

Barriers to Implementing Advance Care Planning in the Healthcare Setting

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ABSTRACT

Objectives: Current barriers to implementing Advance Care Planning (ACP) will be examined as applied to the healthcare system.

Methods: A literature review was performed looking at the current practices of ACP (e.g. filling out advanced directives (AD), Medical Orders for Life Sustaining Treatment (MOLST)/ Physician Orders for Life Sustaining Treatment (POLST), etc.), physician comfort level with having end-of-life discussion (EOL), successful/unsuccessful interventions to increase ACP/EOL discussions among health care providers (HCP), and the current political environment with respect to physicians' ability to implement ACP/EOL discussions. Cochrane, Pubmed, and Google Scholar were searched for papers written in English after 2000 in the United States. In order to be eligible, the studies were required to discuss educational interventions, patient/physician barriers, and/or political barriers surround ACP/EOL discussions.

Results: Seventeen articles were identified to meet the inclusion criteria and are included in this review. Barriers identified by both the physician and the patient were: lack of time, lack of awareness, lack of comfort, and lack of a systematic approach. Educational interventions for health care providers somewhat improved comfort levels. The introduction of the Medicare Reimbursement had a substantial impact on increasing the amount of ACP/EOL conversations reported.

Conclusions: Although there is some evidence that educational interventions aimed at health care providers improves the providers' knowledge, self-efficacy, and communication with regards to ACP, health-system and political barriers remain to impact ACP implementation. Medicare reimbursement not only allows physicians to be paid for their time facilitating these discussion, but legitimizes its need. It is recommended that a systematic approach to ACP, throughout the course of the patient's life, will improve implementation rates and physician/patient comfort levels with ACP/EOL discussions.

RESEARCH QUESTIONS

Overarching Research Questions: What factors are barriers to health care providers (HCP) implementing ACP?

- **Sub-question 1:** What interventions have been employed to increase HCPs skills regarding ACP/EOL?
- **Sub-question 2:** What political influences contribute to the likelihood and feasibility of HCPs being able to implement ACP with their patients?

METHODS

Perform literature review: Cochrane, Pubmed, and Google Scholar

MeSH terms: ACP, EOL, medical school EOL curriculum, medical EOL interventions, physicians' comfort with EOL discussions, physicians and AD, quality of life, politics, death panels, Medicare reimbursement, barriers

Inclusion/Exclusion Criteria: year 2000 and later, English

Relevancy:

- ACP/EOL reported barriers
- ACP/EOL interventions,
- ACP/EOL political climate

17 papers identified using inclusion/exclusion criteria

RESULTS

What factors are barriers to healthcare providers implementing ACP?

- The main barrier to AD completion is lack of awareness regarding the importance of ADs on both the patient and physician sides (Ramsaooop & Adelman, 2007).
- Physicians have indicated that lack of time during the visit, lack of formal training regarding the ACP process, and lack of a systematic process to implement ACP are also important barriers that prevent AD completion (Tung & North, 2009; Chandar et al., 2016; Brown, 2003).
- Patient self-identified barriers included patient and family reluctance as a significant barrier (Chandar et al., 2016; Badzek et al., 2016).
- Physician comfort level and acceptance of responsibility was identified as a major barrier to ACP (Chandar et al., 2016).
 - According to Schmit et al. (2016) residents who have received formal training in medical school had higher confidence levels regarding ACP.
 - Residents who had higher levels of confidence also performed more ACP (Schmit et al., 2016).

What interventions have been employed to increase HCPs skills regarding ACP/EOL?

- Chung et al. (2016) showed that educational interventions for healthcare providers' improve knowledge, self-efficacy, and communication surrounding implementing ACP.
- A pilot study done by Green and Levi (2011) evaluated the effectiveness of a computer-based decision aid to teach medical school students about ACP suggests that the use of media in ACP may improve knowledge, confidence, and satisfaction for the ACP process in both patients and physicians (Green & Levi, 2011; Jain et al., 2015).

What political influences contribute to the likelihood and feasibility of physicians being able to implement ACP with their patients?

- In 2009, the proposed Medicare Reimbursement for advance care planning and end-of-life discussions was branded as "death panels," or financial incentivized counseling to seniors in order to persuade critically ill patients into refusing aggressive treatment options, as a way to save health care dollars (Aleccia, 2017; Manning, 2016; Pear, 2010).
- Medicare Physician Reimbursement for ACP/EOL
 - In 2016, CMS solidified its reimbursement rules allowing physicians to begin billing for EOL discussion (Aleccia, 2017; Manning, 2016).
 - This separate payment system was estimated to impact almost 55 million Medicare beneficiaries and their health care providers (Aleccia, 2017).
- In 2017, Rep. Steve King introduced H.R. 410: Protecting Life Until Natural Death Act
 - Resurgence of "Death Panels"; "yet another life-devaluing policy" –Rep. King (Aleccia, 2017).
 - If passed, the Protecting Life Until Natural Death Act would limit ACP/EOL discussions to hospice-only related services (Aleccia, 2017).

DISCUSSION

Public Health Problem:

- The population with persons 65 years or older was estimated to be 46.2 million in 2014 (HHS, ACL, & AoL, 2016).
- By 2060, this number is expected to grow to about 98 million, more than double the current number (HHS, ACL, & AoL, 2016).
- Results of a survey published in the American Journal of Preventive Medicine in 2014 showed that among almost 8,000 respondents ages 18 or older, only about 26% had an advance directive, with the most commonly reported reason for not having one being a lack of awareness (Lawrence, 2016).

Implementing ACP early leads to:

- Decreased healthcare costs,
- Improved patient care outcomes and satisfaction with quality of care,
- Improvement of patients' and caregivers' quality of life, and
- Decreased cost of EOL care without increasing mortality (Schmit et al., 2016).

Since the inception of Medicare Reimbursement for ACP:

- Nearly 14,000 providers have billed for ACP amounting to almost 223,000 patients having ACP conversation (AAFP, 2017).

RECOMMENDATIONS

Increased training and awareness about ACP for patients and physicians

- Lean on non-profits (e.g. the Conversation Project)
- Formalized ACP and EOL training in medical school and residency curricula

ACP reflected in health policy and practice

- Continued CMS reimbursement for ACP
- Apply a systematic approach to implement ACP at all stages of the patient lifespan (Schickendanz et al., 2009)



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