

Arizona Community Health Center Providers' Practices Related to Advance Care Planning

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BACKGROUND

- The Institute of Medicine (IOM, 2015) report affirms need for improved quality of end-of-life (EOL) care
- Numerous studies support benefits of advance care planning (ACP)
 - *ACP refers to whole process of discussion of EOL care, including identifying a health care proxy & making choices about EOL medical and nonmedical treatment & comfort
- Completion of an advance directive (AD) is important outcome of ACP; completion rates in the U.S. are low
- Rates even lower among ethnic and minority groups
- General practice (GP) settings ideal for initiating ACP

SIGNIFICANCE

- Aging U.S. & Arizona (AZ) population
- 1 in 4 Americans have ≥ 1 chronic medical condition; has led to ↑ in number of people facing EOL & requiring appropriate care
- Increased health care costs, particularly at the EOL
- IOM (2003) affirms health care disparities in U.S. health care system exist among ethnic and racial minorities; tend to receive lower quality care than non-minority groups
- Community health centers (CHC) provide affordable primary health care services to medically underserved, vulnerable populations

PURPOSE & RESEARCH OBJECTIVES

- Use a survey to assess AZ CHC primary care providers' current practices, knowledge and personal attitudes related to ACP
- Identify opportunities for improving current ACP practices in AZ CHCs, ultimately leading to improved quality of EOL care for this medically underserved population

STUDY QUESTION

- What are Arizona community health center primary care providers' current practices, knowledge and personal attitudes related to advance care planning?

METHODS

- Design:** descriptive correlational quantitative study
- Participants:** 514 CHC primary care physician and non-physician providers practicing throughout AZ
 - ❖ 38 completed online survey
- Data Collection:** Qualtrics® online survey using adapted validated tool developed by Schlegel & Shannon (2000)
 - ❖ 64 items: demographic & professional characteristics, questions to assess provider knowledge of legal guidelines related to EOL decision-making in AZ & knowledge of the clinical application of ACP, comfort in counseling patients in ACP & personal attitudes towards ACP/EOL care
 - ❖ Data collection over 3 weeks
- Data Analysis:** descriptive & correlational statistical analyses using SPSS®

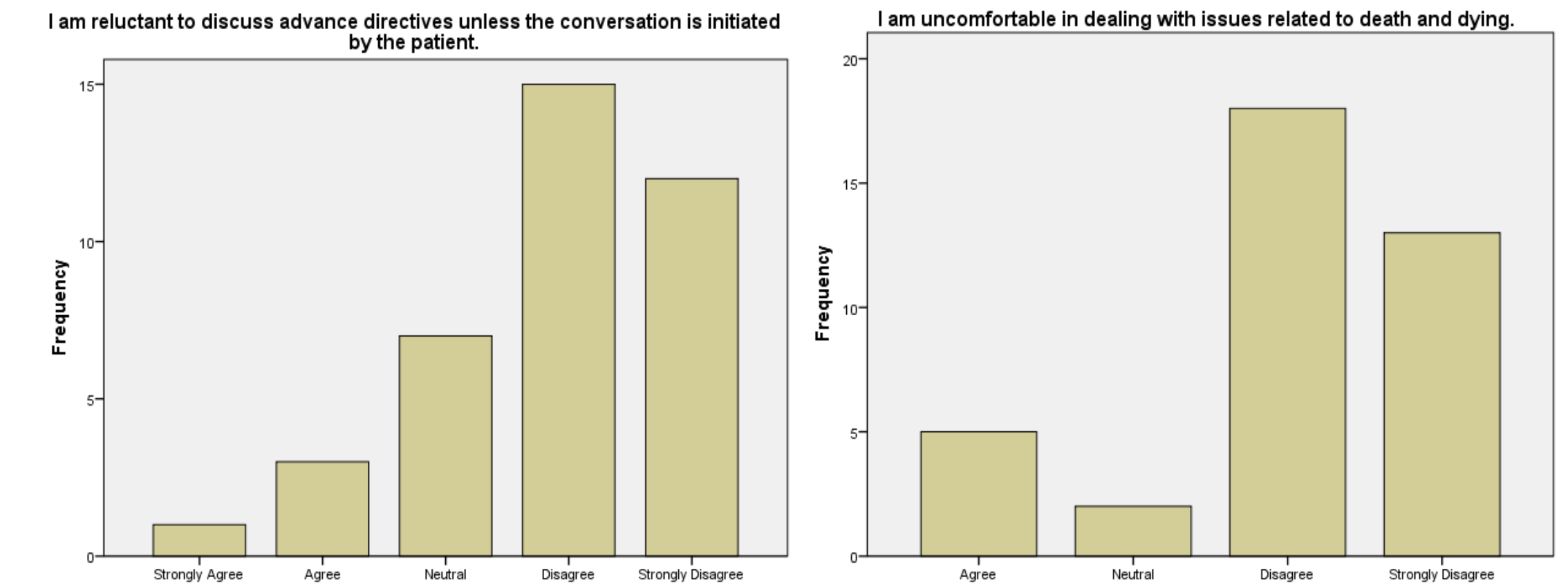
RESULTS

- Demographic & Professional Characteristics:**

Characteristic	%	Mean (Min, Max)
Gender		
Female	74%	—
Male	26%	—
Age	—	46 (30, 69)
Provider type:		
Master's or DNP	60%	—
MD or DO	40%	—
Years licensed/certified	—	13 (0, 40)
Arizona as site of education?	47%	—
Sources from which you learned the most about ACP (Top 3):		
Continuing education	76%	—
Health care colleagues	71%	—
Professional journals	50%	—
Specialty area practicing:		
Adult	23%	—
Family	55%	—
Women's health	7%	—
Practice setting		
Urban	60%	—
Rural	40%	—
% of your patients considered terminally ill		
0-25%	97%	—

RESULTS (cont'd)

- Comfort in Counseling Patients in ACP:**



Characteristic	Knowledge of AZ State Law % correct	Knowledge of Clinical Application of ACP % correct	Comfort in Counseling Patients in ACP	Attitudes Towards ACP	Confidence in Responses to AZ State Law
Age					
Pearson Corr. (r)	.186	.334*	.248	-.491**	-.377*
Significance (p)	.263	.041	.134	.002	.020
N	38	38	38	37	38
Provider Training					
Pearson Corr. (r)	.383*	-.021	.229	-.293	-.323*
Significance (p)	.018	.901	.166	.078	.048
N	38	38	38	37	38
Years Licensed/Certified					
Pearson Corr. (r)	.087	.353*	.376*	-.457**	-.252
Significance (p)	.603	.030	.020	.004	.127
N	38	38	38	37	38

CONCLUSION AND RECOMMENDATIONS

- AZ CHC providers reasonably knowledgeable about AZ state law & clinical application of ACP, largely comfortable with counseling patients in ACP and exhibited mostly positive attitudes toward ACP. Despite these positive findings, routine initiation of ACP in this setting was low (44%)
- RECOMMENDATIONS:**
 - AZ CHCs should target educational interventions focused on evidence-based benefits of ACP, AZ state laws that pertain to ACP, debunking myths related to ACP & reimbursement (CPT codes 99497, 99498)
 - Should also establish standardized policies, procedures and documentation methods to support AZ CHC providers in routine initiation of ACP
 - Recommend more research related to ACP in this and other GP settings