

Making Time for Advance Care Planning: A Quality Improvement Pilot Project

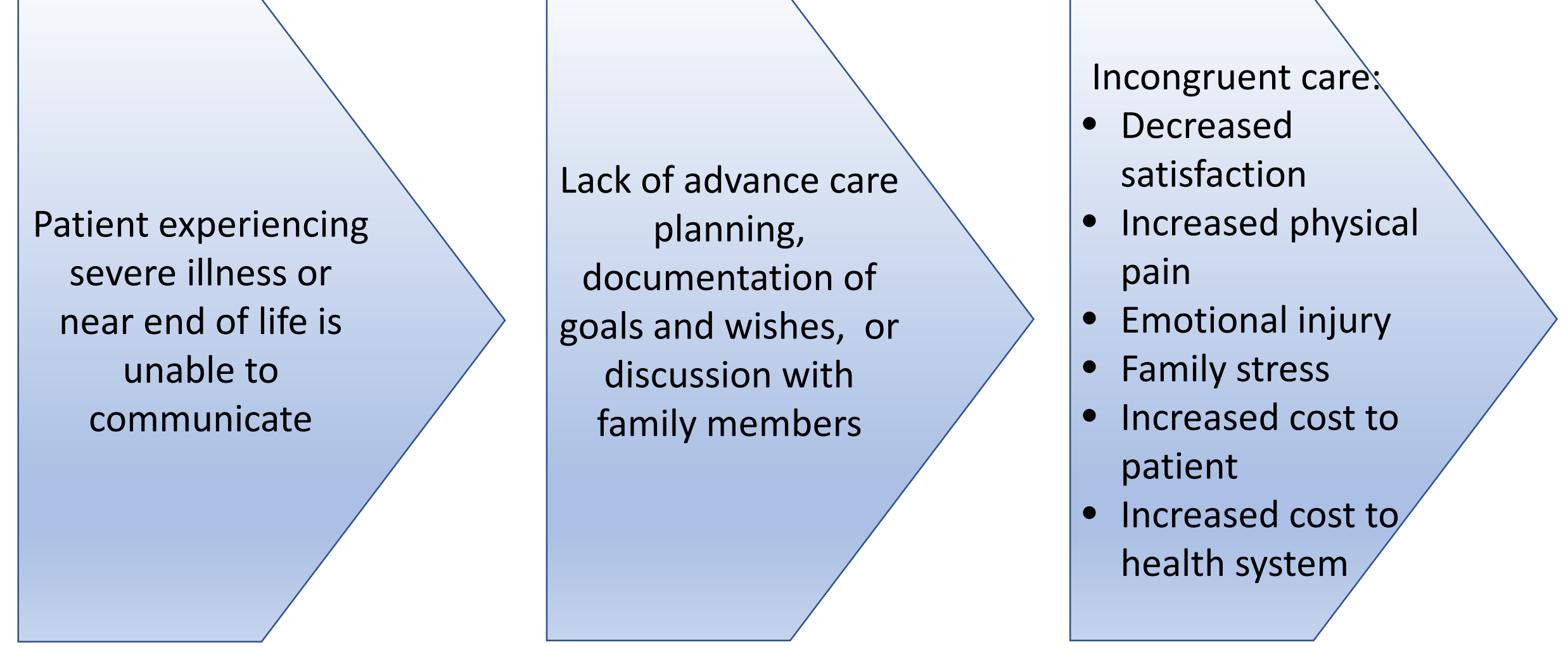
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Introduction

Advance care planning is a process that supports patients in understanding and sharing their values, life goals, and preferences regarding future medical care.

Problem



Background

- American population is aging, by the year 2030 there will be more than 71 million older adults in the United States
- 92% of American acknowledge the importance of discussing their wishes yet 30% of American report completing ACP documentation
- ACP increasingly recognized as a quality metric
- Many barriers to ACP have been identified, major barrier

