I CAN DO Surgery ACP

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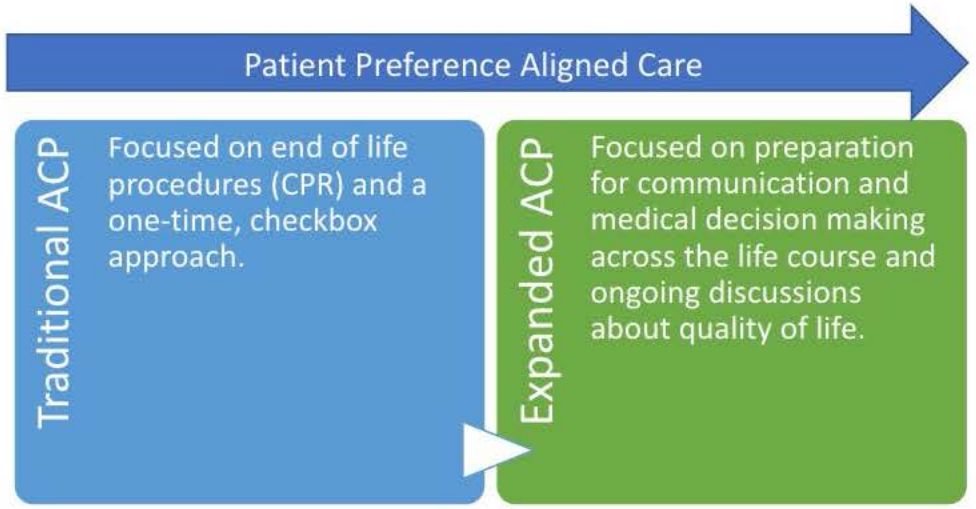
Overview

- More older adults are undergoing major elective surgery
- Advanced Care Planning has been prioritized by payors and surgical and anesthesia societies but uptake slow



The Advance Care Planning Field is Evolving

- 1991 Patient Self Determination Act → forms

- Checkboxes about treatment decisions about procedures (CPR) in advance of serious illness
  - Advance directive forms & Physicians Orders for Life Sustaining Treatment (POLST)

ACADEMIA AND CLINIC

Annals of Internal Medicine

Redefining the "Planning" in Advance Care Planning: Preparing for End-of-Life Decision Making

Rebecca L. Sudore, MD, and Terri R. Fried, MD

Based on New and Improved ACP Models

Life sustaining treatments

NEW & IMPROVED

PREPARE™ for your care

Preparation for communication & medical decision making

Sudore RL. & Fried TR. *Ann Intern Med, 2010* ; Sudore RL. & Hickman S. J. Am. Geriatr Society, 2023

ACP in Surgery

Patient 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 to Adoption

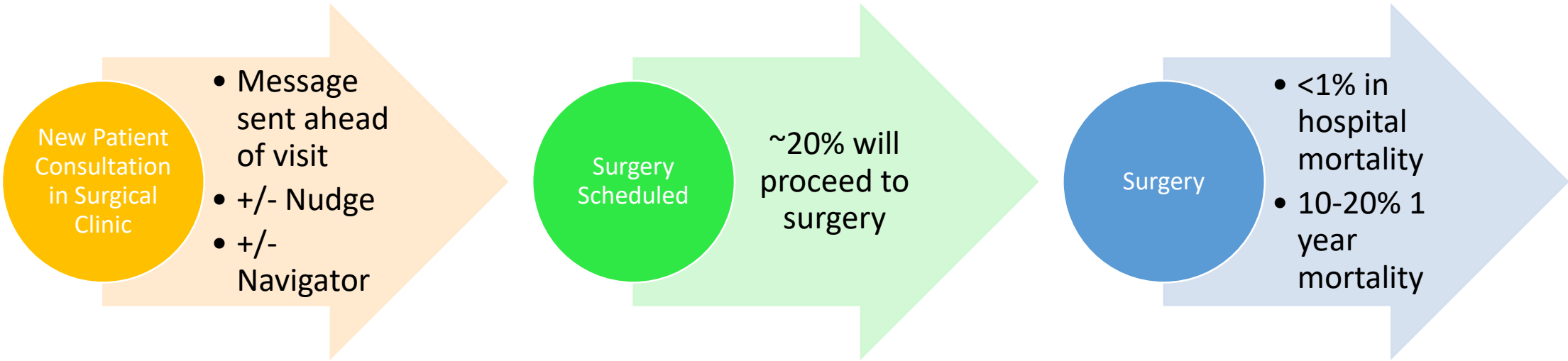
- Lack of surgical team training in conducting conversations
- Time-sensitive surgical plans and short office visits
- Surgeon-patient relationship is inherently optimistic

