



**The Ask-Tell-Ask Approach to Conversations  
with Seriously Ill Patients with Kidney Disease\***  
Alvin H. Moss, MD, FACP, FAAHPM

## ASK

- **Build trust and strengthen relationship**
  - “How are things going?”
  - “How are you doing compared to a year ago?”
- **Assess patient/family understanding of the patient’s medical condition and prognosis**
  - “What have physicians told you about your (the patient’s) condition?”
  - “What is your understanding of your (the patient’s) major medical problem now?”
  - “How serious is it?”
- **Determine patient’s goals for treatment in his/her present condition?**
  - “How much information about what is likely to be ahead with your illness would you like from our team?”
  - “What is most important to you in receiving treatment for your illness? What do you hope for?”
  - “What would you want to avoid in receiving treatment for illness (some patients say they would want to avoid being placed on a breathing machine or in a nursing home)? What do you fear?”
- **What are your most important goals if your health situation worsens?**
  - To the health care proxy, “If your \_\_\_\_ (mother, father, etc) was mentally clear and could see what condition he/she is in what would he tell us to do? Are there things he or she would want us to avoid in his/her treatment?”

### MEDICARE BILLING CODES FOR ADVANCED CARE PLANNING

**99497** 16 minutes or longer  
**99498** 46 minutes OR longer, of which at least 31 is advance care planning (add on to 99497)



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- **Explore understanding of who the patient wants to be his/her healthcare proxy and what the role of the proxy should be.**
  - “Who would you want to make medical decisions for you if you became too sick to make them yourself?”
  - To the patient’s health care proxy, “What do you understand about your role as the healthcare proxy? How are you to make decisions?” (NB: Proxy is to make decisions based upon the patient’s expressed wishes or, if unknown, the patient’s best interest.)

#### TELL

- **Explain the patient’s overall condition emphasizing the patient’s most serious comorbidities**
- **Discuss likely future complications**
- **Assist with informed decision about breathing machine, ICU, and CPR**
  - “Have you been on a breathing machine before? If you got sick, would you want to be on one again if necessary to keep you alive? To proxy, “Has the patient been on a breathing machine before? Has he/she said anything about wanting/not wanting to be on a breathing machine?”
  - “It is helpful to learn what is most important to you. Would you want—to live as long as possible regardless of pain and suffering or to live a shorter period of time to avoid pain and suffering? (75% of dialysis patients want to live a shorter time to avoid pain and suffering)
  - “Under what circumstances if any would you want to stop dialysis?” (Most patients say if they had a large stroke and were unconscious or if they had severe dementia they would not want to be kept on dialysis)
  - CPR is not as successful as most people think. Would you want those treating you to attempt CPR if your heart stopped? If you live through CPR, you will be on a breathing machine. Is that what you would want?

#### ASK

- **What questions do you have?**
- **What will you tell your family about what we discussed?**
- **In your own words, please tell me what you understand from our conversation.**

\*Reference: Mandel EI, et al. Serious Illness Conversations in ESRD. Clin J Am Soc Nephrol 2017;12:854-863.

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