

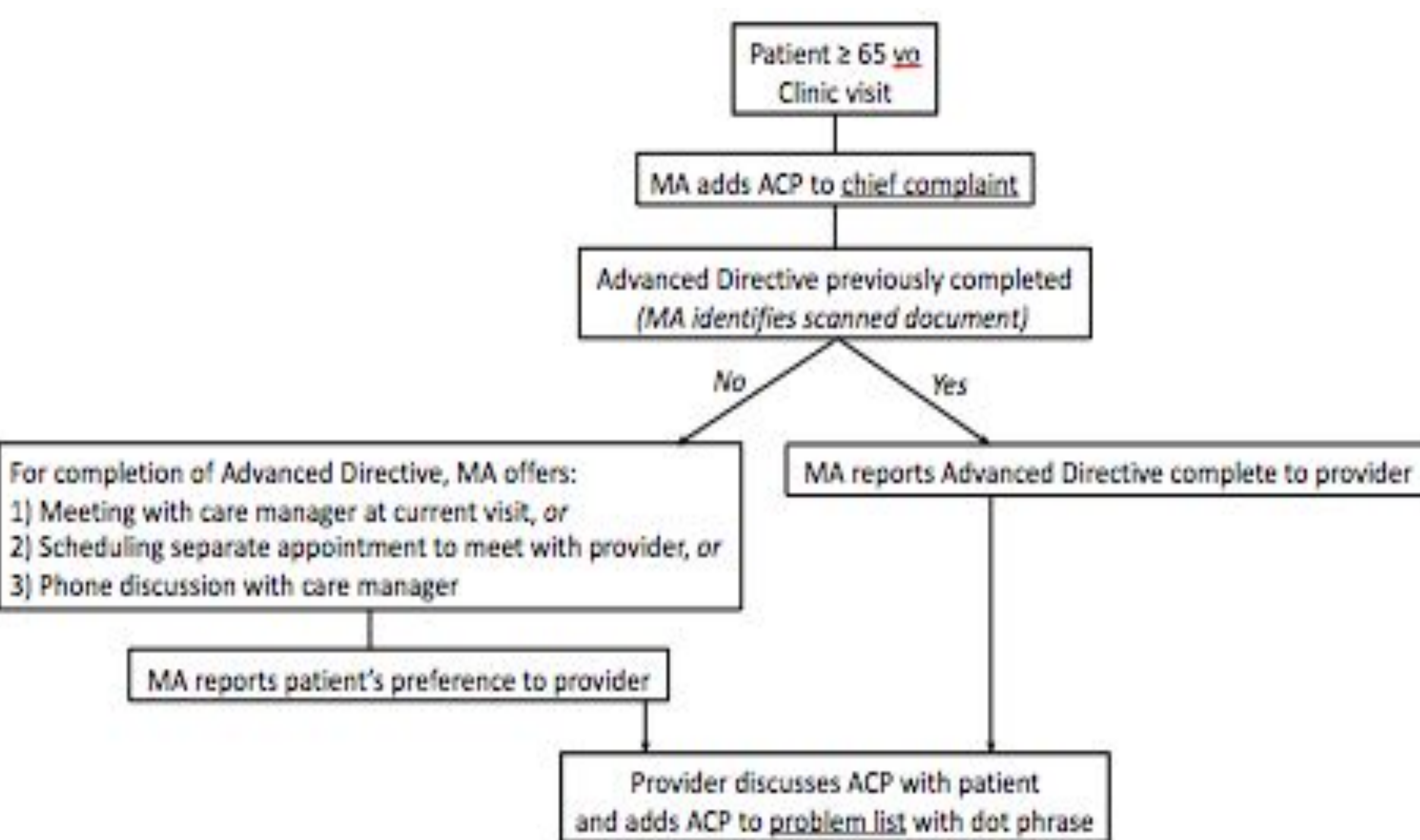
Increasing the Number of Patients 65+ with Advanced Care Planning

Molly Anderson, MD; Haley Stewart, DO; Benjamin Rosenstein, MD, MA; Frances Tepolt, MD; Joe Renier, MD; Kathryn Brown, MD, ScM; James Hougas, III, MD

Background

- Many patients 65 years or older (65+) without formal discussion about advanced care planning (ACP)
- No standard workflow to ensure ACP performed on patients 65+
- No standardized framework outlining discussion of ACP
- Accessibility of ACP across settings and systems
- **Aim:** In 3 months, increase the number of patients 65+ with advanced care directives by 50%

