Sparrow Hospital, Lansing, MI Reducing Disparity Through Advanced Care Planning

Ted Glynn, MD, FACEP; Lisa Powell, MBA

Background: Advanced care planning is a strategic objective of the health system, but the present residency curriculum lacks standardized education on leveraging an advanced care plan to manage patients with chronic conditions. Our aim was to integrate advanced care planning into routine care to decrease healthcare disparity, ensure the treatment patients receive is aligned with their goals and values, and improve management of chronic health conditions in the ambulatory setting.

Methods: We requested Epic data for all patients in the last 12 months with 2 or more admissions who have a Sparrow Family Health Center or Carefree Clinic PCP. We stratified the data by patient demographics and by patients with an advanced care plan and patients without. We conducted a preintervention survey with residents to assess their advanced care planning competency. We administered the Respecting Choices Person Centered Care Advanced Care Planning Facilitator curriculum and conducted a postintervention survey to reassess the residents' advanced care planning competency.

Results: Significant improvement in all 9 domains resulted from providing standardized education regarding how to facilitate an advanced care planning patient visit. The measured competencies included knowledge of applicable laws, comfort in initiating an advanced care planning discussion with patients, and ability to answer questions and respond to uncertainty.

Conclusion: This project required minimal resources and was deemed as a valuable use of educational time by the residents. This pilot did not include faculty, so the next cycle will be faculty development. For continued project success, it is imperative that the faculty have the tools to provide support as we expand this project to include simulated and real visits with patients. The initial intervention brought significant improvement in the residents' self-rated competency to perform an advanced care planning visit. The residents reported the need for practice in this skill to master competency, supporting expansion of this project.

Vision Statement	Our vision is to integrate advanced care planning into routine care so the treatment patients receive is always aligned with their goals and values.
Team Objectives	The overall goal of this project was to decrease healthcare disparity through the utilization of advanced care plans. By creating a mutual plan that took into consideration the patient's beliefs, desires, and available resources, we hoped to improve the management of chronic health conditions in the primary care/ambulatory settings. The foundation for success, and first project phase, was to ensure that providers have the skills and tools to conduct advanced care planning visits with their patients, as well as an accessible place to store those plans for others on the care team.
Success Factors	The most successful part of our work was making meaningful change in the residents' preparedness to have advanced care planning discussions with their continuity patients. We were inspired by the significant increase in residents' self-assessment scores postintervention. This was just step 1 in a multiphase project that will hopefully bring better management of chronic medical conditions to disadvantaged patients in our community.
Barriers	The largest barrier encountered was the scale of the project. We worked to overcome this challenge by continuing to map out the project plan, get input from anyone impacted by the project, and seek advice from those who had gone down this path before us. We continued to transform this project from 1 large project into a project with 3 smaller phases so that we could share measures of success in March 2017 and still continue to work toward our original vision.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to keep your first project to a very small scope. We all want to make significant change, but we need to complete a manageable initiative to gain valuable experience before we grow in future quality improvement endeavors. All improvement, no matter how minimal the scope of the project, is meaningful.

PROJECT MANAGEMENT PLAN – Reducing Disparities Through Advanced Care Planning