Development of a Physician Resource Packet to Assist with Advance Care Planning in an Ambulatory Primary Care Setting

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Problem Statement

Previous research demonstrates there are barriers to conducting Advance Care Planning (ACP) in the primary care setting, where most patients state they prefer to have these conversations with their physician.

Goal

Improve the Advance Care Planning process in the primary care setting to enhance end-of-life care.

Objectives

1. Explore perceived provider barriers and interventions to enhance ACP at a primary care practice in a large, urban academic health center
2. Develop tailored ACP resources that address provider preferences and augment the ACP process for providers and patients

Background

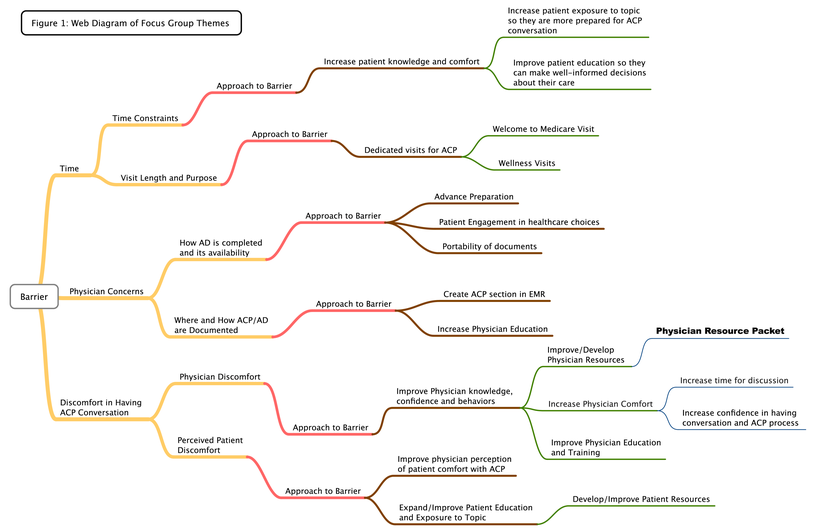
- ACP is a process of discussing, planning for, and interpreting complex, future healthcare choices based on patient preferences and values.
- Patients feel it is the physician's responsibility to initiate ACP conversations and want the conversation to happen earlier in life, while in good health.
- Only 5-15% of the general population has a completed Advance Directive.
- Improved ACP & patient outcomes are demonstrated with:
  - ✓ Patient-provider discussions to distinguish patient/family values and goals of care
  - ✓ Documentation with Advance Directives (ADs)
  - ✓ Routine patient-provider dialogue to update wishes as health status and circumstances change

Principal Findings

Key Barriers to conducting ACP:

1. **Time** - Typical office visits do not provide enough time for ACP conversations
2. **Physician Logistical Concerns** –concerns about systematic discrepancies in how and with whom ADs are completed; physician access to AD documents; inconsistency in AD forms being used
3. **Discomfort in having ACP conversations** – Physicians may be uncomfortable having ACP conversations or perceive patient/family discomfort when discussing ACP topics

Figure 1: Web Diagram of Focus Group Themes



Approaches for Reducing Key Barriers:

- Establish dedicated ACP visits
- Increase patient/family exposure to and education on ACP topics
- Develop a systematic process for documenting AD documents and ACP conversations through the addition of an ACP section in the electronic health record (EHR)
- Improve physician training and resources for offering ACP to patients

Discussion and Conclusions

- Findings highlight ACP barriers for primary care physicians and provide specific recommendations for approaching these barriers at the patient, provider, and organizational levels.
- Data shows comprehensive ACP programs are needed to improve the ACP process and increase rates of documented Advance Directives.
- Programs should include systematic methods for patient/provider education, multiple ACP conversations, documentation procedures, and provider training.
- Continued evaluation is needed to determine their efficacy and utility.
- While the data collected is specific to a single practice and may not be generalizable, the findings are consistent with previous research and support the need for systematic, comprehensive programs in providing quality ACP in the primary care setting that translates into quality end-of-life care.

Methods

Phase I: Focus Group Discussion

Study Design: Focus group discussion with providers to gain an in-depth understanding of barriers to ACP and strategies to reduce those barriers

Participants: Attending physicians and post-residency physicians completing a fellowship in geriatric medicine affiliated with an urban academic health center

Main Topics: Addressing barriers to ACP
Methods for increasing provider-patient ACP discussions

Data Analysis: Focus group dialogue was recorded by two note-takers. Notes were coded, grouped into major themes and sub-themes and organized in a simplified web format (Figure 1)

Phase II: Development of a Provider ACP Resources

Tailored ACP resources to assist physicians with initiating and navigating ACP conversations with patients and their families

Process:

1. Identified potential resources through an extensive review of best practices, existing ACP materials and programs, and results from the current qualitative study
2. Existing resources were assessed based on readability, length, relevance, overall tone/message, utility in similar settings, and ability to be used/adapted for the practice of interest
3. Resources tailored were developed to address provider preferences while adequately representing current best practices

Acknowledgements

Funding for poster provided by Jefferson School of Population Health. Thanks to the providers that graciously offered their time to this study. Special thanks to Jeffrey Guarino, MD for providing his prior study results with this practice.

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