Methods



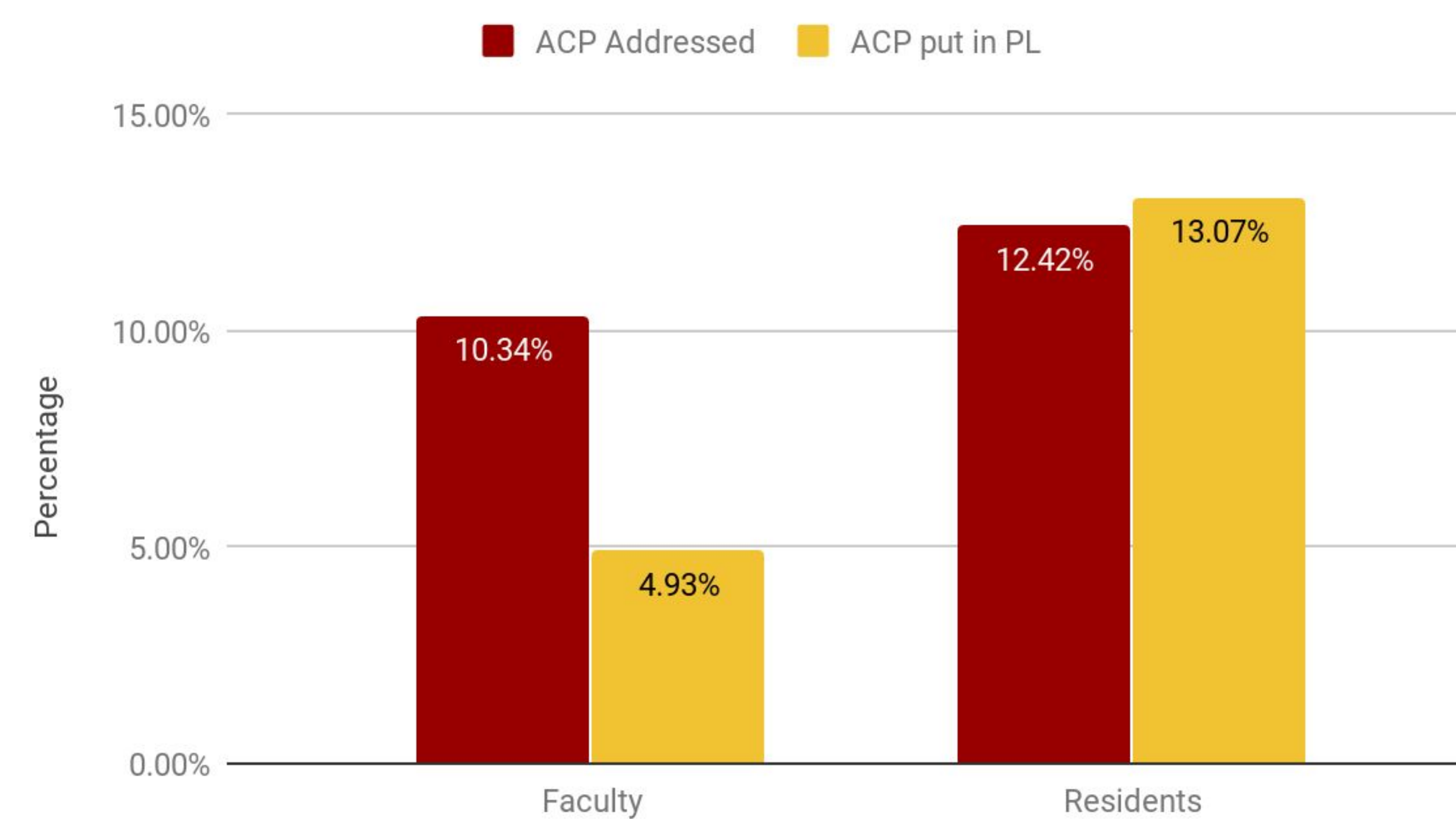
PDSA Cycles:

- Cycle 1: Inform residents to address ACP in all 65+ encounters and add to problem list
- Cycle 2: ACP added as additional chief complaint of 65+ visits
- Cycle 3: MA or RN addresses ACP, documents follow-up plan in nursing note

