

Advance Care Planning during Coronavirus Disease 2019 (COVID-19) Pandemic

Jaspreet Kaur, DO- PGY2
Faculty Advisors: Eric Beaver, MD and Kent Denson, MD- Chief of Primary Care

Chickasaw Nation Medical Center
Department of Family Medicine

INTRODUCTION

Studies show Advanced Care Planning (ACP), a continuum process (Fig. 1) can result in:

- Higher quality of life for patients and family
- Increase likelihood of compliance with patient's wishes
- Reduce hospitalization at end of life
- Increase utilization of hospice services
- Lower risk of anxiety and depression in surrogates/healthcare proxy.

While there is sustained growth in ACP research, an increased public interest in ACP was noted during COVID-19 (Fig. 2). Billing codes created in 2016 to incentivize ACP visits encompassed telemedicine visits during the pandemic.

ACP: "A process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care."
-Delphi Panel (2017)

AIM

Pilot an effective and efficient process for outpatient ACP visits in the family medicine residency clinic to be later modeled in primary care clinics at Chickasaw Nation Medical Center. The project was presented at grand rounds.

METHODS

- The workflow was developed in November 2019 to last one year but was impacted by COVID-19 (Fig. 3).
- **Inclusion criteria:** Patients ≥ 60 years old and empaneled with Dr. Kaur
- **Exclusion criteria:** Patients < 60 years old.
- **PREPARE for your care**® platform was chosen to complete Advanced Directives (AD).



