

University of Vermont

UVM ScholarWorks

Family Medicine Clerkship Student Projects

Family Medicine Community

2022

Demystifying the Advance Directive Conversation for Healthcare Providers

Trevor Daniel Coles

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Family Medicine Commons](#), [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

Coles, Trevor Daniel, "Demystifying the Advance Directive Conversation for Healthcare Providers" (2022). *Family Medicine Clerkship Student Projects*. 821.
<https://scholarworks.uvm.edu/fmclerk/821>

This Book is brought to you for free and open access by the Family Medicine Community at UVM ScholarWorks. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of UVM ScholarWorks. For more information, please contact schwrrks@uvm.edu.

Demystifying the Advance Directive Conversation for Healthcare Providers

Trevor Coles, MS3

Attending: Timothy Shafer, MD

Grace Cottage Hospital

Townshend, Vermont

Problem Identification

Why should providers discuss advance directives?

1. Advance Directives are legal documents that clarify difficult medical situations by:
 1. Communicating what treatments the patient may want
 2. Communicating what treatments the patient may not want
 3. Discussing the patient's goals of care.
 4. Naming a person who can make decisions for the patient if the patient is incapacitated.

Problems Providers may have discussing advance directives:

1. Providers have limited time for each visit, and may feel that addressing active disease is a more pressing use of their time
2. Providers may just forget to discuss advance directives in the context of their busy daily schedules
3. May lack confidence in the advance directive conversation.
4. Patients may be resistant to conversations surrounding advance directives for some of the following reasons:
 1. May believe they are only for sick patients, false beliefs that they means they can not get care, cultural barriers, and emotional difficulty contemplating death¹

Public Health Costs

1. Less than 28% of people have discussed end of life goals of care with those closet to them, but more than 90% feel it was significant to them²
2. Without an advance directive, patients are more likely to die in an intensive care unit, rather than at home or the place of their preference³
 1. Problematic both in terms of respecting patient's wishes and financial burden on patient's family
3. A study by Arcadia Medical Solutions showed that the final month of life of hospitalized patients cost \$32,379 while patients at hospice cost \$17,845, and those at home had a cost of \$4,760⁴
4. Additionally, the last year of life accounts for more than 25% of Medicare spending⁵, but only 46% of Medicare patients have an advance directive⁶
5. In one study of cancer patients, these higher costs are often correlated with worse qualities of death, with more psychological distress, physical distress, and increased testing⁷

Community Perspective



- **Dr. Timothy Shafer when asked about difficulties some providers may have discussing advance directives:**



“I think some of the difficulty comes from the great number of tasks that must be done throughout the day. With refilling medications, to orders, to phone calls, to the actual visits; advance directive conversations are easy to forget”



“Also, whereas some other “screening” exams are neutral, advance directives have a great spiritual and emotional heaviness to them, which can be difficult to navigate. This difficulty is even greater for physicians, such as hospitalists, who may just be meeting the patient for the first time.”



“It may also be difficult as physicians spend so much time discussing how to improve and prolong life with patients, that it is hard to change gears and discuss death, even though it is inevitable.”

Community Perspective



• **Claire Bemis, RN, BSN. Works as a care coordinator and has helped many patients complete an advance directive.**



“If I was not doing this, I would want to be a hospice nurse. I want people to be stress free and to be able to enjoy the end of life.”



“I think the most important thing about advance directives aside from giving patient autonomy at the end of life, is that it helps family as they don't have to argue, make tough decisions, or worry about details.”



“An interesting thing about the patients in our area is their desire for independence. Because of this, they can be hesitant to ask for help with an advance directive, but they enjoy the autonomy that it provides.”

Intervention and Methodology

Overall goal is to give healthcare providers, regardless of title or experience level, a useful guide to approach the advance directive conversation, with the hope it increases frequency of advance directive completion.