GOAL

- Identify a system-based approach to help older adults undergoing elective surgery engage in ACP
- Leverage
  - Electronic health record, patient portal*
  - PREPARE for Your Care materials to assist patients with completion
  - Virtual healthcare navigators
  - Electronic nudge
- Understand digital engagement, language, social drivers of health that drive engagement in intervention

*only available in English and Spanish

Timeline


New Patient Consultation in Surgical Clinic
• Message sent ahead of visit
• +/- Nudge
• +/- Navigator
Surgery Scheduled
~20% will proceed to surgery
Surgery
• <1% in hospital mortality
• 10-20% 1 year mortality

3-Arm Pragmatic Trial (UH3)

Figure 5: 3-arm pragmatic trial overview

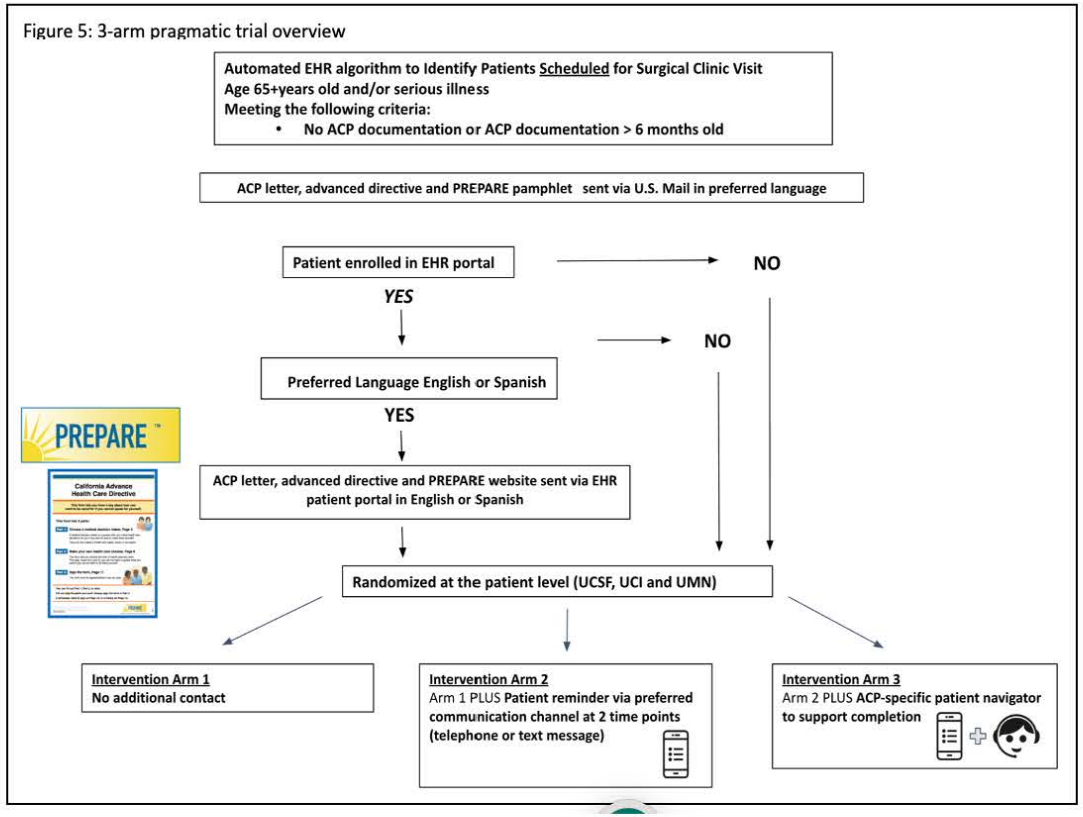


Table 3: UH3 Aim 1 Pragmatic trial of ACP in surgery **overview**

Study Design	Randomized controlled pragmatic clinical trial
Study Population	Older Adults (age 65+) or any patient with a serious illness referred for surgical evaluation
Exclusions	1. ACP on file within 6 months prior to surgery 2. Prior ACP-related patient portal messages from primary care (UCSF and UCI)
Intervention	Increasing intensity of ACP-related messaging prior to surgical visit • ACP related letter, AD and PREPARE sent via patient portal and postal mail • Arm 1 PLUS reminder messages via patients preferred messaging (text or telephone) • Arm 2 PLUS healthcare navigator support to complete ACP
Randomization	1:1 randomized block design stratified by enrollment site; within enrollment site, further stratified by surgical clinic
Study Follow Up	Total Duration: 6 months after initial messaging
Outcomes	PRIMARY: Advanced Directive (Living Will and Durable Power of Attorney) or out of hospital DNR or Physician Orders for Life-Sustaining Treatment or ACP note *in EHR** SECONDARY: Patient engagement in ACP (11 question survey)

Ideal Outcome: Clinically Meaningful Advance Care Planning

Information that improves care at the bedside:

- Advance directives, POLST (Aim 2)

- Documented conversations about goals for medical care and surrogate decision makers (Aim 3)