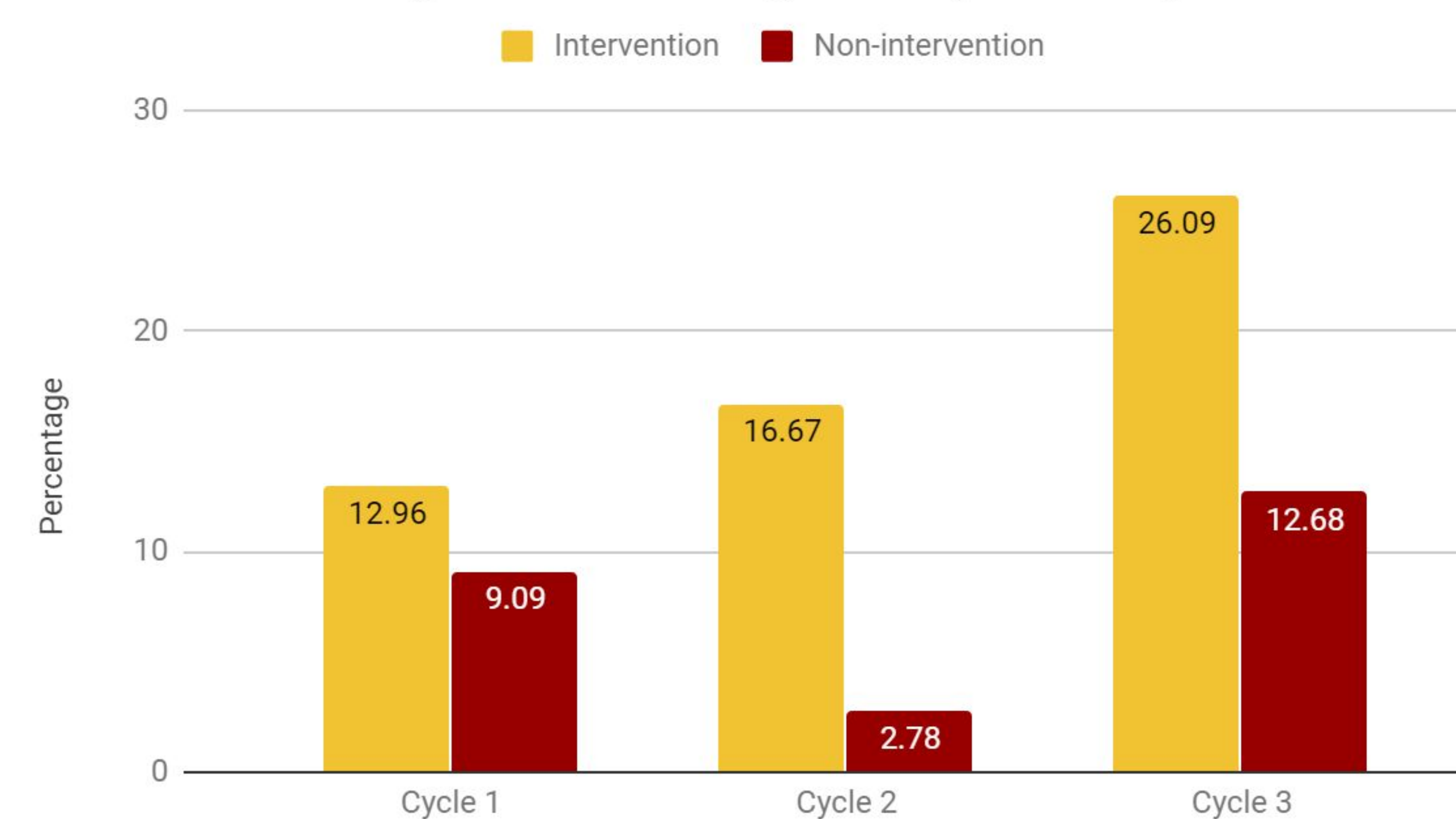
Results

	65+ Visits	Wellness Visits	ACP Addressed at visit	ACP in Problem List
Totals	356	11 (3.1%)	40 (11.2%)	30 (8.4%)

Comparison of Faculty and Residents Addressing ACP



Change in Addressing ACP by PDSA Cycle



Challenges

- Personnel: Provider, Patient, Staff
 - Provider remembering to discuss
 - MA identifying patients and adding ACP to chief complaint
 - Patient and family readiness to discuss ACP
 - Reliance on patients to return advance care directive form
- Structural
 - Visit time constraints
 - Educating all parties involved

Next Steps

- Modified approach moving forward
- Create ACP visit type
 - Address time constraints
 - Provide educational opportunity to residents
 - Reimbursements through ACP coding (99497, 99498)
 - Multidisciplinary support
- Standardized "dot phrase" for all of the clinic

Special Thanks

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- To our faculty mentors, Dr. Brown & Dr. Hougas

References

Spiegelhof, G. D., & Elliott, B. (2012). Implementing advance directives in office practice. *American family physician*, 85(5).



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