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Incorporation of Advance Directive Discussions in Annual Wellness Visits

Swanton, VT

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Family Medicine Rotation 1 – March 21st – May 6th 2016

Mentor: Dr. Michael Corrigan



Advance Directives as A Tool, and Barriers to Use

- Advance directives are a useful tool for patients to express desires for surrogate decision-making when they lack decision making capacity, as well as identify preferences for end-of-life care and treatment limitations.
 - “More than a quarter of elderly adults may need surrogate decision making before death.”⁷
 - “Patients who had prepared advance directives received care that was strongly associated with their preference.”⁷
 - “More than 61% of the adults in our sample said they had preferences for end-of-life care and most wanted to discuss these issues with their physician.”⁴
- Lack of knowledge about advance directives is a significant barrier to utilization, and direct patient-healthcare worker interactions over multiple visits have been the most successful for increasing completion of advance directives.⁶
 - In a 2010 study, 27% of patients without advance directives cited the primary reason they had not filed one was lack of familiarity with advance directives.⁴
 - “Young adults perceive [Advanced Care Planning] as a worthwhile health behavior and view a lack of information as a major barrier to discussion and adoption.”³



Cost Benefits

- ▶ Research is conflicting about to what extent Advance Directives are cost saving:
 - ▶ “Advance directives specifying limitations in end-of-life care were associated with significantly lower levels of Medicare spending, lower likelihood of in-hospital death, and higher use of hospice care in regions characterized by higher levels of end-of-life spending.”⁵
 - ▶ “Existing data suggests that hospice and advance directives can save between 25% and 40% of health care costs during the last month of life, with savings decreasing to 10% to 17% over the last 6 months of life and decreasing further to 0% to 10% over the last 12 months of life.”¹
 - ▶ In investigation of a relationship between Advance Directives and end-of-life costs in a single health care organization (iCare) in Milwaukee, WI a study found “no evidence within the iCare data to support a relationship between the presence of ADs and lower end-of-life costs.”²
- ▶ However, the benefits are best summarized thusly: “Hospice and advance directives should be encouraged because they certainly do not cost more and they provide a means for patients to exercise their autonomy over end-of-life decisions.”¹



Community Perspective

- ▶ Advance directives are not only good bridge to starting conversations about Palliative and Hospice care for appropriate patients, but an important way for patients to evaluate their own healthcare goals. Annual wellness visits are a great opportunity to address advance directives, as they are often the visits when primary care providers have the most time, and often the biggest barriers to use of advance directives are simple lack of knowledge about the existence of advance directives and their contents.
-Mary Harwood, Community Relations Coordinator at Franklin County Home Health Agency
- ▶ Advance directives are fundamentally an act of empowerment. They are a patient's gift to their loved ones, and help to reduce conflict among families about proper care of the patient, and what the patient desires for their care. Importantly, they are a document that should be evaluated not just once, but grow with the patient as their preferences change.
-Nancy Dulude, Hospice Volunteer Coordinator at Franklin County Home Health Agency

Intervention

- In order to ensure long-term availability of the informational handout by the practice, a single black-and-white printout containing pertinent information about advance directives was produced and provided to patients at annual physicals.
- Alongside the handout, a short (5-10 minute) conversation about advance directives was done at the end of yearly wellness visits with time permitting.
- Patients were also provided with a copy of the Vermont Ethics Network Advance Directive For Health Care Short form, and a Vermont Advance Directive Registry registration form upon request.

WHAT IS AN ADVANCE DIRECTIVE?

An **Advance Directive** is a document that you create which declares **your desires for how you would want your medical care to be handled** in cases where you **have become unable to communicate your wishes**, such as **sudden illness or accident**.

It provides a **common reference to your loved ones and physicians** about your decisions for your medical care in light of **your personal values and beliefs**, and even allows you to designate an **agent** to make decisions for you when you cannot.