www.prepareforyourcare.org

Fig. 1 – Advanced Care Planning Model

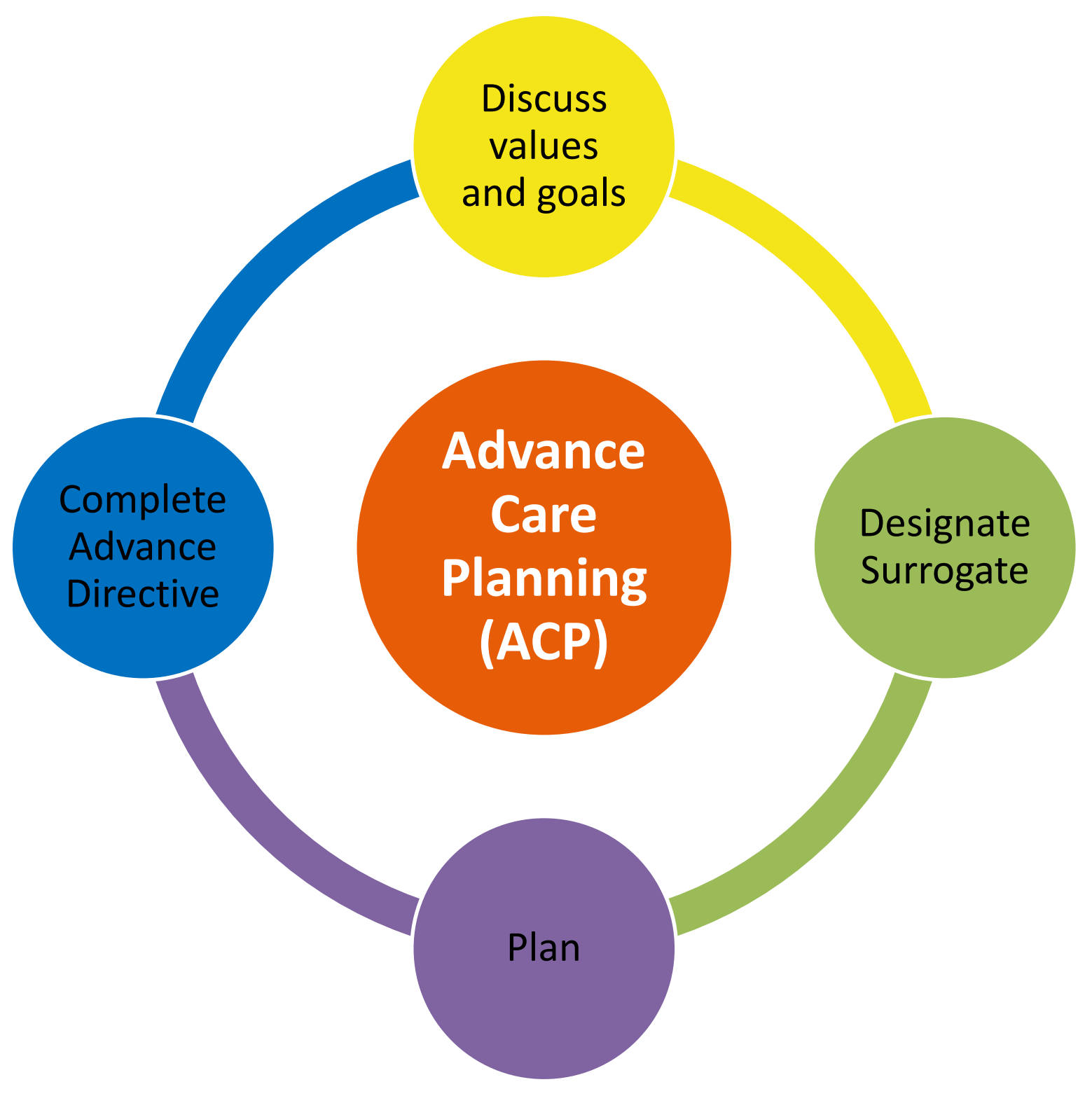


Fig. 2 – Completion of Advance Directives and Documented Care Preferences