

# ACP FOR ALL IN CLINICAL SETTING

## ORIGINAL INVESTIGATION

- **ETHICS:** Informing Patients of Healthcare Rights & Responsibilities in Real Time.

## Is ACP For ALL In a Clinical Setting Sustainable?

**Key question:** "Will Advance Care Planning (ACP) for ALL in a clinical setting be viable for the patients, physicians & families?"

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### FINDINGS

Some terminal patients are not understanding where they are in their disease process and are not receiving information on ACP.

After a six-month review it was concluded that most patients would require 60-90 minutes of time to explore concepts of advance care planning, their past experiences of end-of-life care, how that might impact their future decision making, and documenting their wishes. Most patients brought their spouse or other family members. In most cases those family members chose to also articulate their medical power of attorney and advance directives. ACP Facilitators help patients understand their healthcare rights & responsibilities.

Frequently family members walking through the discussion will desire to document their own Medical Power of Attorney or Advance Directive. These findings only confirm previous research done by Dr. Barker and his staff in an abstract submitted to the American Society for Radiation Oncology Annual Conference in 2017, "Successful deployment of nurse practitioner facilitated advance care planning in a radiation oncology department."



**Work Product:** ACP documents are copied & uploaded to the medical chart if completed. If a spouse has accompanied the patient, they are inclined to prepare their ACP documents as well.



**Conclusion:** ACP Consulting is a valuable service for patients, families and viable for physicians.



**Background Info:** Consistently Americans say that about 70% of them would prefer to die at home, but more than 2/3 of them die in a hospital or care facility<sup>1</sup>.

However, because 71% of physicians die at home<sup>2</sup>, what do practitioners know that most Americans don't?

Doctors know that if a patient wants wishes respected, they must be well known in advance – through Advance Care Planning (ACP).

A virtual tsunami of aging is occurring. As of July 2022, the U.S. Census Bu-

reau estimated there were over 54.7 million people 65 years and more<sup>3</sup>. Currently, 1 in 7 Americans<sup>4</sup> is over 65 years of age and 25% of total Medicare expenses are allocated for end-of-life<sup>5</sup> care. By 2040, \$1 of every \$3 dollars spent<sup>6</sup> in the United States will be spent on health care.

Tarrant County has an estimated population of 2,165,720 in 2022<sup>7</sup> and more than 1 million of the increase in population was in the last decade.

As we are facing an aging population, the need for Care & Prepare services becomes even more critical. However, all adults over the age of 18 need ACP education and decisions made regarding healthcare planning. Healthcare status can change in an instant.

by the staff. Reminder calls help patients remember to come for ACP Consults. Our data confirms that only after personal reflection and decision-making, coupled with training, can one authentically present the value of an ACP exploration session to patients.

ACP Consults were offered before or after the patient's radiation treatment to take advantage of their time and energy. ACP Facilitators encountered a wide variety of readiness for the topic. Conversations were intentionally value neutral and person centered. Although many had never considered this aspect of personal planning, the feedback from patients and families was overwhelmingly positive.

## “ Successful deployment of nurse practitioner facilitated advance care planning in a radiation oncology department. ”

We have all seen even the healthiest among us sidelined by a catastrophic injury or illness.

La Crosse, Wisconsin has approximately 95%<sup>8</sup> of their population with advance directives; currently, we estimate Dallas-Fort Worth area has about 15% of citizens with advance directives completed. Some studies show that of the terminally ill, may be fewer than 50% with Advance Directives. Care & Prepare is definitely out to substantially improve that statistic.<sup>9</sup>



**Method:** Busy Radiation Therapy clinic staff were trained in Respecting Choices®<sup>10</sup> (RC), an evidence-based person-centered decision-making system. Dr. Barker also chose to have his staff observe

him & his wife walk through the ACP conversation with a facilitator. These learning opportunities proved transformational in the appointment setting ratios set up

Data points were carefully considered; patient demographics and preferences will be collected to look for trends. We anticipate that this information may be helpful for future discussions with other physicians or healthcare systems as we look to scale up this endeavor. Most physicians would be happy to offer this service with a revenue neutral position. The Beta site proved that ACP Consulting can be revenue positive. On average 11 out of 12 patient's insurance or Medicare will pay for these services. Previous studies have shown that ACP counseling can lower stress for patients, families and providers.

Additionally, ACP for ALL concepts were taken to Como Community Center via an NIH Study with Penn State & Hospice Foundation of America. 25 members of the African American Community were asked for their input on language utilized in ACP surveys. This data will assist clinicians in their pursuit of the best way to elicit patient's wishes for end-of-life care.