- Will use the advance directive form from the “A Comprehensive Guide to Medical Decision-Making” provided to Grace Cottage Hospital by the Vermont Ethics Network.
- Write a basic introduction to advance directives that medical students and providers can use to initiate the advance directive conversation.
- Will Scan the form and put small text boxes alongside the form to suggest phrases and tips providers or future providers can use to initiate the conversation regarding each question on the form

Results/Response Data

Goal: Create a guide that will help medical students or newly graduated physicians feel more comfortable initiating advance directive conversations with the hope that increased comfort would increase the frequency advance directives are discussed.

- Tips on advice to give patients to help with completion of advance directives were given by providers at Grace Cottage Hospital.
- Some of these tips were placed in text bubbles next to corresponding sections of the Vermont Advance Directive form.

I sent the guide to physicians, allied healthcare providers, and medical students to gauge how if they would be comfortable with an advance directive conversation after reading the guide.

- 5 out of 5 medical students surveyed said they would feel comfortable discussing advance directives with use of this guide.
- 2 out of 2 physicians felt it was useful.
- One RN and one PA felt it was useful as well.

Evaluation of Effectiveness and Limitations

- Can have providers anonymously rate how comfortable they feel with discussing each question on the advance directive form on a scale of 1 to 5 before and after using the reference guide.
 - Relies on honest answers and for participation from people who already have busy schedules. May be difficult to have adequate and accurate participation.
- Effectiveness of the intervention can be assessed by measuring the change in quantity of advance directives signed in a clinic and per provider before and after implementation of the reference guide.
 - A limitation to this evaluation may be that making the guide available makes physicians think about advance directives and remember to discuss them, so changes may be due to recency rather than efficacy of the intervention.
- After advance directive conversations, can interview patients about what was helpful during the conversation, what was approached correctly, and what topics could have been approached differently to allow for
 - A limitation of this is that each patient is different, therefore each topic will be discussed and interpreted based on the patient's own experiences.



Future Directions

- Given the difficulty of remembering to discuss advance directives, future projects could focus on the feasibility, need, and efficacy of flagging the need for advance directives in the EMR in a similar way vaccinations, colonoscopies, mammograms, and other health maintenance reminders are flagged.
- Using feedback from patient's and physicians, adjustments can be made to the guide in the future
- A future project can aim at creating a class for medical students discussing the importance of advance directives, how to implement them, and how to prevent them from being forgotten about during a typical day in practice.
 - Stressing the importance of advance directives to medical students could make their discussion a more normalized and emphasized part of healthcare maintenance, akin to mammograms and vaccinations.

References

1. Meyyazhagan, S. (2020, August 4). *Dispelling myths about advance directives and preparing patients in times of uncertainty*. Consult QD. Retrieved August 8, 2022, from <https://consultqd.clevelandclinic.org/dispelling-myths-about-advance-directives-and-preparing-patients-in-times-of-uncertainty/>
2. The Conversations Project National Survey. Institute for Healthcare improvement. 2013, <http://theconversationproject.org>
3. Benson WF, Aldrich N. *Advance Care Planning: Ensuring Your Wishes Are Known and Honored If You Are Unable to Speak for Yourself*. CDC Healthy Aging Program [pdf]. 2012. *Critical Issues Brief*. Available from: <https://www.cdc.gov/aging/pdf/advanced-care-planning-critical-issue-brief.pdf>. Accessed August 6, 2018.
4. Arcadia. (2022, June 2). *The final year: Visualizing end of life*. Arcadia. Retrieved August 8, 2022, from <https://arcadia.io/final-year-visualizing-end-life/>
5. William Bond et al. “Advance Care Planning in an Accountable Care Organization Is Associated with Increased Advanced Directive Documentation and Decreased Costs”, *Journal of Palliative Medicine*, April 2018, <https://www.liebertpub.com/doi/10.1089/jpm.2017.0566>
6. Kuldeep N. Yadav et al. “Approximately One In Three US Adults Completes Any Type Of Advance Directive For End-Of-Life Care”, *Health Affairs*, 2017, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0175>
7. Zhang B, Wright AA, Huskamp HA, et al. Health Care Costs in the Last Week of Life: Associations With End-of-Life Conversations. *Arch Intern Med*. 2009;169(5):480–488. doi:10.1001/archinternmed.2008.587