

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

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**NIH PRAGMATIC TRIALS  
COLLABORATORY**

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# 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 plans completion
- Medical orders for resuscitation preferences
- Palliative care consultations
- Hospice use
- Will also characterize detailed patient-centered outcomes in a subgroup of 450 patients, including video declarations of individual preferences

# Participating healthcare systems


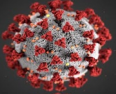
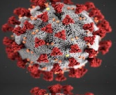
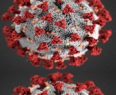
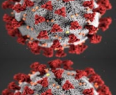
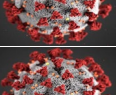

- Duke Health
- Northwell Health
- Mayo Clinic




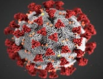










# Barriers/challenges

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

# Original Design

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

# Revised Design

		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.



# Data Challenges

TABLE 3. CHART REVIEW CONTENT OF STRUCTURED DATA ADVANCE CARE PLANNING DOCUMENTS BY CLASSIFICATION

<i>Chart review classification</i> N = total number of documents	<i>Site 1</i> (N = 55) <sup>a</sup>	<i>Site 2</i> (N = 176) <sup>a</sup>	<i>Site 3</i> (N = 132) <sup>a</sup>	<i>Overall</i> (N = 363)
<b>1. Data elements that represent unique advance care planning documents (correct)</b>				
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)
<b>Total correct documents</b>	<b>27 (49.1)</b>	<b>147 (83.5)</b>	<b>41 (31.1)</b>	<b>215 (59.2)</b>
<b>2. Data elements that represent blank, not available/completed documents, or those that do not represent ACP (incorrect)</b>				
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)
<b>Total incorrect documents</b>	<b>20 (36.4)</b>	<b>16 (9.1)</b>	<b>50 (37.9)</b>	<b>86 (23.7)</b>
<b>3. Duplicate documents (identical to another form)</b>	<b>8 (14.5)</b>	<b>13 (7.4)</b>	<b>41 (31.1)</b>	<b>62 (17.1)</b>

# 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 SS. The Stepped-Wedge Clinical Trial: Evaluation by Rolling Deployment. JAMA. 2018 Feb 13;319(6):607-608. doi: 10.1001/jama.2017.21993.