Advance Care Planning:

Primary Care Perspectives

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Disclosures and Disclaimers

- There is nothing unique about me, as a primary care physician
- All stories you hear from me are true but the names have been changed
- I have never billed an advance care planning CPT code

First: A Story

Is This Advance Care Planning?

- Yes
- Typical in that it is customized, and not scripted, timed, or billed-for
- Involved family and family doctor
- Fortunately everyone was on the same page

Story #2

Study: Do primary care physicians provide advance care planning services?

Design: Comb through claims data to determine how often the advance care planning CPT codes were filed for a given ACO population.

Conclusion: ??

What We'll Cover

1. The reality of advance care planning in primary care
2. How things fall apart for our patients
3. What we, as a system of care, might do about that

Advance Care Planning In Primary Care

- Often and iterative
- Extends beyond the individual
- Documents are often discussed, signed, gathered
- **"What's Important"** is main focus
  - Because we can't predict EVERY scenario
  - This is JUST as important to record as the gathering of signed documents

Predictable Barriers to Advance Care Planning Discussions

- Low literacy, low health literacy
- Mistrust of health system
- Discord in family
- “Big Picture” hasn’t yet come into view for the patient or family

These barriers can be overcome.

So Let's Assume All Barriers to Discussion Are Overcome

How Things Fall Apart For Patients

- Typically, an unforeseen crisis occurs
- Patient is thrown into unfamiliar circumstances, with unfamiliar providers of care
- Decisions need to be made – and the patient and family, overwhelmed by the crisis, forget that they made them already and/or that someone is out there who knows what's important to them.

Oh, and don't forget

- Few primary care physicians provide inpatient or SNF care anymore
- An advance directive/living will/MOLST tucked away in a practice EMR is almost never available outside the practice
- Communicating in real time between primary care and ED/hospital/SNF is next to impossible

What Can We Do To Make It Better?

Let's normalize the discussion and the behavior of always determining "What's Important"

- Sharing and displaying documents via CRISP
- Improving communication between primary care and other disciplines: SECURE TEXTING
- Capitalizing on Maryland-specific care redesign programs that emphasize:
  - advance care planning as a quality measure, e.g. NQF 0326.
  - collaborative arrangements between primary care and specialists

Sharing Documents Will Help Out In A Crisis, Yet. . .

A ***discussion*** with the patient and/or family should always review and confirm:

"We have on file this document that describes your wishes. Allow me to review it with you. I think we're on the same page, and I want to make sure, during this stressful time, that I know what's important to you."

What If There's NO Document?

*Normalize the discussion and the behavior of **involving the primary care physician**, particularly in situations where there's:*

-Low literacy, low health literacy

-Mistrust of the health system

-Family discord

- "Big Picture" needs to be painted for patient and/or family

We Primary Care Docs Want to Know When Our Patients:

- unexpectedly become seriously ill
- are enrolled in hospice or are undergoing aggressive treatment
- die

We should make it easier for docs to communicate with each other!

LIVING HEALTHIER **TOGETHER.**

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