

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM



# Advance Directives Education For Patients

**Zulma Pérez-Estrella**

MD Candidate 2016, University of Kansas Medical Center  
Site Location: USC Eisner Clinic & Eisner Pediatric & Family Medical  
Center, Los Angeles CA



# Introduction

- The Patient Self-Determination Act (PSDA), 1991.
- Effects all health-care institutions receiving Medicare and Medicaid funding.
- Requires written information about life-sustaining treatment.
- Violation of the act can lead to loss of federal funding
- Definition: An advance directive lets your physician, family and friends know your health care preferences at the end of life, including diagnostic testing, surgical procedures, cardiopulmonary resuscitation and organ donation. State of CA



# Background

- 60% of Californians say that making sure their family is **not burden** by tough decisions about their care is “extremely important”, but 56% of Californians have **not** communicated their end-of-life wishes.
- **Two-thirds** of Californians say they would prefer a **natural** death if they were severely ill, while **only 7%** say they would want all possible care to **prolong life**.
- While the majority of Californians (82%) say it is important to have end-of-life wishes in writing, only 23% say they have done so.
- **Approximately 80%** of Californians say that they definitely or probably would like to talk with a doctor about end-of-life wishes, **but only 7%** have had a doctor speak with them about it.
  - \*California Health Care Foundation 2012
- **84%** of physicians **miss** the opportunity to engage in end-of-life care planning with patients who have expressed concern or questions about their future.
  - \*Ahluwalia et al: Missed Opportunities for Advance Care Planning Communication 2011
- **PURPOSE:** to promote the understanding and use of Advance Directives amongst USC- Eisner Family Medicine Clinic Adult Patients.



# Methodology

- **USC-Eisner Family Medicine Clinic patient interviews**
  - Conducted for 2 half days
  - 17 interviews conducted
  - Assessed knowledge and sentiments of advanced directives and education
- **5 advance directives were studied:**
  - Attorney General's Advance Directive
  - Advir.org
  - California Standard Advance Directive
  - Five Wishes
  - The Institute of Health Care Advancement Advance Directive
- **1-hour group workshops**
  - Spanish and English
- **3 workshops (2 Spanish 1, English)**
  - Conducted with 14 total participants
- **14 Patient satisfaction surveys**
  - Studied and incorporated into the workshop

# Tools

July 24, 2013

Eisner Pediatric Family Medical Center & GE-NMF PCLP  
**Interview Questions: Sentiments Surrounding Advanced Directive Education**

Prescreening:  
 A. Introduction (myself, Jenny and program project)  
 B. Assure information is confidential and will not be shared with anyone other than my Faculty Advisor and Faculty Mentor.

1. Patient Demographics
  - a. Sex:
  - b. Age:
  - c. Ethnicity:
  - d. Primary Language:
  - e. Health visit reason (ie, chronic conditions? Yearly physical? Follow-up):
  - f. Who helps you with your health decisions/concerns? How do they participate?
  
2. Knowledge on Advance Directives
  - a. Do you know how decisions about your medical care are made if you were unable to speak for yourself? (¿Sabe usted cómo se deciden su cuidado médico en una emergencia si usted no pudiera comunicarse?)
  
  - b. If a moment when you are too sick to express yourself comes, how you would communicate the kind of medical treatment you want or don't want? (¿Cómo expresaría sus deseos de tratamiento médico si llega el momento que usted está tan enfermo y no pudiera expresarse?)
  
  - c. What can you do now that you are not sick regarding the medical treatment choices you want when you are so sick to communicate them yourself? (¿Qué puede hacer usted ahora que no está enfermo, acerca de sus deseos médicos en el futuro.)
  
  - d. What do you know about Advanced Directives? (¿Qué sabe usted acerca de las Declaraciones de Última Voluntad Para La Atención Médica, a veces también reconocidas como un Testamento en Vida.)
  
  - e. What do you know about POLST (physician orders for life-sustaining treatment) forms? (¿Qué sabe usted acerca de la forma POLST, Órdenes Del Médico de Tratamiento Para el Mantenimiento De La Vida.)

## Instrucciones Anticipadas de Atención de Salud y Testamentos en Vida

### ES TIEMPO DE TERNER UNA CONVERSACIÓN

#### Haciendo las decisiones difíciles más fáciles

Las Instrucciones Anticipadas de Atención de Salud le da a usted el derecho de dar instrucciones sobre el tipo de tratamiento médico que desea o no desea recibir. También le da el derecho de designar una persona que tome decisiones en su nombre cuando no lo pueda hacer usted mismo.

Este taller es para todas personas adultas, especialmente si es mayor de 65 años, tiene padres mayores de edad o tiene condiciones crónicas.

