University of Vermont

UVM ScholarWorks

Family Medicine Clerkship Student Projects   Family Medicine Community

2021

The Importance of Continued Compliance with Completing Advance Directives in an Outpatient Setting

Maegan R. Neilson
Larner College of Medicine

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

Part of the Bioethics and Medical Ethics Commons, Medical Education Commons, Primary Care Commons, and the Quality Improvement Commons

Recommended Citation

Neilson, Maegan R., "The Importance of Continued Compliance with Completing Advance Directives in an Outpatient Setting" (2021). *Family Medicine Clerkship Student Projects*. 783.
https://scholarworks.uvm.edu/fmclerk/783

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 scholarworks@uvm.edu.

The Importance of Continued Compliance With Completing Advance Directives in an Outpatient Setting

Milton Family Medicine

Maegan Neilson

June 2021

Precepted by Dr. Kimberly Sikule

Low Compliance in Completing Advance Directives

- A 2017 Health Affairs meta-analysis found the overall completion proportion for any advance directive for U.S. adults to be **36.7%**[1] or close to 1 in 3 adults
  - These numbers ranged from **0-93.8%** depending on place, practice, patient makeup, and type of AD[1]
- **Sick patients** had higher completion rates than healthy adults[1]
- **Patients 65+** had significantly greater completion compared to younger adults[1]
- **Palliative Care, Nursing homes, and critical care settings** reported much higher numbers of ADs than outpatient practices[1]

The Problem With 1 in 3

- For over 50 years, advance directives have acted as the mainstay for patients to express wishes surrounding end of life care – arguably as important as everyday health management

- Being such a taboo topic in our society, it is too common of practice today to delay use of this tool until it's actually needed (or too late). Routine visits in outpatient offices are prime settings for this "health maintenance" item.

- Despite attempts at increased conversation, awareness, normalization, and even laws surrounding this topic, studies have shown an overall lack of change in compliance rates across many years[1]

- There are many aspects that contribute to this problem including feelings of inadequacy of advance directives in care, legal formalities, lack of providers raising the topic, lack of patient knowledge on the topic, misperceptions, lack of time[2]

The Health Costs in Lack of Planning

Initiating increases in advanced care planning (ACP) costs money in programs, personnel, education and resources

- Estimated 1.5 million dollars in community intervention and execution costs in one study[2]

But this same study showed cost benefits to patients and practices:

- Overall adjusted costs were $9500 less per patient using ACP–saved in hospital admissions, hospital days, procedures, nursing facilities, and home health[2]
- The ACP program generated 3 million dollars in savings in Medicare expenditure[2]
- Net cost saving resulted in 104% return of investment[2]

Community Perspective on Advance Directive Compliance

- "As evidenced by UVM's network wide competition in 2017 for increasing AD completion in family practices, progress can be made with regular commitment to compliance. But this is then hard to maintain when a project ceases and something new becomes the focus. I don't think we've even distributed this workflow that includes AD review to the new residents in at least 2 years now. And training new providers off the bat is important for continued momentum of projects like this."

    -Community practice supervisor

- "With actual laws in place now that require review of ADs as a component of Medicare Wellness visits, most providers have become adherent to compliance with this. Unfortunately, the problem is that it's still rarely a highlight for any other patient that does not fit this category. Yet it's clearly not just Medicare patients who need advance directives day to day, making it a huge area of improvement for comprehensiveness of care around the country. We need to emphasize an equal focus on patients under 64."

    -Gordon Edward Powers M.D. Milton FM

Rebirthing an AD Workflow

- As evidenced by UVM's 2017 initiative to increase advance directive completion with a network wide competition, great improvement can be made with simply **adding the topic and paperwork into practice workflow**

- Makes use of MAs/LPNs/RNs, front desk personnel, and physicians to better meet AD compliance goals (see side for exemplary AD workflow)

- With workflow criteria requiring just **2-3 patients 18+ y.o. per week, per provider to incorporate advanced care planning**, this decreases stress and burden on busy providers while still allowing for substantial weekly increases in AD completion in a large practice such as Milton

UVM MEDICAL GROUP—PRIMARY CARE

Advance Care Planning Workflow

In order to meet current quality metrics, the following workflow should be followed for 2-3 patients per week per provider at a non-acute visit:

Workflow:

