Provider Understanding and Utilization of Advance Directives

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Background

- **Advance directives (AD) include**
  - Living wills
  - Durable power of attorney for health care
- **Advance care planning**
  - Interactive process between patient, family, clinicians
  - Can improve the quality of care at end of life\(^1\)
  - Can improve effective health care spending\(^2,3\)

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Background

- 18%-36% of adults have completed AD\textsuperscript{1,2}
- Efforts to improve AD completion
  - Patient Self-Determination Act of 1990
  - Honoring Choices Wisconsin
  - Care Planning Act of 2013
- **Physicians often unaware of their patients’ AD status and how to interpret AD once in place**\textsuperscript{1,3}

\textsuperscript{2} Jones AL, Moss AJ, Harris-Kojetin LD. *Use of Advance Directives in Long-term Care Populations*. NCHS Data Brief (54) January 2011.
\textsuperscript{3} Morrison R, Morrison E, Glickman D. *Physicians reluctance to discuss advance directives: an empiric investigation of potential barriers*. Arch Int Med. 1994;154(20):2311-2318.
Study Aim

- Describe how providers’ view Advance Directives
  - Knowledge
  - Comfort level
  - Utilization
  - Implementation
  - Barriers to use
Methods

- Participants recruited through employee e-mail
  - Health care providers across all specialties and health care settings within a large community health organization in southeastern Wisconsin

- Anonymous online survey
Results: Participants

- 104 of 739 providers completed the survey
- 50% in outpatient setting
- 70% with over 8 years of experience
Results: Attitudes and Accessibility

- 73% believe all hospitalized patients should have an Advance Directive
- 50% believe all patients over the age of 65 should have an Advance Directive
- 42% of providers do not know how to access Advance Directives in the electronic health record
Results: Knowledge and Comfort

I feel comfortable discussing advance directives

I feel knowledgeable discussing advance directives

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree
**Results: Utilization and Implementation**

### I look at a patient’s advance directives

- **To help determine surrogate decision maker**
- **To help determine goals of care**
- **Prior to hospital admission**

**Legend**
- **Always**
- **Frequently**
- **Occasionally**
- **Rarely**
- **Never**
**Results: Barriers**

<table>
<thead>
<tr>
<th>Barriers to completing AD: check all that apply</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>50%</td>
</tr>
<tr>
<td>No barriers</td>
<td>19%</td>
</tr>
<tr>
<td>Not provider’s responsibility</td>
<td>17%</td>
</tr>
<tr>
<td>Lack of provider knowledge</td>
<td>13%</td>
</tr>
<tr>
<td>Comfort level</td>
<td>9%</td>
</tr>
<tr>
<td>Patient factors</td>
<td>5%</td>
</tr>
<tr>
<td>Not the right time</td>
<td>4%</td>
</tr>
<tr>
<td>AD are unhelpful</td>
<td>2%</td>
</tr>
</tbody>
</table>

- **Time and timing**
  - “Patients who don't have one haven't thought about it. They **need time to process it and it takes a long time.**”
  - “Discussing advanced directives **prior to surgery is not always the best time.**”
Results: Barriers

- **Responsibility**
  - “I do not feel it is my responsibility to discuss advance directives, **primary care responsibility**.” (Medicine Subspecialty)

  “I think it is grossly **unfair for the ED doc to be discussing advance directives** with an elderly pt who has had the same PMD for several years, an oncologist, a bad CHF/COPD pt, these pts have established relationships with docs in the community that they consider to be their docs and their friends- I would not want "stranger" to bring up the topic with my parents if they fell into these categories- **I'd want and expect the PMDs to have taken the time and interest to do this.**” (Emergency Medicine)

- “I am an NP and feel **this is usually MD appropriate decision**”
Results: Barriers

- Not helpful
  - “They all too often change when the need for them arrive.” (Medicine Subspecialty)
  
  - “95% of the time when faced with a life threatening illness, pt's change their advance directives and request further care. They are a waste of time, add confusion to care and an unnecessary waste of attorney's time.” (Surgery Subspecialty)
Discussion

- Most physicians consider AD to be important and feel they have a good sense of knowledge and comfort with AD
- Many physicians do not use AD in their practice
- Identified barriers
  - Logistical
  - Provider attitude or assumptions regarding AD
  - Need for patient education
- Limitations
  - Low response rate
  - Descriptive study
  - Participant self-reported data
Opportunities for Improvement

- Results reveal many areas for quality improvement to overcome perceived barriers
  - Health system:
    - Improve provider access to AD
    - Incorporate AD into the workflow
    - Dedicated and reimbursed time for AD discussion
  - Provider education
  - Patient education