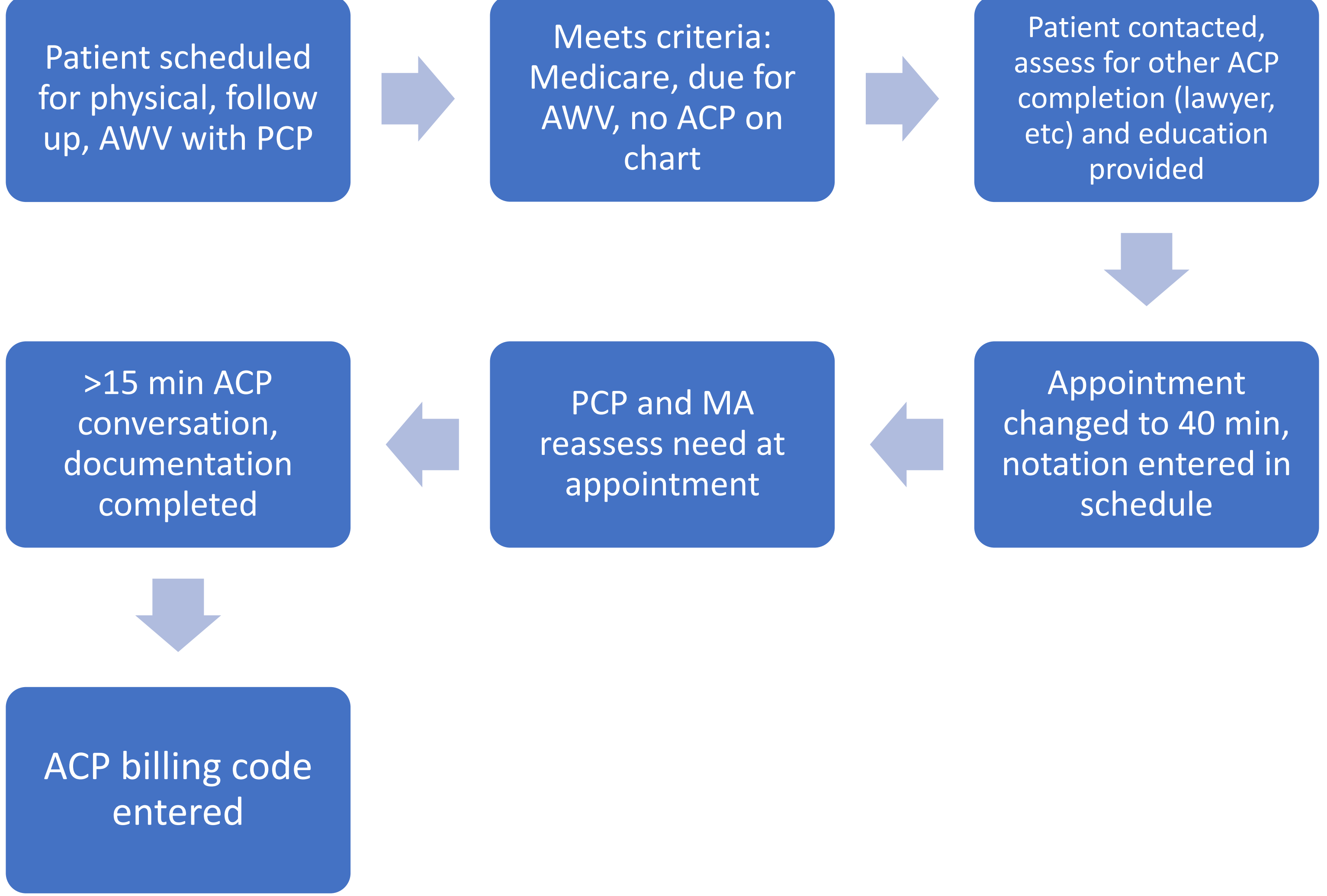
Objectives

- The purpose of this QI pilot project is to create a workflow to increase the frequency of advance care planning conversations in a primary care clinic
- Aim 1:** Scheduling change to increase appointment duration for eligible patients
 - Aim 2:** Evaluate effectiveness of change on frequency of ACP conversations

Methods

Design: Pre-post intervention
Setting: Mid-Atlantic suburban family/internal medicine practice
Sample: Patients from one physician's panel
Inclusion criteria: Medicare as primary insurer, due for AWV, no ACP documented, scheduled for AWV/PE/follow up
This project used a learning data set and data are not from actual participants.

Intervention



Sample Characteristics

Age, n (%)		Race, n (%)	
Age, mean (SD)	69.88 (4.4)	White	43 (86.0)
Age Range, n (%)		Black	1 (2.0)
65-69 years	29 (58.0)	Asian	4 (8.0)
70-74 years	14 (28.0)	Other	2 (4.0)
75-79 years	4 (8.0)		
>80 years	3 (6.0)		
Sex, n (%)			
Male	44 (88.0)		
Female	6 (12.0)		

