

# Improving Comfort and Confidence with Advance Care Planning in Primary Care

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## Background

- One of the few things we can say about all patients, in any healthcare setting, is that at some point they will die. The events leading up to that death can vary significantly. As physicians and healthcare providers we have a duty to ease suffering and do no harm. There are many possible barriers to effective discussion and completion of Advance Directives (ADs) and even when discussions are had, studies have shown that completion and documentation of advance directives remain low. Medicare considers Advance Care Planning (ACP) as preventative care; however, Primary care providers have been shown to underuse the billing codes for ACP.

## Objective

The goals of this Quality Improvement project are to (1) Identify the perceived and experienced barriers to ACP in a Resident Physician Primary Care Clinic. (2) Based on identified barriers, implement training or other intervention to reduce barriers to ACP. (3) Evaluate post intervention experience of providers with ACP.

## Methods

A standardized anonymous survey was given to Family Medicine and Internal Medicine residents to assess pre-intervention comfort, knowledge, experience and barriers encountered with ACP. After identifying the areas where significant improvement could be made, a presentation was designed to target those areas and simple protocol was initiated in the clinic. After implementing these interventions, the same survey was given to the residents and responses compared.

### Pre Intervention Survey

- Assessed knowledge, comfort and barriers to advanced care planning

### Intervention

- Approximately 45 minute presentation
- Initiated simple protocol to help initiate ACP
- Made ACP documents available in the Clinic

### Post Intervention

- Approximately 1 month after intervention survey given again
- Compared responses and improvement in multiple areas seen

## Methods

After a tailored lecture on Advanced Care Planning was given to the Residents a simple protocol in the clinic was initiated.

- Protocol
  - When scheduling patients for AWP asking "Do you have a Living will or medical Power of Attorney?"
  - Based on response: Either asked patient to bring in documentation or told that they would discuss ACP at the visit

Resources made available in clinic

- South Carolina Physician Orders for Scope of Treatment (POST)
- South Carolina Declaration of A Desire for a Natural Death (DNR)
- Living Will and Medical Power of Attorney template
- Posted Medicare guidelines for proper billing and CPT codes for advance care planning

## Results

Experienced Barrier to ACP	Prior to Intervention	Post Intervention
Lack of Protocol, Procedure or supplies	73%	14%
Lack of Time During visits	67%	18%
Minimal Prior Contact (lack of rapport)	57%	14%
Unsure how to begin	53%	12%
Lack of Interdisciplinary Protocol	43%	4%
Patient or Family resistance to ACP	7%	14%

Table 1: Experienced barriers to Advance Care Planning (ACP) as percentage of total experienced barriers before and after intervention.

Significant Survey Response	Prior to Intervention	Post Intervention
Training in ACP since starting Residency	23% responded "none"	No responses of "none"
"Do you Personally educate patients about ADs"	40% responded "No"	65% responded "No"
Competency in ability to educate patients about ADs	43% responded slightly or not at all	53% responded slightly or not at all
"I do not have time to discuss ACP with my patients"	33% agreed or strongly agreed	59% agreed or strongly agreed

Table 2: Significant responses regarding Advance Care Planning (ACP) and Advance Directives (AD) before and after intervention

## Discussion

- Based on survey responses the most significant barrier to ACP was lack of a protocol, procedure or supplies. This showed significant improvement after only 1 month post intervention.
- The presentation from the Palliative Care team appears to have shown improvement with Resident uncertainty on how to begin these discussions
- In the post intervention survey all respondents note some training in ACP
- Unexpected increases in certain post intervention survey
  - Small sample size
  - Annual Wellness Visits now performed by non-Resident staff

## Conclusion

- There was significant improvement in experienced barriers to ACP in the primary clinic after one presentation by the Palliative Care team and initiation of a simple protocol.
- Competency and lack of time appear to remain areas that can be targeted with further education and training as well as expanding on the simple protocol initiated in the clinic.
- Results are promising and perhaps a good starting point to consider training in Advance Care Planning be made part of the Curriculum for IM and FM residents.

## References

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