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## Advance Care Planning Documentation at Mad River Family Practice

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# ADVANCE CARE PLANNING DOCUMENTATION AT MAD RIVER FAMILY PRACTICE

Nicole Walch, MS3

Longitudinal Integrative Curriculum – 2023

Project Mentor: Dr. John Wilson, MD

PROBLEM  
IDENTIFICATION AND  
AHEC FOCUS AREA

- MRFP wanted to know where they stand in terms of what proportion of practice patients have ACP documents completed and where to focus efforts moving forward to increase participation.
- A meta-analysis of 150 studies completed in 2011-2016 found a completion rate of ACP documents in the US to be 36.7%<sup>1</sup>
- The Vermont Advance Directive Registry currently has 47,997 registrants<sup>2</sup> out of 481,948<sup>3</sup> adults in Vermont. The registry does not include all types of ACP document, and therefore, this does not give an accurate representation of the true rate of ACP documentation in Vermont.
- MRFP has a patient panel of 3,324 patients with 33.8% of patients over the age of 65, and older populations are at greater risk of serious illness where an ACP document may be useful in guiding care decisions.
- AHEC Focus Area: Medical Practice Transformation and QI

## PUBLIC HEALTH COSTS

- ACP documents have been shown to save anywhere from \$1041 to \$64,827 per patient based on a systematic review in 2016<sup>4</sup>
- Intangible costs of not having ACP conversations<sup>5</sup>:
  - Stress placed on family members, physicians, and other care providers when goals and preferences are unknown
  - Potential for decision-making conflicts
  - Unwanted hospitalizations
  - Unwanted medical interventions

## COMMUNITY PERSPECTIVE

- Dr. John Wilson, MD: Mad River Family Practice Medical Director
  - “Family medicine is the best setting to introduce advance care planning to patients because you can have these conversations before a patient becomes seriously ill. Our practice has historically focused on having conversations about advance directives with older patients or patients with a terminal illness, but there is a need to engage all patients in the panel.”
- Dr. Rachel Gaidys, MD: CVMC Palliative Care Physician
  - “Most hospitalizations for serious illness are not planned. When people are in the hospital, they are compromised physically and often also mentally and emotionally. In the cases of patients who are too ill or compromised to speak for themselves, if there are no advance care planning documents, even identifying the person or people who should speak on a patient’s behalf is a challenge that can delay or complicate care and decision making.”
- Special thank you to the Vermont Ethics Network for prior mentorship, Amy Golinker for inspiration for this project, and to Talk Vermont for instruction in how to conduct serious illness conversations

## INTERVENTION AND METHODOLOGY

### Review

Review of the adult patient charts at MRFP for ACP documents in Epic and Vermont Advance Directive Registry