Fecha: **Lunes 5 de Agosto del 2013 (Español) 9-10am**  
**Martes 13 de Agosto del 2013 (English) 1:30-2:30pm**

Dónde: **1400 South Grand Ave, Suite 101 Los Angeles CA 90015**  
 Si tiene preguntas llame a: **Zulma Pérez-Estrella (213) 744-0801 ext. 2262**  
**Evento GRATIS**



EISNER PEDIATRIC & FAMILY MEDICAL CENTER

Keck School of  
 Medicine of USC  
 Department of Family Medicine



EISNER PEDIATRIC & FAMILY MEDICAL CENTER

Name \_\_\_\_\_  
 DOB \_\_\_\_\_ MRN \_\_\_\_\_



### Advance Directive Informational Helping Make Difficult Decisions Easier

Advance Health Care Directives give you the right to give instructions about your own health care and also the right to name someone to make health care decisions for you if you are too sick to make them yourself.

This workshop is for all adults, especially seniors, those with chronic conditions and those with aging parents.

Bring your family and friends with you on:

- Saturday August 10, 2013 10:00-11:00am (Español)
- Tuesday August 13, 2013. 1:30-2:30pm (English)

1400 South Grand Ave, Suite 101 Los Angeles CA 90015  
 Questions contact Zulma Pérez-Estrella (213) 744-0801 ext. 2262

In this workshop we will provide you with an Advance Directive, we will discuss their importance and guide you through the form. A Medical Provider will be available for questions.

## California Advance Health Care Directive

This form lets you have a say about how you want to be treated if you get very sick.



• This form has 3 parts. It lets you:

**Part 1: Choose a health care agent.**

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.



**Part 2: Make your own health care choices.**

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.



**Part 3: Sign the form.**

It must be signed before it can be used.

You can fill out Part 1, Part 2, or both.

Fill out only the parts you want. Always sign the form in Part 3.  
 2 witnesses need to sign on page 10 or a notary public on page 11.

YOUR NAME: \_\_\_\_\_

Go to the next page



## Instrucción anticipada de atención de salud de California

Esta forma le permite indicar cómo desea que le traten si está muy enfermo.



• Esta forma consta de 3 partes. Le permite:

**Parte 1: Escoger un apoderado de atención de salud.**

Un apoderado de atención de salud es una persona que puede tomar decisiones médicas por usted si está muy enfermo para tomarlas por usted mismo.



**Parte 2: Tomar sus propias decisiones de atención de salud.**

Esta forma le permite escoger el tipo de atención de salud que desea. De esta manera, las personas encargadas de su cuidado no tendrán que adivinar lo que desea si está muy enfermo para decirlo por usted mismo.



**Parte 3: Firmar el formulario.**

Se debe firmar antes de que se pueda usar.

Usted puede llenar la Parte 1, la Parte 2 o ambas.  
 Siempre firme el formulario en la página E9.

Es necesario que 2 testigos firmen en la página E10 o que un notario público firme en la página E11.

SU NOMBRE: \_\_\_\_\_

Vaya a la página siguiente



# Tools

## Advance Directives

Helping your family know what kind of medical treatment you want or don't want about end-of-life or if you were seriously ill



## Outline for today's presentation

1. Introduction
2. What are **Advance Directives** and what is their purpose?
3. **Uses** of Advance Directives
4. Thoughts from the group
5. Completing the form and communicating your wishes
6. Question & Answer

## The facts....

- ▶ 60% of people say that making sure their family is **not** burdened by tough decisions is **"extremely important!"** to them.
- ▶ **But 56% have never** communicated their end-of-life wishes

Source: CA HealthCare Foundation (2012)

## Examples of Advance Directives in Use.

- ▶ <http://www.cbsnews.com/video/watch/?id=682090n> (only first 2')
- ▶ [http://wn.com/advance\\_directive#/videos](http://wn.com/advance_directive#/videos) (only first 4'38")
- ▶ <http://www.youtube.com/watch?v=SF4DORvUYk> (2')

## Advance Directive Form

- ▶ It has 3 parts:

Part 1: Choosing a health care agent

Part 2: Making your own health care choices

Part 3: Signing the form

Part 1: Choose your health care agent

### Your Health Care Agent

I want this person to make my medical decisions.

Choose 2 people  
 Choose one  
 Choose only one

If the best person cannot do it, then I want this person to make my medical decisions.

Put an X next to the sentence you agree with.

My health care agent can make decisions for me right after I sign this form.  
 My health care agent will make decisions for me only after I cannot make my own decisions.

You may write down your health care choices on this form. How do you want your health care agent to follow these choices? Put an X next to the sentence you most agree with.

I want my health care agent to work with my doctors and to use their best judgment. It's OK for my agent to follow my health care choices on this form as a general guide.

Even though it is OK to follow my choices as a general guide, there are some choices I do not want changed.

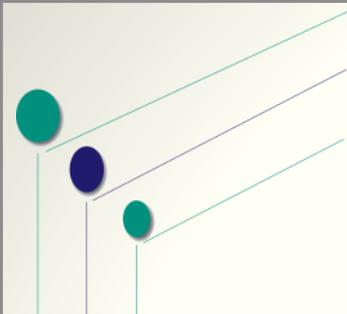
I want my health care agent to follow my health care choices on this form exactly. I never want my agent to change my choices, even if the doctor thinks this is not good for me.