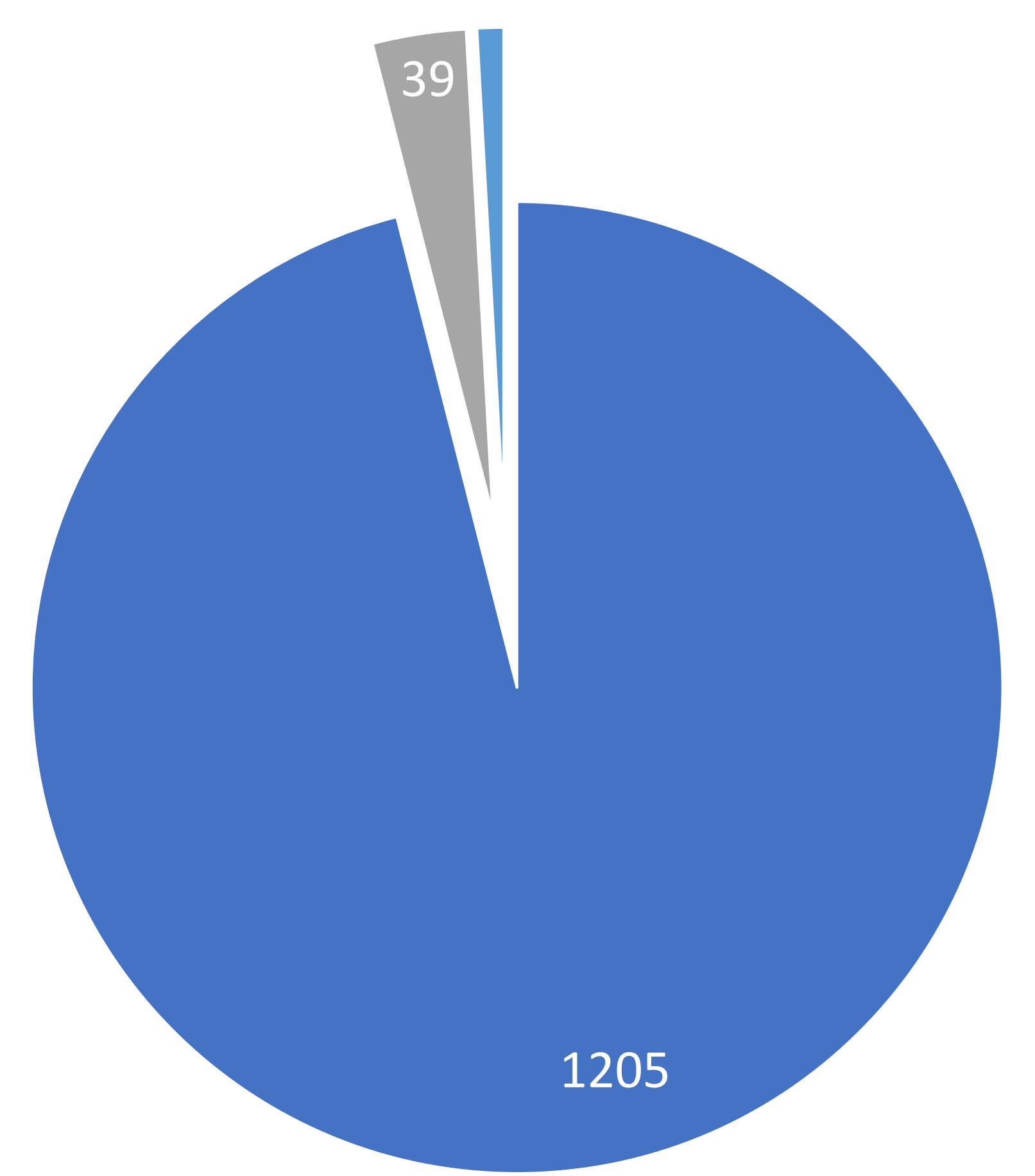
Results

- Aim 1:** During the intervention period, there were 1205 encounters; 50 (3.9%) met eligibility criteria and were changed to 40-minute visits.
- Aim 2:** During the pre-intervention period the ACP billing code was *never* entered. During the intervention period the ACP billing code was used 11 times.

Results

Aim 3: During the pre-intervention period 1.53 RVUs were earned per encounter. During the intervention period 1.52 RVUs were earned per encounter.

Total Appointments- Intervention Period



■ Unchanged Appointments ■ Changed no ACP ■ Changed w/ ACP

Limitations

- Small sample size
- Co-occurring large-scale research project on same topic
- Significant staffing changes during intervention
- Decreased wellness visits due to Covid-19
- Focused only one barrier to ACP completion

Conclusion and Future Directions

ACP conversations did increase with redesign, however there is still ample opportunity for improvement. There was no financial impact identified, however this is likely due to the low percentage of appointments with ACP billing code use. Upon debrief, the piloting team continued to identify time as the most significant barrier to ACP completion. Future research should focus on large system-wide multimodal initiatives, including education, adapting technology, and a dedicated ACP facilitator.