During the COVID-19 Pandemic revealed an increase in new users on online platforms available for ACP.

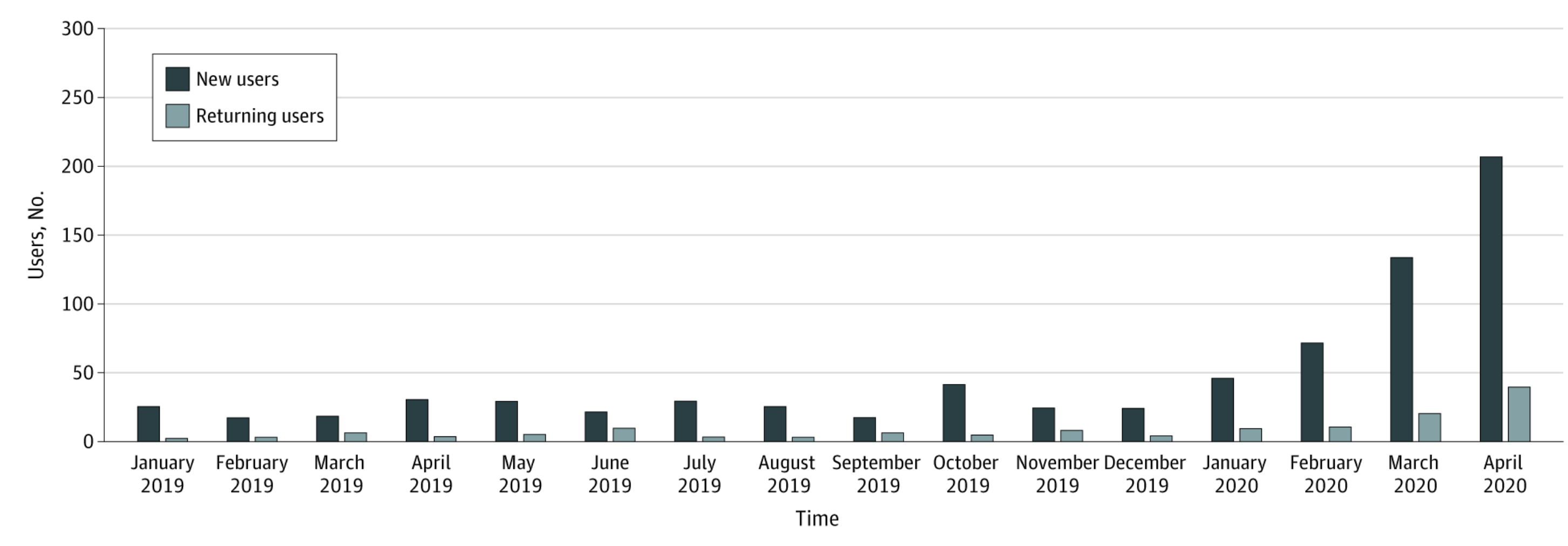
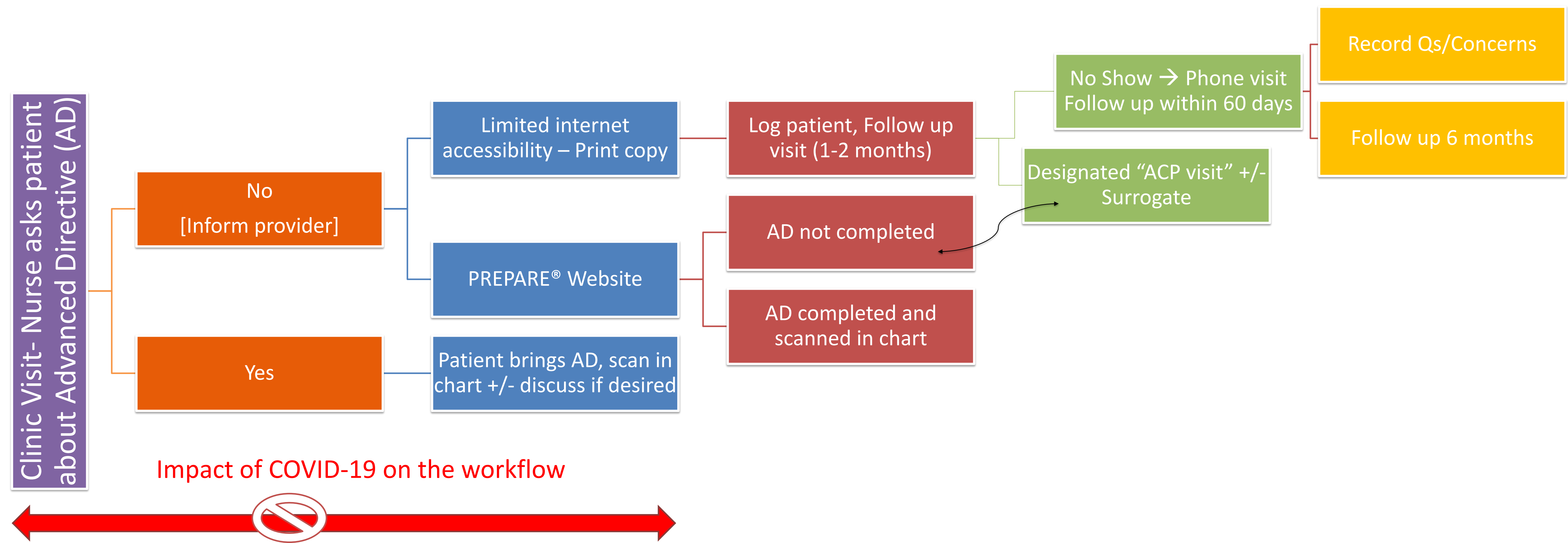


