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Motivating Patients to Complete Advance Directives

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Motivating Patients to Complete Advance Directives

Charlotte, VT
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Rotation #2 (May 7th– June 15th, 2018)
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Background

- Advance directives are important clinical tools for assuring that patient's end-of-life goals are met, and are associated with several positive outcomes:
 - One multisite prospective study of 332 patients with advanced cancer demonstrated lower rates of aggressive interventions at the end of life and earlier hospice care referrals.¹
 - 90% of people say that it is important to talk to their loved ones about end-of-life care, but only 27% have had such a conversation.³
- 80 percent of Vermonters would prefer to die at home, but in actuality 50 percent die in a hospital and 27 percent die in a nursing home. Earlier referrals to hospice care could better assist Vermonters in attaining their end-of-life goals. Among those enrolled in hospice, 76 percent die at home.²
- Only 26.3% of Americans have completed an advance directive.⁴
- Patients often have difficulty completing advance directives for a variety of reasons, including negative perception of advance care planning by some, difficulty formulating personal preferences, and bureaucratic fatigue.

Cost Benefits

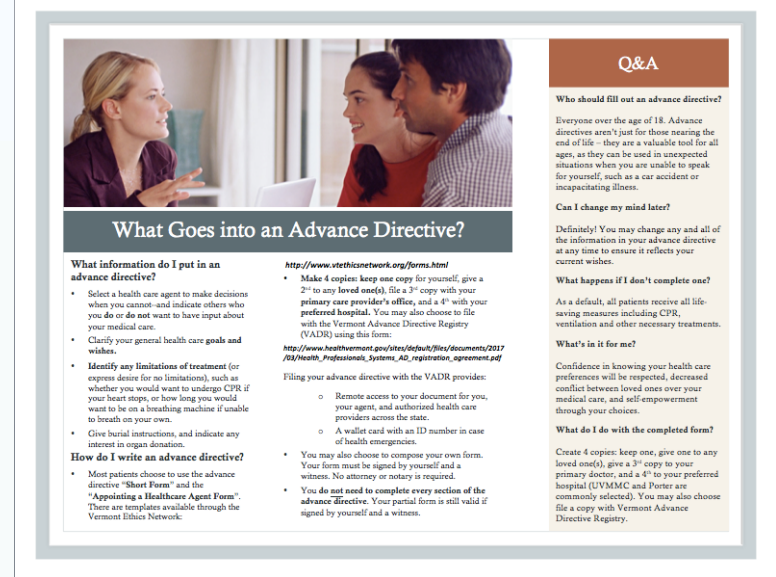
- 25.1% of Medicare spending is used in the last year of a patient's life.⁵
- Lower levels of Medicare spending have been associated with use of advance directives specifying limitations on interventions.⁶
- Studies suggest that hospice and advance directives can save 25% to 40% of health care costs during the last month of life.⁷
- We should encourage patients to utilize hospice care and advanced care planning, as they are cost effective options which encourage patient participation in health care decisions at the end-of-life.⁷

Community Perspectives

- Community experts discussed potential barriers and strategies for motivating patients to complete advance directives:
- **Cindy Bruzzese, Executive Director and Clinical Ethicist, the Vermont Ethics Network:**
 - “I think it is worth mentioning that people can undertake this process in steps (and frankly that is what is recommended—use the tool/form that is right for you and where you are in the Advance Care Planning process)...you need not complete every section of the form. People can customize it to meet their needs.”
- **[Name Withheld], Legal Nursing Consultant, Clinical Ethics Department, the University of Vermont Medical Center:**
 - “It helps your husband, wife, and kids get an idea of what you want. I would stress the fact that it doesn’t need to be completely filled out. You only need to include the parts you think are important to you or important to your kids. You can leave parts blank and can fill out more later if you want to. Patients often have questions they don’t know the answer to. They can think about it, talk about it and come back to it later. It’s one less thing for your family to worry about as you work on getting better.”
- **Carolyn Kulik, Director, Charlotte Senior Center:**
 - In discussing a need for advance directive discussions in the community, Ms. Kulik stated “I am sure some could benefit” and that currently the Charlotte Senior Center does “not specifically” offer health-related programming to seniors. Ms. Kulik suggested that a future survey of Charlotte seniors may best assess their educational needs on the topic of health care planning.

Intervention

- A single-paged double-sided educational pamphlet for patients was provided at each routine wellness visit. This pamphlet contained both educational information as well as motivational guidance for completing advance directives.
- Educational topics included: the purpose and content of the advance directive, where to find blank templates, who should receive copies of a patient's advance directive, and other frequently asked questions.
- Motivational points included: expression of personal preferences, decreasing stress and conflict among loved ones in deciding health care, making decisions about what matters the most to patients, and having important conversations with loved ones that can bring them closer together.
- A 2-3 minute introductory conversation about advance directives was offered in conjunction with the pamphlet, which explained the purpose of the document.
- Patients were given blank advance directive "short form" to complete at home.



Response

- This intervention increased awareness of health care planning among patients and highlighted the importance of completing these forms at home.
- Clinicians at Charlotte Family Health Center expressed positive responses to this intervention. They felt the pamphlet aided in streamlining visit flow and provided additional resources and information for patients that could not be covered within the time constraints of the standard wellness visit.

Quotes from Patients at the Charlotte Family Health Center:

- “It’s never too early to start writing an [advance directive]. It settles any possible confusion.”
- “You need to think about someone’s life choices as a medical decision as well as a deeply personal and family decision.”
- “Having a doctor who asks the right questions at the right time can really empower the family to plan for end of life decisions.”

Effectiveness and Limitations

- Brochures are easy to read at an average educational level, contain minimal medical language, and are presented in an inviting format.
- Combining a provider conversation with an educational pamphlet increases the overall effectiveness of this intervention.
- Limiting factors include brevity of provider conversation, limited distribution of brochures and lack of established follow-up after initial advance directive conversation.

Recommendations for Future Interventions

- Following the success of this limited intervention, pamphlets could be more widely distributed to multiple clinics throughout Chittenden County, Vermont.
- Continue to assess the utility of this measure through focused patient interviews pre-intervention and post-intervention. Incorporate useful patient feedback into future versions of this pamphlet.
- Educate providers about how and when to begin discussing hospice care with patients who are nearing the end of life, in conjunction with advance directive use.

References

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