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

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ACP PEACE

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Disclosures

- Dr. Angelo Volandes has a financial interest in ACP Decisions, a nonprofit organization developing advance care planning video decision support tools. Dr. Volandes's interests were reviewed and are managed by MGH and Mass General Brigham in accordance with their conflict of interest policies. No other disclosures to report.

Objective

- To test implementation of an advance care planning (ACP) program that combines clinician communication skills training and patient video decision aids
- Focused on patients with advanced cancer and their clinicians in oncology settings

Study design

- Stepped-wedge, cluster randomized trial
- 4500 patients aged 65 years and older with advanced cancer
- 36 oncology clinics in 3 healthcare systems

Outcomes

- Advance care plan completion
- Medical orders for resuscitation preferences
- Palliative care consultations
- Hospice use
- Detailed patient-centered outcomes in a subgroup of 450 patients, including video declarations of individual preferences

Participating healthcare systems

- Duke Health
- Northwell Health
- Mayo Clinic

Barriers/challenges

- Incomplete and variable content of structured data in ACP documents
- Impacts of the COVID-19 pandemic
- Transition to online communication skills training
- Transition to emailing/texting/mailing links to videos
- In-person vs telehealth visits
- Revised study design

Original design

ACP PEACE

		UH3					
STEPS (clinic clusters)	Baseline	1	2	3	4	5	6
1, 2		✓					
3, 4							
5, 6							
7, 8							
9, 10							
11, 12							

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Revised design

ACP PEACE

		UH3					
STEPS (clinic clusters)			Baseline	1	2	3	4
1, 2		✓					
3, 4				✓	✓	✓	✓
5, 6					✓	✓	✓
7, 8, 9						✓	✓
10, 11, 12							✓

- Steps 1-2: ACP rates before and after intervention
- Steps 3-12: Intervention effect post-COVID-19

- **COVID-19 effect**: Will estimate pre-COVID ACP rate from original baseline plus Step 1; post-COVID ACP rate from Step 2 data. Will also examine trends over time.

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Data challenges

Table 3. Chart Review Content of Structured Data Advance Care Planning Documents by Classification

Chart review classification N = *total number of documents*	*Site 1* (N = *55*)[a]	*Site 2* (N = *176*)[a]	*Site 3* (N = *132*)[a]	*Overall* (N = *363*)
1. Data elements that represent unique advance care planning documents (correct)				
Advance directive/description of EOL wishes	14 (25.5)	104 (59.1)	1 (0.8)	119 (32.8)
MOLST/out of hospital code status	0 (0.0)	17 (9.7)	7 (5.3)	24 (6.6)
Post-mortem instructions	0 (0.0)	4 (2.3)	0 (0.0)	4 (1.1)
HCP/DPOA for health care	13 (23.6)	22 (12.5)	33 (25.0)	68 (18.7)
Total correct documents	**27 (49.1)**	**147 (83.5)**	**41 (31.1)**	**215 (59.2)**
2. Data elements that represent blank, not available/completed documents, or those that do not represent ACP (incorrect)				
Blank or incomplete document	0 (0.0)	4 (2.3)	2 (1.5)	6 (1.7)
Reports as asked, but not completed	0 (0.0)	0 (0.0)	29 (22.0)	29 (8.0)
Reports as available, but document not present	18 (32.7)	1 (0.6)	13 (9.8)	32 (8.8)
Wrong document (i.e., Consent Form, Procedural Safety Checklist, HIPAA Release)	2 (3.6)	11 (6.2)	6 (4.5)	19 (5.2)
Total incorrect documents	**20 (36.4)**	**16 (9.1)**	**50 (37.9)**	**86 (23.7)**
3. Duplicate documents (identical to another form)	**8 (14.5)**	**13 (7.4)**	**41 (31.1)**	**62 (17.1)**

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Solutions/lessons learned

- Online trainings and viewings are highly acceptable
- Hybrid is here to stay (in-person and telehealth)
- Redundancy in intervention exposure (EHR, text, in-person, waiting room, etc)
- Stepped-wedge design is not the design of choice
- “We argue that the mere popularity and novelty of the SW-CRT should not be a factor in its adoption. In situations when a conventional parallel-CRT is feasible it is likely to be the preferred design.” — Ellenberg (2018)

Ellenberg SS. The stepped-wedge clinical trial: Evaluation by rolling deployment. *JAMA*. 2018 Feb 13;319(6):607-608. doi: 10.1001/jama.2017.21993.