Selecting an **agent** can be particularly important in Vermont, as **there is no Vermont law that states your spouse or next-of-kin can automatically make medical decisions for you** in events where you are unable to do so. You can select anyone to be your **agent** except your doctor or health care provider.

You may change any and all of the information in your advance directive at any time to ensure it reflects your current wishes.

WHO CAN BENEFIT FROM AN ADVANCE DIRECTIVE?

Everyone over the age of 18. Advance directives aren't just for people nearing the end of their lives – they are a **valuable tool for all adults**, as they can help **guide your care in unexpected situations when you are unable to speak for yourself**, such as a car accident or unexpected, incapacitating illness.

WHAT INFORMATION DO I PUT IN AN ADVANCE DIRECTIVE?

- Select a **health care agent to make decisions when you cannot**, as well as indicate others who you do or do not want to have input about your medical care.
- Clarify your **general health care goals and wishes**.
- Identify any **limitations of treatment** (or **express desire for no limitations**), such as whether you would want to undergo **CPR** if your heart stops, or how long you would want to be on a **breathing machine** if unable to breathe on your own.
- Give **burial instructions**, and indicate any **interest in organ donation**.

HOW DO I WRITE AN ADVANCE DIRECTIVE?

You may write your own document, or use one of the several templates available through the **Vermont Department of Health** at:

www.healthvermont.gov/vadr/register.aspx

It is recommended that you file your advance directive with the **Vermont Advance Directive Registry**, (information also found at the above VDH website), as it provides:

- 24-hour access to your document to you, your agent, and your health care providers.
- A wallet card with an ID number indicating that you have filed an advance directive.
- Instructions about accessing or making changes to your advance directive.
- Yearly contact by the VADR to confirm whether the information in your document is still current.

We can provide templates for you to fill out if you are unable to print them yourself, and we can fax them to the registry if you don't have access to a method to send them in.

Results/Response

- ▶ **Objective:** Out of 5 annual physicals wherein patients were presented with the student-created advance directive handout:
 - ▶ 80% changed pre-visit questionnaire answer of “disagree” to post-visit answer of “agree” to the following statements (other 25% had no change from “agree” at pre-visit)
 - ▶ “I feel like I know what an advanced directive is”
 - ▶ “I feel like I understand the benefits of filing an advance directive”
 - ▶ “I understand the benefits of using the Vermont Advance Directive Registry”
 - ▶ “I intend to file an Advance Directive within the next year”
 - ▶ 100% answered “agree” to the following post-visit questions:
 - ▶ “I felt comfortable with my doctor having a conversation about advance directives with me”
 - ▶ “I found it helpful to have a conversation about advance directives with my doctor”
 - ▶ “I think annual physical check-ups are a good time to have conversations about advance directives”
- ▶ **Subjective, via survey comment:**
 - ▶ “I think this is a very good thing, so everyone can know what to do at the end of life.”



Evaluation of Effectiveness and Limitations

- ▶ Further evaluation of effectiveness of the intervention could be assessed by:
 - ▶ Continuing to administer pre- and post-visit questionnaires for annual physicals wherein advance directives are addressed as a routine wellness conversation.
 - ▶ Biannual chart reviews to assess percent of patients with filed advance directive to evaluate for any increase in number of filed advanced directives.
 - ▶ More challenging approach without use of an EMR, as is not uncommon in long-established rural private practices
 - ▶ Continuing to assess patient opinions of the utility of conversations about advance directives during their annual wellness visit.



Recommendations for Future Interventions

- ▶ Knowledge and ability to counsel about advance directives need not be limited to physicians and midlevel providers.
 - ▶ Further projects may be targeted towards educating support staff about how to have conversations about advance directives with patients in order to ensure that there is always a person in the office capable of addressing these issues without significant time constraints.
 - ▶ Lack of time is an often-cited barrier to physician-initiated conversations about advance directives.⁶
- ▶ Education to providers about when, and for whom, it is appropriate to extend the conversation from advance directives to palliative and hospice care may facilitate increased use of comfortable end-of-life care.



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