

# Advance Care Planning: Promoting Effective and Aligned Communication in the Elderly (ACP PEACE)

## Principal Investigators

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## Sponsoring Institution

Dana-Farber Cancer Institute

## Collaborators

- Massachusetts General Hospital
- Boston Medical Center
- Duke University
- Feinstein Institute for Medical Research (Northwell Health)
- Mayo Clinic

## NIH Institute Providing Oversight

[National Institute on Aging \(NIA\)](#)

## Program Official

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## ClinicalTrials.gov Identifier

[NCT03609177](#)

## ABSTRACT

Too many older Americans with advanced cancer die every year receiving aggressive interventions at the end of life that do not reflect their values, goals, and preferences. Advance care planning (ACP) is the most consistent modifiable factor associated with better end-of-life communication and goal-concordant care. However, clinicians often do not possess the communication skills needed for high-quality ACP conversations, and patients are often unable to imagine their options for medical care to make informed decisions.

The ACP PEACE study combines two well-tested, evidence-based complementary interventions: clinician communication skills training (VitalTalk) and patient video decision aids (ACP Decisions). This approach treats patients and clinicians as equal stakeholders, providing both with the communication skills and tools needed to optimally make informed decisions before the toughest choices arise. ACP PEACE is a pragmatic, cluster-randomized, stepped-wedge trial that will be conducted in three large healthcare systems. The study will use established electronic health record (EHR) systems at each health system to obtain outcomes. It is proposed that a higher proportion of patients in the intervention arm will complete advance care plans, have documented electronic medical orders for resuscitation preferences, be seen in palliative care consultations, and enroll in hospice. The ACP PEACE study will monitor long-term outcomes to evaluate whether patients received the care they planned for and wanted.

## WHERE CAN ACP VIDEOS BE VIEWED?

View at Home



View in a Clinical Setting



## WHAT WE'VE LEARNED SO FAR

Challenge	Solution
Most clinicians do not use the structured variable in the EHR that the study team planned to use to extract the primary outcome.	The study team developed a workaround that uses natural language processing to abstract the primary outcome from the free text of the clinical note in the EHR.
Some participating health systems have not established a method for patients to opt out of having their deidentified data used for research purposes.	The study team plans to use a “broadcast notification” that displays posters or other notices in healthcare settings that let patients know they can opt out if they have a concern about their deidentified data being shared for research purposes.

*“Make sure you get appropriate buy-in from enough stakeholders to know that you’re going to get the project done.”*

## SELECTED PUBLICATIONS & PRESENTATIONS

- Presentation: [Presentation to the NIH Pragmatic Trials Collaboratory Steering Committee](#) (2023)
- Article: [Reaching Ambulatory Older Adults with Educational Tools: Comparative Efficacy and Cost of Varied Outreach Modalities in Primary Care](#) (2023)
- Article: [Association of an Advance Care Planning Video and Communication Intervention With Documentation of Advance Care Planning Among Older Adults: A Nonrandomized Controlled Trial](#) (2022)
- Article: [A Yet Unrealized Promise: Structured Advance Care Planning Elements in the Electronic Health Record](#) (2021)
- Article (Study Design): [Advance Care Planning: Promoting Effective and Aligned Communication in the Elderly \(ACP-PEACE\): The Study Protocol for a Pragmatic Stepped-Wedge Trial of Older Patients With Cancer](#) (2020)

Access the complete set of [ACP PEACE resources](#).