Advance care planning vs system redesign: Promoting better palliative care

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Objectives

- By the end of the session, participants will be able to:
  - ➢Define three categories of outcomes that ACP should be able to achieve.
  - ➢Describe two limitations of ACP as a change mechanism.
  - ➢Describe an alternative model for promoting palliative care.

My history

- Early career
  - ➢Clinician
  - ➢Educator in improving skills
  - ➢Clinical bioethics

- Later career
  - ➢Developing health care system interventions
  - ➢Responsible for changing the care of populations

My argument

- ACP is a inefficient way to promote better palliative care outcomes.

- A better way would be to build a health care system that meets the general values of most people (based on public opinion surveys).

What are advance directives/advance care planning

- **Advance care** planning is making decisions about your **care** if you become unable to speak for yourself.
  - Choosing a surrogate
  - Describing the values that underlie the choices
  - Making treatment decisions

History

- 1960-70's as part of "rights" movement
- Karen Quinlan
- 1990 Patient Self-determination Act
- Rates of AD has increased over time
  - 70% complete prior to death vs. 20% in 1980's
    - Variability in definition
  - 25% of patients over 65 year
  - 37% of patients with advanced cancer
  - Roughly 30% of people report talking to their family about goals of care

Impact of ACP

- 2014 meta-analysis (broad definition of ACP)
  - 2/5 studies showed decreased hospitalizations
  - Decrease use of LST in 10/22
  - Increase use of hospice in 5/7

Domains of outcomes of ACP

- Patient outcomes
  - Have end-of-life wishes known and followed
  - Anxiety and psychological outcomes
  - Quality of dying

- Family/surrogate outcomes
  - Decisional regret
  - Psychological outcomes
  - Quality of dying process

Health professional outcomes

- Confidence that the care is patient centered
- Clarity about patient wishes
- Decrease time
- Moral distress

Health System outcomes

- ICU time
- Hospice care
- Costs of care

Why might ACP be inefficient?

- Identifying the right population
  - ➢Surprise question
- Changing physician behavior in talking about ACP
  - ➢The flu example

Why might ACP be inefficient?

- Documenting the conversation
- Tying value documentation to treatment decisions
- Ensuring that the documentation is available at the right time

Why might ACP be inefficient?

- Having a health system that can meet the patient values
  - Flexibility
  - Clinician conflict with ACP
    - Know best
    - Radical empiricism
  - Resources

Public opinion regarding end-of-life care

- Terminal illness
- Quality > quantity of life
- Location of death

A different model

- Build a system that meets most people's needs
  - Focus on what 66% of people want
- Build defaults in the health system
- Focus as much energy on social supports as biomedical needs

Possible benefits of this solution

- Easier to implement
- Fits with the norms of institutional change

Negatives of this solution

- Untested
- Legal implications are unclear
- Will not be able to meet everyone’s goals