

Hope for the Best, Plan for the Worst: Integration of Advance Care Planning in Ambulatory Specialty Clinics

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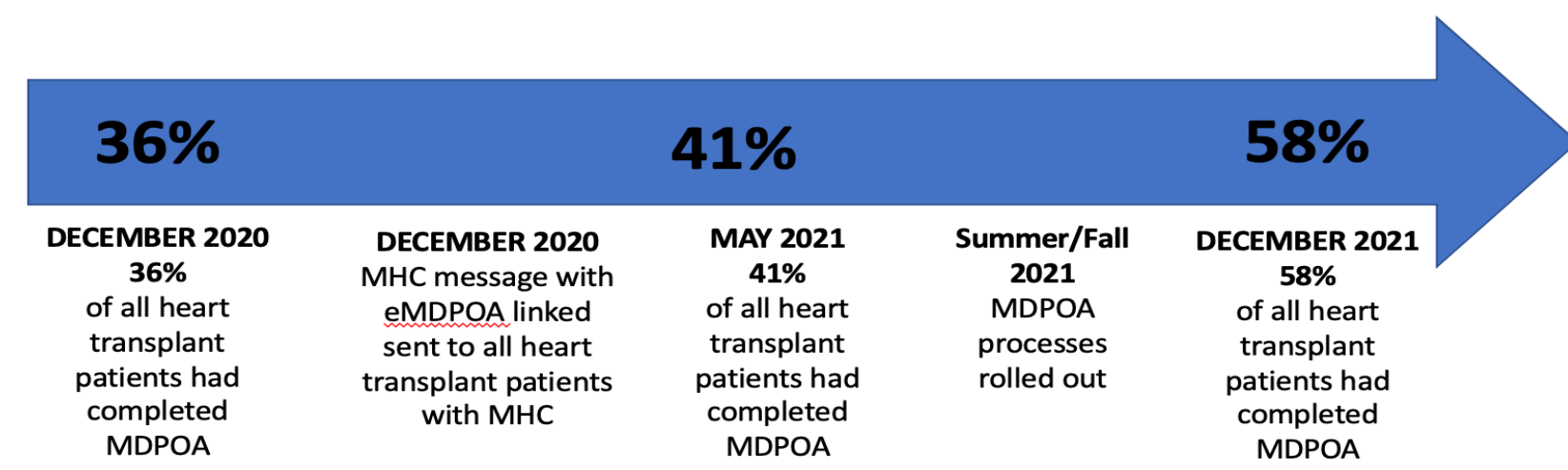
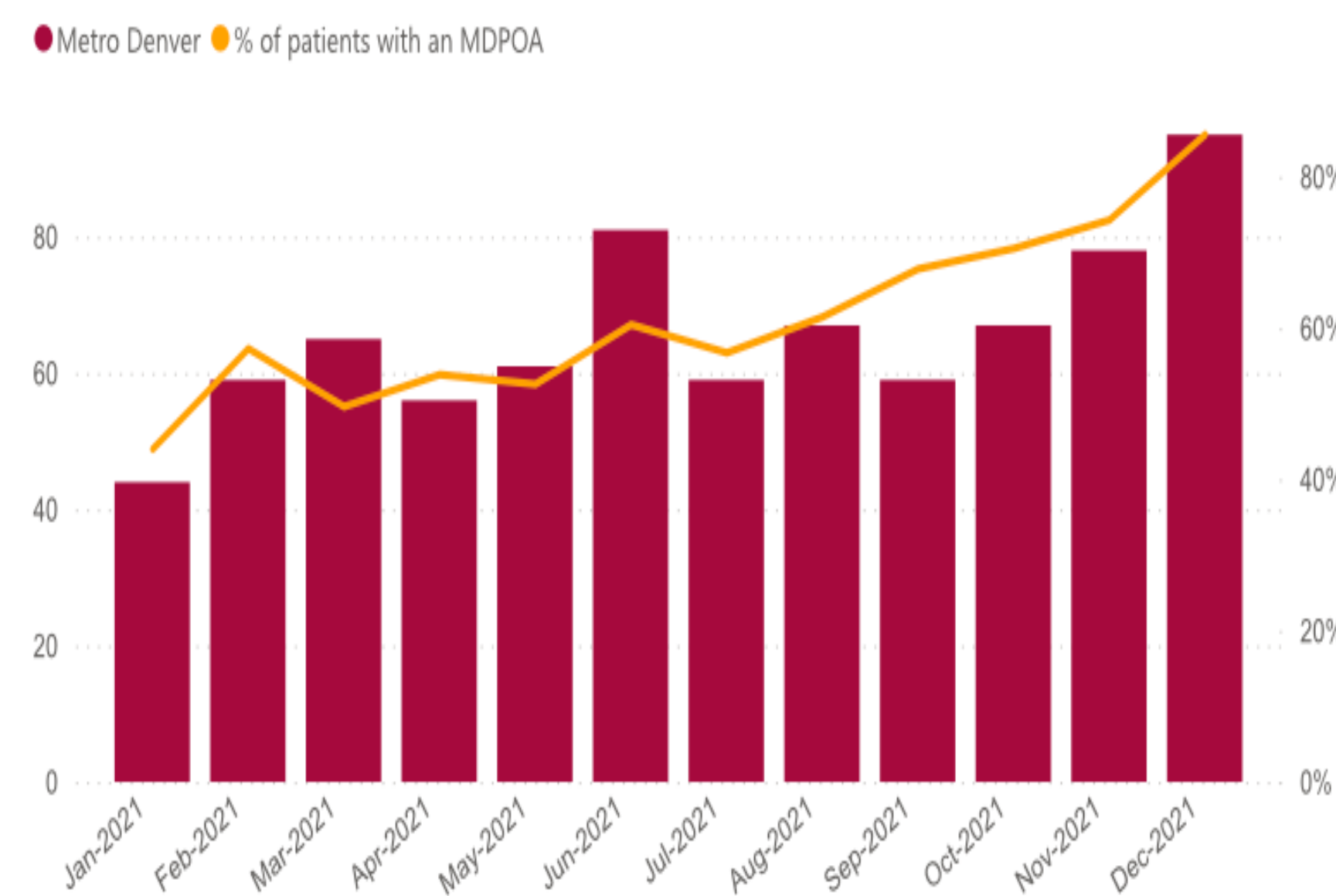
Background