### Develop

Develop a reporting tool in Epic to track rates of ACP documentation over time

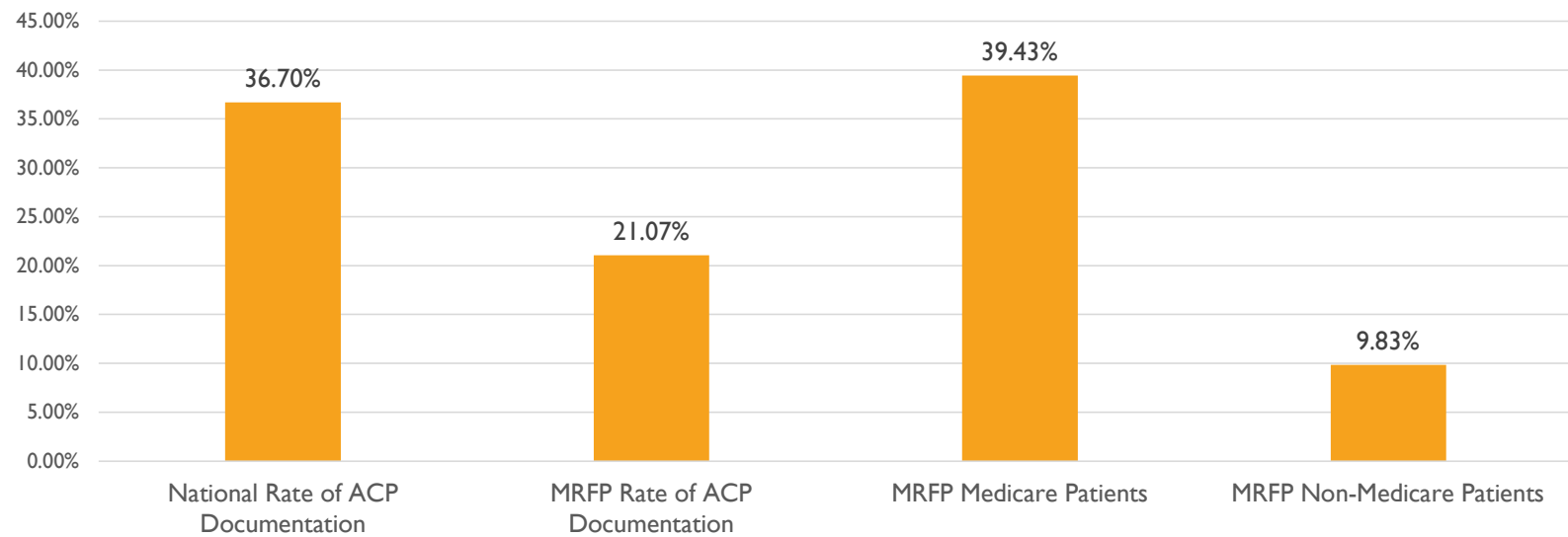
### Identify

Identify strategies to improve patient participation in ACP discussions and documentation

## RESULTS

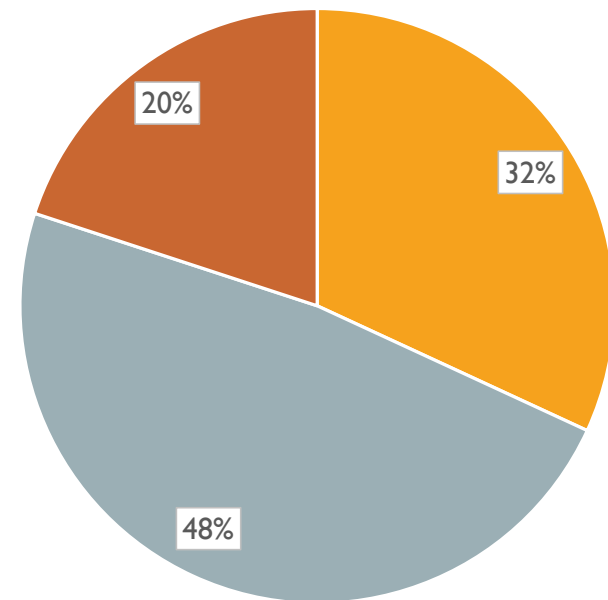
- Mad River Family Practice has 3,224 total patients in their panel
- 2,960 patients were age 18 or older as of May 2022
- A review of Epic and the Vermont Advance Directive Registry was completed, and a total of 622 patients (21.07%) were found to have ACP documents.
- Most Common ACP Documents Included:
  - Advance Directives (either the standard form by Vermont Ethics Network or a document drafted by a lawyer)
  - COLST
- Note: The Vermont Registry does not include COLST forms