Fig. 3 – Family Medicine Residency Clinic Workflow

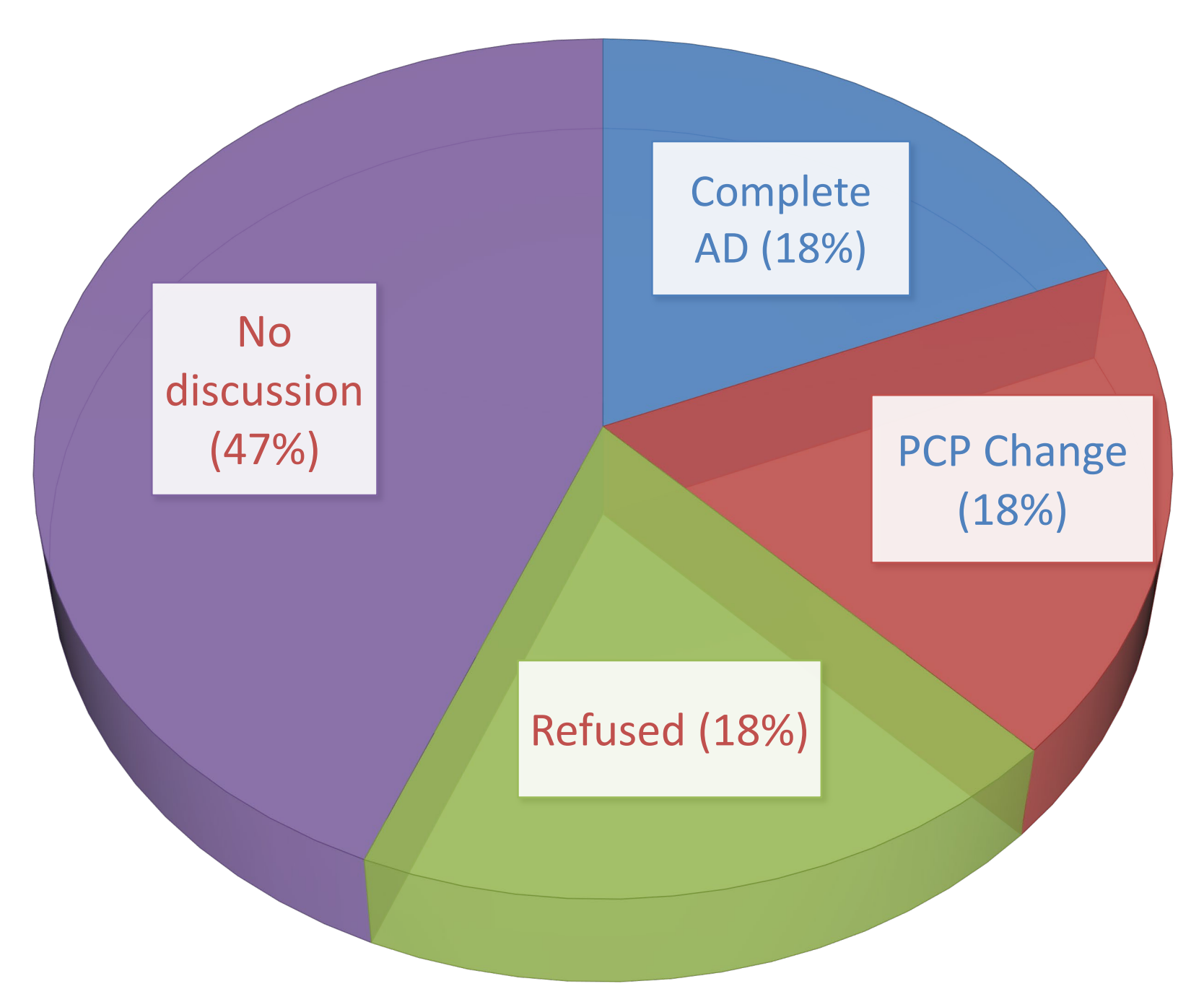


RESULTS

Table 1– Patient Demographics

Demographic	Sample Size (n=17)
Male	9 (0.52)
Female	8 (0.47)
60-70 years old	11 (0.65)
71-80 years old	5 (0.29)
81+	1 (0.06)
Active Chart in Ada	6 (0.35)
Active Chart in >1 Facility	11 (0.65)

Fig. 4– Results of Telemedicine Visits for ACP



DISCUSSION

- Limitations prior to COVID-19 included:
- 1) Excluding younger population with terminal illness or malignancy
 - 2) Identifying staff and determining appropriate compensation for follow up phone calls
 - 3) Duration of time to determine if the system is both efficient and effective
 - 4) Small sample size (n=17)

Impact of COVID-19 on ACP: **Advantages** included increased public interest in ACP, multiple online free sources available such as The Conversation Project, Aging with Dignity, Respecting Choices, Vital Talk, convenient telehealth visits for patients and their families.

Disadvantages included increased cost for mailing AD in addition to printing them, unable to help patient navigate website and delayed or inability to scan AD limiting accessibility.

CONCLUSION

Telemedicine visits results in Fig.4 reveal of n=17, no ACP discussion occurred with 8 patients (47%) while 3 pt's (18%) successfully completed AD, 3 pt's refused to participate and 3 pt's had a PCP change prior to initiating ACP visit. Lack of time, waiting for patient to initiate the discussion or discomfort with the topic were identified as potential barriers. In the future, we will assess the effect of grand rounds presentation on hospital wide ACP visits.

REFERENCES

1. McMahan, Tellez, Sudore: Deconstructing the Complexities of ACP Outcomes: What do we know and where do we go? A scoping Review, J Am Geriatr Soc. Sept.2020
2. Brinkman-Stoppelenburg A, Rietjens JA, van der Heide A. The effects of advance care planning on end-of-life care: a systematic review. Palliat Med 2014; 28:1000
3. Auriemma, C. L., Halpern, S. D., Asch, J. M., Tuyn, M. V., & Asch, D. A. (2020). Completion of Advance Directives and Documented Care Preferences During the Coronavirus Disease 2019 (COVID-19) Pandemic. *JAMA Network Open*, 3(7). doi:10.1001/jamanetworkopen.2020.15762
4. Spoelhof GD, Elliott B. Implementing advance directives in office practice. *Am Fam Physician*. 2012 Mar 1;85(5):461-6. PMID: 22534224

