital medicine and Associate Medical Director for Adult Patient Safety, we can attest to the high importance and innovation of this proposal.

The inability to find crucial ACP information in the medical record during a clinical crisis is a pervasive problem across the U.S. and at UCSF. Lacking this information during a medical crisis puts our clinicians at risk of violating patients' preferences and results in a breach in patient safety. In addition, we have both spent countless hours attempting to educate both inpatient and outpatient clinicians to use the .ACP Smartphrases and ACP note templates to ensure patients' medical preferences are available in our UCSF central ACP activity in APeX. However, these efforts are incredibly difficult to sustain with the constant turnover of trainees and hiring of new faculty and staff, and the lack of access to needed ACP documentation continues. Furthermore, using these Smartphrases and note templates represents additional work for our already overburdened inpatient and outpatient clinicians.

Dr. Sudore, Wick, and Pierce represent the team to address this issue. We have worked with Dr. Sudore for close to a decade on ACP improvements at UCSF. This has included her work with other hospital medicine clinicians to create and refine the APeX central ACP activity, ensuring there is a central location for all ACP information (e.g., surrogate decision makers, documented goals of care discussions, and advance directive and POLST forms). She has also worked with inpatient and outpatient leadership, as well as UCSF patients and caregivers, to ensure the patient-facing MyChart ACP portal meets patients' needs. Furthermore, through a prior UCSF innovation award and a large PCORI grant, she worked with UCSF Population Health, Primary Care, and the APeX Enabled Research (AER) team, as well as patients and caregivers, to create and test automated ACP messages in the EHR for patients 65 and older and those with serious illness. This initiative helped primary care meet its ACP quality metric targets.

Given the success in primary care, Dr. Sudore began working with Drs. Wick and Pierce to bring these automated messages and other ACP innovations to the surgical context. This team has successfully replicated these ACP innovations in surgery and currently holds a large NIH multi-site U grant to test their effectiveness. Dr. Wick has extensive experience in using LLM in the EHR in the surgical context, and Dr. Pierce, MD, is board-certified in clinical informatics with extensive experience using large language models. Dr. Pierce is also the Managing Director of UCSF Data Core in the Division of Hospital Medicine and has extensive experience working with the UCSF AER team and using AI and LLM for a variety of projects.

This proposal will use AI and LLM to ensure that we are capturing all the necessary ACP information from both inpatient and outpatient notes from interdisciplinary providers. The AI tool will run in the background, decreasing any work or burden on informatics or clinical teams. Automating this process will not only increase access to crucial goals of care documentation in the central ACP activity in APeX, but it will also improve patient safety by ensuring that patients' stated wishes for medical care are honored and respected, and will decrease clinicians' time in finding and ultimately documenting (or re-documenting) ACP information.

We are both national leaders in hospital quality, safety, and healthcare delivery. We can attest that this project aligns with national priorities for improving advance care planning and UCSF's priorities for improved patient safety, decreased clinician burden, and improved efficiency. The team has proposed a rigorous retrospective and prospective evaluation plan that will ensure this model is valid and can be used to improve patient care.

We are fully committed to supporting this innovative initiative and team and will help to ensure its successful implementation and integration within UCSF Health. This is the right team and the right time to tackle this important clinician problem. We are confident that this initiative will improve care for patients across clinical disciplines and across inpatient and outpatient care and will be scalable in multiple other care settings. We are happy to provide any additional information in support of this innovative and crucial initiative.

Sincerely,

Michelle Mourad, MD
Professor of Medicine
Vice Chair of the Department of Medicine
Division of Hospital Medicine

Molly Kantor, MD
Associate Professor of Medicine
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April 1, 2025

Dear Rebecca, Liza and Logan,

We are pleased to support your proposal to test an AI application around advanced care planning on the acute care surgery service at Moffitt Long Hospital. As you know, we have been pleased to partner with you on improving advanced care planning over the years, and although we have made strides, there is still tremendous opportunity for improvement.

We have a busy inpatient service with 15-25 patients on average with new acute care surgery diagnoses and many unplanned operations. Patients and their families are frequently confronted with goals of care discussions, and given the team-based nature of our care, the advanced care planning workflow has been a tremendous asset for our communication, and we welcome any enhancements.

We look forward to serving as co-champions. As a reminder, Rochelle Dicker, MD serves as the chief of the section of acute care surgery and Tasce Bongiovanni, MD, MPP is leader in acute care surgery and older adults, and medical director of 13L UBLT. Therefore, both of our roles are synergistic with the proposed work.

Sincerely yours,

Rochelle Dicker, MD   Tasce Bongiovanni, MD, MPP