Advance Directives Education For Patients

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Site Location: USC Eisner Clinic & Eisner Pediatric & Family Medical Center, Los Angeles CA
Introduction

  - 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* Department of Justice Office of the Attorney General
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.

- 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.

- PURPOSE: to promote the understanding and use of Advance Directives amongst USC- Eisner Family Medicine Clinic Adult Patients.

*California Health Care Foundation 2012

*Ahluwalia et al: Missed Opportunities for Advance Care Planning Communication 2011
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
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 deseas no desear 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 las personas adultas, especialmente si es mayor de 50 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 (Ingles) 1:30-2:30pm

Dónde: 1400 South Grand Ave, Suite 101 Los Angeles CA 90015
Si tienes preguntas llame a Zulma Pérez-Estrella (213) 744-8081 ext. 2262
Evento GRATIS

Instructivo anticipado de atención de salud de California

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

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.

Examples of Advance Directives in Use.

- [http://www.cbsnews.com/video/watch/?id=682090n](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=SF4DORy_UYk](http://www.youtube.com/watch?v=SF4DORy_UYk) (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

- [Survey](https://example.com/survey)
## Results

### Initial Interviews

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Patients did not know how health care decisions are made if they were gravely ill and could not communicate themselves.</td>
</tr>
<tr>
<td>30%</td>
<td>Patients had a slight understanding of advance directives, aka “living will.”</td>
</tr>
<tr>
<td>15%</td>
<td>Patients have thought about medical wishes at end-of-life.</td>
</tr>
<tr>
<td>85%</td>
<td>Patients identified MD or health care professional as best person to discuss Advance Directives.</td>
</tr>
<tr>
<td>85%</td>
<td>Patients identified a group setting as proper for advance directive education.</td>
</tr>
<tr>
<td>100%</td>
<td>Patients would feel more comfortable making end-of-life decisions after receiving education.</td>
</tr>
</tbody>
</table>
## Results

### Workshop Satisfaction Survey: Likert scale

<table>
<thead>
<tr>
<th>Question</th>
<th>Score 5 (very good)</th>
<th>Score 4 (good)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How helpful was this workshop?</td>
<td>13 patients</td>
<td>1 patient</td>
</tr>
<tr>
<td>How important was the information received in this workshop?</td>
<td>14 patients</td>
<td></td>
</tr>
<tr>
<td>How clear was the information delivered to you in this workshop?</td>
<td>13 patients</td>
<td>1 patient</td>
</tr>
<tr>
<td>After this workshop how likely are you to complete an advance directive?</td>
<td>12 patients</td>
<td>2 patients</td>
</tr>
</tbody>
</table>

### Attendance

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Language</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday August 5, 2013</td>
<td>9-10am</td>
<td>Spanish</td>
<td>2 patients</td>
</tr>
<tr>
<td>Saturday August 10, 2013</td>
<td>10-11am</td>
<td>Spanish</td>
<td>7 patients</td>
</tr>
<tr>
<td>Tuesday August 13, 2013</td>
<td>1:30-2:30pm</td>
<td>English</td>
<td>5 patients</td>
</tr>
</tbody>
</table>
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 responsibly 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 experience 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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