

Improving Advanced Care Planning in an Outpatient Academic Family Practice Residency Program



José Almonte MD, Arshdeep Chauhan MD, Hanna Hanna MD, Zainab Rasheed MD, Asal Yousif MD, Andrea Milne MD, PhD

Wayne State University School of Medicine, Department of Family Medicine & Public Health Sciences, Ascension Providence Rochester Hospital Department of Family Medicine

Background

- It is estimated that 10% of American healthcare costs (\$365 billion in 2018) are spent at the end of life
- Advanced Care Planning (ACP) is the process of planning for future medical care with the goal of complete patient autonomy in choosing their preferences, especially in the setting of serious illness or as the end of life approaches
- At Rochester Academic Family Medicine (RAFM), ACP takes place at Annual Medicare Wellness visits (AMW).
- We conducted a Quality Improvement (QI) project aimed at increasing ACP effectiveness with our patients

Quality Improvement Objectives

- Long-term goal: Develop clinic wide policies and procedures to achieve 100% ACP for patients with Medicare insurance and/or who are over the age of 65
- Baseline: Identify current rate of ACP by examining historical EMR data, and determining factors associated with completion, or lack thereof, of ACP
- Implement: Plan Do Study Act (PDSA) QI project:
 - Plan: Collect baseline ACP rates for RAFM AMW Patients
 - Do: Intervention - Giving and discussing Five Wishes AD tool at each AMW
 - Study: Multifactorial analysis of data obtained thus far

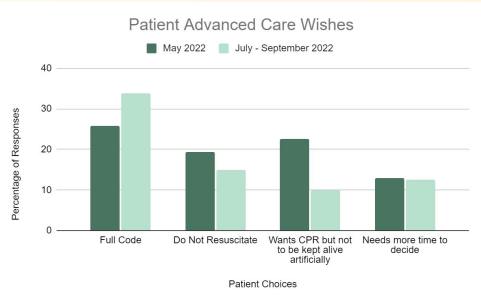
Methods

- AMW are tracked daily through the Electronic Medical Record Athena. In the Plan Cycle We evaluated each AMW for the month of May 2022 for:
 - Does the Patient have an Advanced Directive (AD)
 - Does RAFM have a copy of AD if present
 - What are the Patient's wishes
- In the Do Cycle We:
 - Held an information session with Faculty and Residents to inform them that all AMW Patients will receive a copy of the comprehensive and personalized end-of-life planning tool Five Wishes (FW)
 - Altered our AMW template to include ACP discussion documentation. Gave and reviewed FW to each Patient at AMW from July - September 2022
 - Contacted Patients by phone who did not return FW AD to determine why
- In the Study Cycle We used Microsoft Excel to collect and analyze all of our data. We obtained the same data regarding AMW visits as above. Additionally we performed analysis on the level of training of the Physician performing the AMW in reference to the ACP discussion and documentation.

Results

- A total of 31 AMW visits were identified in Athena in May 2022
 - 3/31 Patients had an AD in May 2022
 - 24/31 Patients discussed what their wishes would be
- A total of 80 AMW were conducted in July - September 2022
 - 6/80 patients had an existing AD
 - 32 patients were given a copy of FW
 - 1/32 returned it after their visit
 - 48/80 Patients discussed what their wishes would be
- Patient wishes as a result of ACP discussions at AMW (N= 24 for May, N=48 for July - September) are shown below in Figure 1

Figure 1: Patient Expressed Wishes for ACP



- Of the 32 patients that were given a copy of FW, we spoke with 10 Patients who did not return Five Wishes to determine reasons why they had not returned the ACP tool. Their reasons for not returning the document are shown in Table 1.

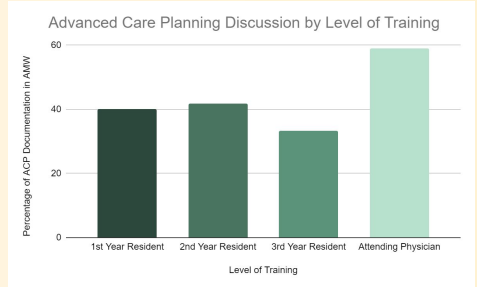
Patient reasons for not returning Five Wishes to RAFM	
Did not respond to request	22
Did not remember Five Wishes being discussed	3
Already had AD in place	2
Did not feel ACP was important at this time	1
Other	4

Table 1: Patient reasons for not returning Five Wishes to RAFM

Results

- AMW encounters completed between July and September 2022 were evaluated in terms of documentation ACP discussion of wishes in relation to the Physician's level of training.
 - 1st year residents completed 6.3%, 2nd year residents completed 30%, 3rd year residents completed 41.3%, and Attending Physicians completed 22.5% of AMW encounters

Figure 2: Percentage of AMW encounters with documented discussion of ACP



Discussion

- Our results show that when asked, a majority of Patients do feel comfortable expressing their wishes for ACP. However, a vast majority of patients did not complete a written AD using Five Wishes even after it was discussed at their visit. Unfortunately, we were unable to contact many Patients to determine the reasons why they did not complete the AD. 40% of those we spoke to either did not remember ACP being discussed, or did not feel it was important. Future PDSA cycles should examine the utility of a dedicated office visit to discuss ACP outside of an AMW
- Our results also show more complete documentation of the ACP process of AMW with almost 60% Attending Physician compliance and approximately 36% compliance among residents. Future PDSA cycles will examine this discrepancy in more detail

Public Health Implications

- ACP is one of the most important ways an someone can be proactive in their healthcare. Being prepared helps to ease the stress on the individual, their family and the healthcare system
- Improving ACP in the outpatient setting will lead to better understanding of patient wishes, decreased undesired medical interventions through increased use of palliative care/hospice and overall cost savings for the healthcare system as a whole