## RESULTS: RATES OF ACP COMPLETION AT MRFP





RESULTS:  
LOCATION OF  
ACP DOCUMENTS  
FOR MRFP  
PATIENTS

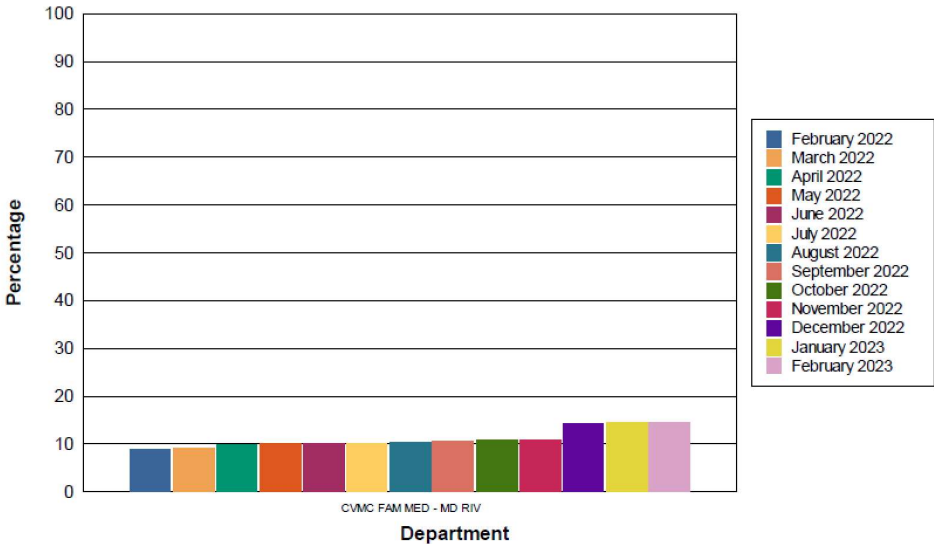


- Documents in Both Registry and Epic
- ACP in Epic Only
- ACP in Registry Only

RESULTS:  
REPORTING  
TOOL IN  
EPIC

Patients with Advance Directive or COLST on File

This report displays the percentage of patients age 18+ who have an advance directive or COLST on file with UVMHC by PCP department. Data are then broken out by individual providers within each department. To be included in the denominator the patient must be living at the time of the report, have a PCP in one of the specified departments, and had an appointment in that department within the last 3 years.



MRFP Reporting Tool in Epic for March 1<sup>st</sup>, 2023. This report is also broken out by provider.

## EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- MRFP has excellent patient engagement in ACP documentation among Medicare patients
- There is a major gap identified in younger patients where only 9.8% of patients have completed some form of ACP under age 65
- MRFP decided to implement introducing the Appointment of a Healthcare Agent (HCA) form to all adults under 65 to improve the gap in ACP documentation as this form can be completed in clinic as opposed to completing at home and returning later
- Reporting tool in Epic: Now available to practice manager to see progress in ACP completion over time. The report will be run monthly to see if this new strategy is improving
- Limitations:
  - Chart review took a lot longer than anticipated, so there has not been sufficient time to see large improvements in ACP completion since implementing use of HCA Forms
  - Registry error was identified during this project that may have impacts on the ability to retrieve documents for patients born prior to 1950
  - Advance Directives are preferable to HCA forms, but Advance Directives are time consuming and puts more responsibility on the patient to remember to return the form after a visit

## RECOMMENDATIONS FOR FUTURE PROJECTS

- Future projects centered around ACP documents in Vermont could focus on developing more streamlined ways for patients to complete Advance Directives or Appointment of Healthcare Agent Forms. This could include:
  - Developing an online tool for patients to complete documents prior to their appointment
  - Developing a tool for care providers on how to introduce Advance Directives or HCA forms to patients without a serious illness
- Chart review is time consuming, may not be feasible for other practices or students completing shorter rotations

## REFERENCES

- <sup>1</sup> Yadav KN, Gabler NB, Cooney E, Kent S, Kim J, Herbst N, Mante A, Halpern SD, Courtright KR. Approximately One In Three US Adults Completes Any Type Of Advance Directive For End-Of-Life Care. *Health Aff (Millwood)*. 2017 Jul 1;36(7):1244-1251. doi: 10.1377/hlthaff.2017.0175. PMID: 28679811.
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- <sup>3</sup> U.S. Census Bureau quickfacts: United States [Internet]. United States Census Bureau; [cited 2023Mar5]. Available from: <https://www.census.gov/quickfacts/fact/table/US/PST045221>
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