- COVID-19 Pandemic highlighted urgency of individual preparedness through Advance Care Planning (ACP)
- ACP remains underutilized in the general care of patients
- ACP assist to help align medical care with patient goals of care
- ACP informs caregivers of patient wishes
- Colorado “All-Interested-Parties” state, meaning there is no hierarchy in designating decision makers once a patient has lost decision making capacity

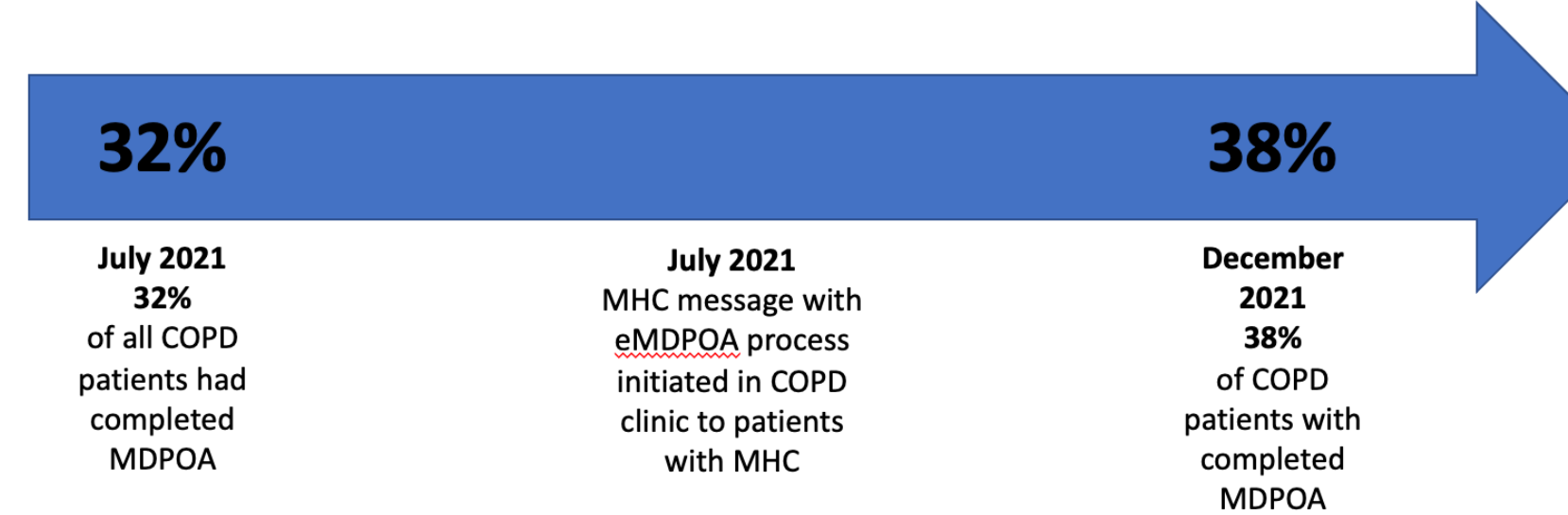
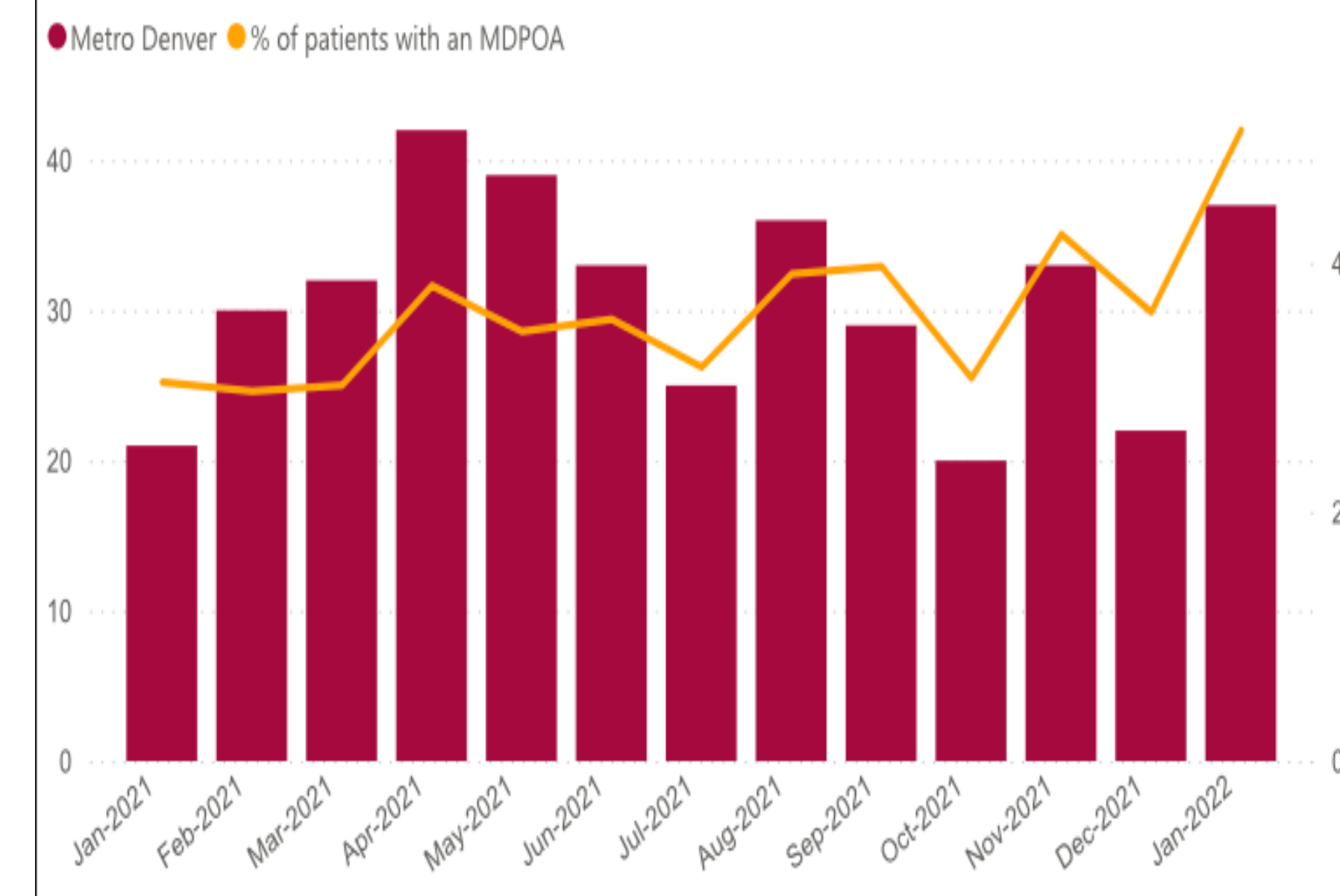
Purpose

- Improve quality of patient care by increasing likelihood that patient’s wishes for healthcare are discussed, documented, and honored
- Prioritize goal-concordant care by increasing ACP documentation in specialty ambulatory clinics
- Initial project interventions to focus on completion of Medical Durable Power of Attorney (MDPOA) form
- Aim to increase % of patients with completed MDPOA in HER by 5% from clinics baseline by December 31, 2021

Heart Transplant Clinic Results



COPD Clinic Results



Disclosures: None

Methods

- Education for clinicians
- MDPOA completion process development
- Develop MyHealthConnection message for MDPOA completion to link with eMDPOA
- Develop MDPOA completion dot phrase to use on AVS as appropriate
- Provide MDPOA forms in clinics
- Add MDPOA completion column to Epic schedule view
- Implement MDPOA completion process

Conclusions

- MDPOA completion improved from 36% to 58% in the Heart Transplant Clinic
- MDPOA completion improved from 32% to 38% in the COPD clinic
- These increases exceed the UHealth MDPOA completion goal of 4%
- Future interventions will be aimed at increasing Advance Care Planning conversations, documentation, and billing
- Aim to align medical care with patient goals of care