Sudore RL. & Fried TR. *Ann Intern Med, 2010*

Pragmatic Outcome

- **Advance directives, POLST**
  - Proxy measure for additional conversations at home and with clinicians
  - 2008 & 2020 review consistently show effect sizes of 0.5
  - Pragmatic trial of an EHR intervention at the UW showed increased AD/POLST of 10%

Ramsaroop J Am Geriatr Soc. 2007; McMahan, Sudore RL. J Am Geriatr Soc. 2020; Curtis, JAMA Int Med 2018

UG3 Milestones

- Complete regulatory requirements
  - sIRB Advarra, done (UCSF reliance, done; UMN, almost done; UCI, in process)
- Finalize outcome measurement (clinically meaningful ACP and ACP engagement survey)
  - New addition: via MyChart questionnaire in message: confirm existing ACP up to date and no changes needed
- Build EHR messaging platform at all 3 sites (February 2024)
  - UCSF, done
  - UCI, done in primary care, being adjusted for surgery (due date, Jan 1)
  - UMN, in process
- Baseline outcome data (February 2024))
  - UCSF, done
  - UCI, in process
  - UMN, in process
- Pilot messaging in EHR in colorectal surgery clinic at each site (March 2024)

I CAN DO Surgical ACP:Barriers Scorecard

Barrier	Level of Difficulty*				
	1	2	3	4	5
Enrollment and engagement of patients/subjects		X			
Engagement of clinicians and health systems			X		
Data collection and merging datasets				X	
Regulatory issues (IRBs and consent)		X			
Stability of control intervention			X*		
Implementing/delivering intervention across healthcare organizations				X*	

MAJOR RISKS: EHR competing priorities;
Very prominent and busy site PIs

*Your best guess!
1 = little difficulty
5 = extreme difficulty

NIH PRAGMATIC TRIALS COLLABORATORY
Rethinking Clinical Trials®

Data and Resource Sharing Plan

- De-identified dataset available at end of project
- Likely not able to share clinical notes (aim 3), challenging to completely de-identify
- Tools available to share from investigators and/or Epic Userweb
  - Letters
  - Nudges
  - Navigator training materials
  - Clarity SQL code (institution specific)