

Introduction

What are my priorities in end of life?



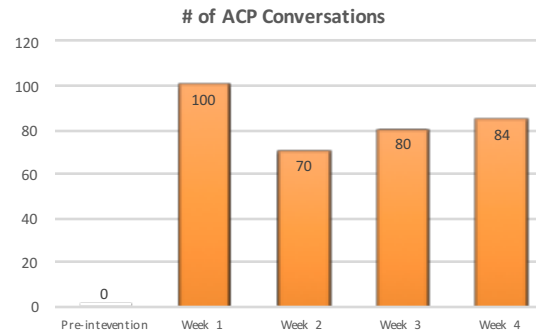
- Advance care planning (ACP) is a process that enables individuals to make plans about their future health care (CDC, 2012).
- Advance directives (ADs) provide direction towards healthcare goals when a person is incapacitated or near end of life (CMS, 2018).
- The number of adults that possess written ADs is **only reported as 37% nationally** (Yadav et al., 2017).
- Primary care settings are familiar, comfortable, and supportive environments to begin ACP.
- ACP is an **underutilized** service in primary care settings. **Provider barriers** are commonly cited as the major obstacle to ACP implementation (Spodt & Elliott, 2012; Tung & North, 2009).
- Primary care providers are **uncertain** and **uncomfortable** with initiating ACP conversations (Spodt & Elliott, 2012; Tung & North, 2009).

Aims

- To **increase the number** of ACP conversations that occur in a single primary care office.
- To **reduce provider associated barriers** to ACP in the primary care setting.

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Results



Total Number of ACP Conversations Post Intervention: 336

Pre-intervention & Post-intervention ACP Knowledge & Attitudes

Pre intervention	Post Intervention	
	yes	no
yes	2	0
no	5	0

Yes= Positive response to ACP in knowledge or attitude

No= Negative responsive towards ACP in knowledge or attitude

McNemar Test Statistics^a

	Pre Intervention & Post Intervention
N	7
Exact Sig. (2-tailed)	.063 ^b

a. McNemar Test

b. Binomial distribution used.

- **Decreased** participant **apprehension** with initiating ACP conversations reported.
- **Increased** participant **knowledge** of ACP strategies and billing practices.
- **Definitive and sustainable** ACP policy put into effect post-intervention. Providers are now **required** to document an ACP conversation with each new patient encounter and at each annual wellness physical.
- **Increased number of ACP conversations** in post intervention period were observed: **336 new conversations** billed for.

Method

- A single primary care practice located in Maplewood, New Jersey.
- The target population was 3 primary care providers in the office, which includes one physician and two nurse practitioners (n=3).
- The registered nurses that work in this setting (n=4) participated as well, making the total sample size 7 participants.

Design

- A quality improvement project that measured the effectiveness of an ACP educational module presented to participants in a live setting.
- Pretest and posttest design was used to compare participant knowledge base and attitudes towards ACP before and after intervention. Data was analyzed using the McNemar test.
- Frequencies of the number of times the ACP billing code was used were compared in the 4 week period both before and after intervention.

Implications

- **Financial** ➡ Providers generated more revenue by having and billing for more ACP conversations.
- **Quality** ➡ Increased ACP conversations result in increased effectiveness of the patient-provider encounter and improved in quality domains of equity and patient centeredness.
- **Policy** ➡ Practice created a new policy to include ACP conversations into patient care workflow as a result of the intervention.

References

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