

## Abstract

**Background and Purpose:** Advance care planning (ACP) is a vital process for decision making that alleviates unnecessary suffering and helps patients communicate their goals for end-of-life care. Despite the known benefits of ACP, uptake has remained low in primary care. This quality improvement pilot project sought to evaluate the effect of a workflow process change to increase appointment time on ACP rates during Medicare Annual Wellness Visits as well as the financial impact of the process change.

**Methods:** This project utilized a pre-post design comparing ACP rates and earned relative values units (RVUs) at baseline and post-intervention. The intervention was to increase appointment time from 20 to 40 minutes for eligible patients.

**Results:** A total of 50 appointments met inclusion criteria and were changed from 20 to 40 minutes. 11 (22%) of the changed appointments included the ACP billing code, an increase from zero. There was no significant change in RVUs per encounter.

**Conclusions:** Increased appointment time did improve the rates of ACP conversations; however, the improvement was not clinically significant (0.8% of all appointments). There was no observable financial impact in this pilot. Further efforts should focus on addressing multiple barriers to ACP completion at once.

*Keywords:* Advance care planning, primary care, billing, barriers