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Increasing Advanced Directive Utilization in Primary Care

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1. Increasing Advanced Directive Utilization in Primary Care

Hinesburg, VT

Alejandro Castro

Family Medicine Rotation 6 Dec 2014 – Jan 2015

Dr. James Ulager

2a. Problem Identification and Need

Advance directives are a vital tool ensuring patient's wishes regarding end-of-life care are met ^(1,2)

- End-of-life discussions with physicians are associated with fewer aggressive interventions and greater quality of life metrics
- Increased utilization of advance directives by Vermonters could ensure the wishes of patients are met
- A PRISM Analysis of all Patients ≥ 65 years of age at Hinesburg Family Practice with appointments in December 2014 showed 42.8% have an advance directive on file.
- Further analysis of these patients with specific billing codes on in the problem list (COPD, CHF, ACS/CVD, malignancy, CKD) showed 49.3% have an advance directive on file
- These rates are greater than one large study of CHF patients but still represent tremendous opportunity

2b. Problem Identification and Need

- Additional data pertaining to Vermonter's wishes regarding end-of-life care³
 - 80% of Vermonters indicate they would like to die at home yet only 23% achieve this goal
 - The rate of Vermonters able to die at home improves from 23% to 76% for those enrolled in hospice

3. Public Health Costs

- Palliative care consultations for MICU patients was associated with greater utilization of DNR orders and reduced time to death⁴
- Vermont ranks near the 10th percentile of state enrollment in hospice care in the last 6 months of life (20.2% of Medicare decedents)⁵
 - Vermont Medicare spending last 2 years of life: \$41,514
 - Vermont hospice care spending: \$1382
- Although the principal purpose of improved end-of-life care is *not* cost containment, greater utilization of advance directives, DNR orders as well as palliative and hospice services has the potential for significant cost savings

4a. Community Perspectives

- [Name Withheld], LICSW - Social Worker, Community Health Team
 - Confirmed the underutilization of advanced directives and discussions regarding end-of-life wishes
 - Highlighted the ongoing nature of end-of-life care discussions involving a back and forth with providers and changing goals over time
 - Recommended interventions that incorporate family members and a continuous evaluation of what a patient's beliefs are and what their wishes would be

4a. Community Perspectives

- Dr. [Name Withheld] M.D - researcher in palliative care and end-of-life communication in the ICU
 - Also highlighted the underutilization of advance directives as well as palliative and hospice services
 - Indicated there is lack of awareness within the community and wide variance among providers in the timing and responsibility of completing an advance directive
 - Highlighted the importance of timely conversations with dying patients regarding their prognosis as a means of closing the disconnect between patient preferences and what actually occurs nearing the end of life

5. Intervention and Methodology

- Identify utilization of advance directives within Hinesburg Family Practice
- Identify demographics with particular life-limiting illnesses that are most in need of advance directives
- Develop accessible literature that can be provided more regularly to the targeted demographics

6. Results

- An effective pamphlet was developed that distilled the salient information from multiple sources into a single piece of literature for:
 - Understanding what an advance directive is
 - How to complete an advance directive
 - Where and with whom advance directives are submitted
 - Location for accessing additional information
- This pamphlet is provided frequently and cheaply to specific patient demographics

7. Evaluation

- Evaluation will involve again pulling data from PRISM for the identified demographics on slide 2a
- Over time there should be an statistically significant increase in advance directives on file for targeted patients

8. Future Recommendations

- When considering implementing new guidelines, interventions, or protocols, administrators must balance the value of an intervention and the cost of overwhelming providers
- PRISM can identify targeted cohorts of patients and limit burdens on providers
- Strong consideration should be given to include a prompt within the “COPD Action Plan” for patients below certain physiologic thresholds that indicates a provider has discussed advance directives or one is already on file
 - This would be narrow in scope so as not to overwhelm providers
 - An important demographic with a valuable intervention would be targeted

9. References

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3. No. 60. An act relating to hospice and palliative care, <http://www.leg.state.vt.us/DOCS/2012/ACTS/ACT060.PDF>
4. Palliative & Supportive CarePB - Cambridge Journals OnlineAU - Lustbader,DanaAU - Pekmezaris,ReneeAU - Frankenthaler,MichaelAU - Walia,RajniAU - Smith,FrederickAU - Hussain,ErfanAU - Napolitano,BarbaraAU - Lesser,MartinTI - Palliative medicine consultation impacts DNR designation and length of stay for terminal medical MICU patientsSN - 1478-9523PY - 2011VL - 9IS - 04SP - 401EP - 406M3 - 10.1017/S1478951511000423UR - <http://dx.doi.org/10.1017/S1478951511000423>ER -
5. Percent of decedents enrolled in hospice during the last six months of life, The Dartmouth Atlas of Health Care