To make your own health care choices go to Part 2 on the next page.  
 To sign this form go to Part 3 on page 9.

Satisfaction Survey—August 13, 2013

1. How helpful was this workshop?				
1	2	3	4	5
Very Poor	Poor	Satisfactory	Good	Very Good
2. How important was the information received in this workshop?				
1	2	3	4	5
Very Poor	Poor	Satisfactory	Good	Very Good
3. How clear was the information delivered to you in this workshop?				
1	2	3	4	5
Very Poor	Poor	Satisfactory	Good	Very Good
4. After this workshop how likely are you to complete an Advance Directive?				
1	2	3	4	5
Definitely Not	Probably Not	Not Sure	Probably	Very Probable

Additional Suggestions:



# Results

## Initial Interviews

**100%** of patients **did not know how health care decisions are made** if they were gravely ill and could not communicate themselves

**30%** of patients had a **slight understanding** of advance directives, aka “living will”

**15%** of patients have thought about medical wishes at end-of-life

**85%** of patients identified **MD or health care professional as best person** to discuss Advance Directives

**85%** of patients identified a **group setting** as proper for advance directive education.

**100%** of patients would feel more comfortable making end-of-life decisions **after receiving education**

# Results

## Workshop Satisfaction Survey: Likert scale

### How helpful was this workshop?

13 patients scored 5 (very good)  
1 patient scored 4 (good)

### How important was the information received in this workshop?

14 patients scored 5 (very good)

### How clear was the information delivered

#### to you in this workshop?

13 patients scored 5 (very good)  
1 patient scored 4 (good)

### After this workshop how likely are to complete an advance directive?

12 patients scored 5 (very probable)  
2 patient scored 4 (probable)

## Attendance

### Monday August 5, 2013 (Spanish)

9-10am  
2 patients

### Saturday August 10, 2013 (Spanish)

10-11am  
7 patients

### Tuesday August 13, 2013 (English)

1:30-2:30pm  
5 patients



# Discussion

## **Strengths**

- Advance directive education increased patient knowledge
- Patients sought out additional resources.
- Helped patients avoid unwanted suffering
- Build closer patient-provider relationships
- Low literacy form is user friendly and free
- Saturday workshop had better attendance

## **Barriers**

- Need a protocol for educational workshop recruitment
- Morning workshop had low attendance.
- Short recruitment time
- SPD population not willing participants
- Little knowledge of my project among USC-Eisner Resident Providers
- End-of-life care discussions are not part of USC-Eisner culture.

## **Limitations**

- Patients who participated in these workshops were self-selected, and therefore it is unknown whether group education would be successful for all USC-Eisner patients (ie. SPD patients). Provider knowledge and understanding about advance directives were not considered.



# Recommendations

- Choose an advance directive that is user friendly
- Standardize the advance directive form among EPFMC sites
- Provide advance directive education for all staff
- Clarify MD role and responsibility surrounding advance directives
- Provide workshops on a regular basis (ie. Sat Student Clinic)
- Coffee, juice, and healthy snacks should be provided
- No early morning workshops should be scheduled
- Provide workshop dates to patients with registration
- Provide social work intern to aid emotionally distressed patients
- Create an Eye-to-Eye tickler reminder for providers.
- Incorporate advance directive on updated EHR template

**Further research possibilities:** Track advance directive completed and return, study tickler system effect on patient-provider discussion of end-of-life care, provider accessibility of AD on EHR, Investigate if low-literacy form the best form for all patients—SPD patients did not participate.



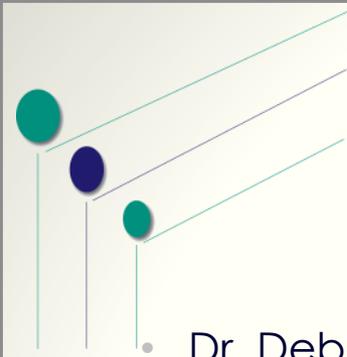
# Conclusion

Advance directive barriers that were experienced by patients included a lack of **knowledge** about the form and **unwillingness** to initiate discussion. However, patients' **comfort** surrounding advance directives improved. Majority of participants asked for additional forms for family members and friends.

Although, group sessions led by a case worker, provider or licensed social worker are not billable it does provide a **viable service**. Group presentations can be billed only for Medicare patients. One-on-one discussions with any medical professional are considered regular office visits and require an E&M 99 code. Group sessions overall, extend the **knowledge** base of what an advance directive entails.

Providing advance directive education to patients helps eliminate some of the obstacles to completing and discussing end-of-life care. Education provides a service aligned with EPFMC's mission. Dialogue after completion of advance directives are opportunities to solidify the **patient centered care** model highlighted at EPFMC.

Generally areas for improvement include end-of-life care discussion and developing provider knowledge and experience



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