Provider identifies patients to receive an Advance Directive form during session huddle and pre-visit planning with CCA/LPN.
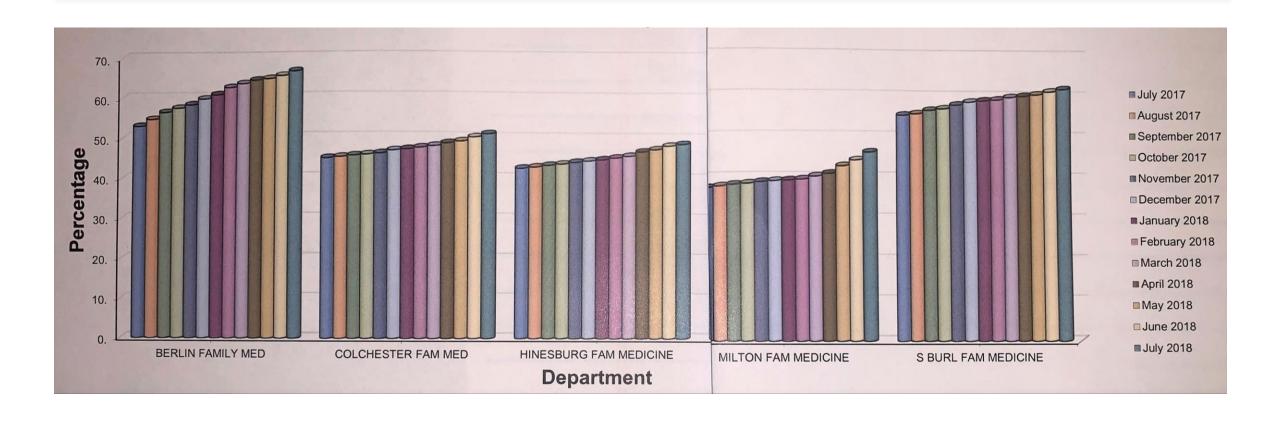
Advance Directive, aka Short Form *(Suggested Population: Well Adult ≥ 18 years of age):*

If an advance directive is to be given:

1. The form will be given during the rooming process by the CCA/LPN. Forms will be located in exam room, already printed and filed in bottom drawer of each room.
   - CCA/LPN will room patient and perform all tasks as usual.
   - Within health maintenance coverage, topic of advanced planning will be raised.
   - CCA/LPN will introduce form by stating, "In an effort to be sure that we continue to provide care centered around your wishes, and keep emergency information up to date, we are asking our patients to complete this form. Can you review and/or begin to fill this out? Dr. "X" (or APP) will be in shortly and can answer any questions that you may have."
   - Provider may also use the health maintenance reminder tool in Epic to raise the topic and provide form (right in room) to patient even if not discussed in huddle.

2. Completed Advance Directive will be processed and entered in EPIC per the Completed Advance Directive Workflow guidelines to ensure document is processed immediately into EPIC.
3. Front office staff will return the original completed Advance Directive document to the patient with the After Visit Summary or mail to patient.
4. If patient needs time to complete forms, provide instructions for patient to return to office with completed form at earliest convenience and inform front office staff that it may be uploaded to chart. Patient can wait for this process or be instructed that it will be returned via mail or can be picked up at later date.

Workflows Work

- 2017-2018 data showed that incorporating AD completion into huddles, patient check ins/outs, and paperwork during wait time increased office numbers of AD completion

- Without a network wide project fueled by competition, numbers stop being followed but it is expected that without ADs as the network's/practice's main priority, that numbers have since plateaued or declined

Pros & Cons:

- Effectiveness:
  - Workflows allow for homogenous routine across the practice
  - A broad office workflow aids in completion rates amongst all ages, health statuses, genders, etc. therefore better fulfilling the need for AD compliance in ALL patients 18+, not just those who are elderly or chronically/terminally ill
  - By incorporating identification for AD need, presentation of material, and completion during wait time into standard non-acute visits, this process optimizes patient time and visits, utilizes all team members to best organize care, and better assures same day completion and filing on site
- Limitations:
  - The AD workflow allows time for completion but not much for questions, education, or inquiry between patient and physician– often a main barrier to adequate compliance
  - Takes time to incorporate into an already busy to-do list
  - Requires training each new personnel on the workflow
  - The workflow gets lost as projects cease and new items become more pressing in practice workflows

Future Recommendations

- Within workflow, provide patients with info pamphlets that better educate them on the role of ADs, the importance in all patients completing one, and clarification on the language used within them

- Follow up phone call system in place for when patients leave with AD forms to have better compliance with return

- Having additional, known to be more effective projects started in addition to workflow incorporation
  - Regularly utilize EMR system prompts during annual wellness visits as time to revisit completion[3]
  - Providing education sessions to different members of the healthcare team who can assist patients with the forms[3]
  - Patient preparation for PCP visits by being electronically sent forms and information[4]
  - Increasing adoption and utilization of virtual platforms for patients to receive education and space to complete AD forms[5]

References

1. Yadav KN, Gabler NB, Cooney E, et al. "Approximately one in three US adults completes any type of advance directive for end-of-life care." *Health Affairs.* July 2017; 36(7): Advanced Illness & End-Of-Life Care.

2. Bond WF, Kim M, Franciskovich CM, et al. "Advanced care planning in an accountable care organization is associated with increased advanced directive documentation and decreased costs." *Journal of Palliative Medicine.* April 1 2018; 21(4).

3. Fink RM, Somes E, Brackett H, et al. "Evaluation of quality improvement initiatives to improve and sustain advance care planning completion and documentation." *Journal of Hospice & Palliative Nursing.* February 2019; 21(1): 71-79.

4. Solis GR, Mancera BM, Shen MJ. "Strategies used to facilitate the discussion of advance care planning with older adults in primary care settings." *Journal of the American Association of Nurse Practitioners*. May 2018; 30(5): 270-279.

5. Gibbons, M. "Improving advance directive completion rates: utilizing technology with a virtual platorm." *University of Missouri-Kansas City School of Nursing and Health Studies*. 2019. https://mospace.umsystem.edu/xmlui/handle/10355/67985.