I CAN DO Surgery ACP

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On Behalf Of:

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Background: Advanced Care Planning in Surgery

BENEFITS

Increase likelihood of goal concordant care

Decrease decisional conflict in the face of unanticipated post-operative events

Improve family and caregivers ability to act on their behalf

Surgery is a potential intervention point (1 year mortality, UCSF elective surgery age 65+, 20%)

CHALLENGES

Lack of surgical team training in conducting conversations

Time-sensitive surgical plans and short office visits

The surgeon-patient relationship is inherently optimistic

Trial Overview

Population
Age 65+
New Patient Visit in Surgical Clinic

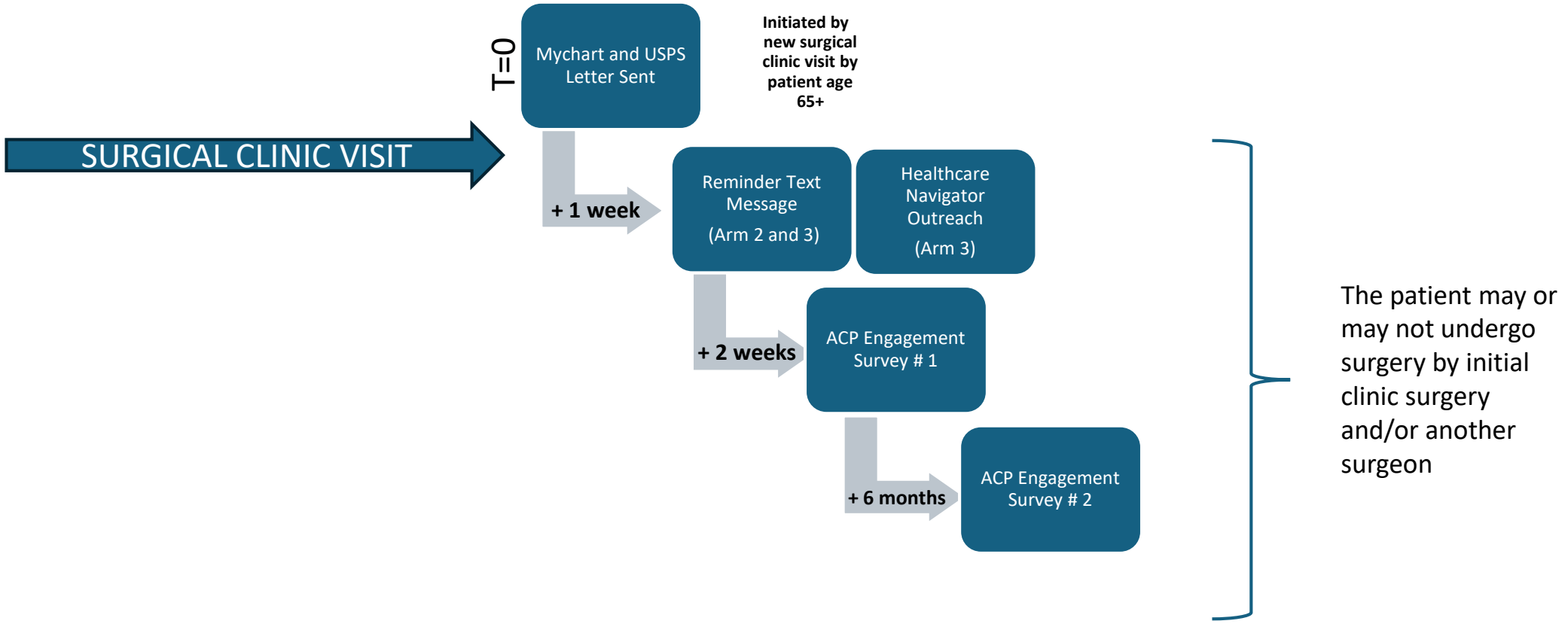
Interventions

- **Arm 1:** Message alone
- **Arm 2:** Message + reminders (text message x 1 @ 1 week)
- **Arm 3:** Message + text reminder + interactive questionnaire embedded in message + healthcare navigator outreach @ 1 week

Outcomes

1. Clinically Meaningful ACP
2. 9 question ACP Engagement Survey

Intervention Timeline



Goal: Leverage EHR for All Data Collection

- Primary outcome is 100% pragmatic, part of EHR
- Secondary outcome is survey-based, will be administered via MyChart (as opposed to RedCap) to limit needs to link data and need for HIPAA information in files
- Exploratory analysis is NLP on clinical notes from 3 HCS
- **Aware of inequities associated with patient portal use and engagement** and telephone surveys will be administered to the subset that do not engage via EHR
- All DSMB reporting will be via automated reporting from EHR

Challenges: Patient Level Randomization

Population

- Tailoring to each institution (e.g. clinic names)
- Validating automated queries are identifying the correct patients

Balancing Enrollment and Cadence

- Balanced clinic participation (e.g. not have excessive representation from high volume clinics)
- Arm 3 requires human-in-the-loop, need to spread workload over 12 months

Record of Randomization

- Want randomization arm to be preserved in data warehouse (Clarity) to ensure permanent record and data integrity

Risks

- EHR is complicated and operational
- Risk of failure in institutional change control or upgrades inadvertently alternating study build
- Risk of study resources being pulled for operational needs
- Close monitoring to ensure that trial unfolds as planned by monitoring enrollment and basic reporting via pushed dataset monthly