Expanding Advanced Care Planning in the Primary Care Setting

A cornerstone of patient-directed end-of-life care is when patients communicate their preferences to family members and health care providers. However, all too often these conversations occur in stressful situations or when it's too late. Despite its importance in care delivery, clinical care providers often lack the training or comfort to discuss advance care planning with patients. Logistically, providers struggle with integrating planning into office workflow. End-of-life care planning is important for preventing unwanted health care utilization, especially given the increase in chronic conditions and comorbidities present in our aging, culturally diverse populations.

Fortunately, now there are multiple opportunities to help facilitate meaningful conversations in the primary care setting and enhance patient engagement with end-of-life care decision making. In 2017, a Rhode Island State Innovation Model grant was awarded to implement an advance care planning group medical visit pilot for Medicare beneficiaries within primary care practices. Therese Rochon, APRN, Project Clinical Lead from VNA of Care New England and a group of experienced palliative care registered nurses developed patient education aimed at increasing patient engagement with providers on conversations around advance care planning.

Currently, both Rhode Island Primary Care Physician Corporation and Care New England Medical Group work with Rochon to prepare patients for productive advance care planning discussions during office visits. Dr. Al Puerini, President and CEO of RI Primary Care Physician Corporation knows the importance of connecting these tools to such a difficult topic.

"End-of life-issues are one of the most stressful and difficult times in a person's life," says Dr. Puerini. "Rhode Island Primary Care Physician Corporation have been pioneers in promoting patient-centered medical homes and this initiative is another giant step towards promoting a more patient-centered approach to health care. We hope to ease the burden on our patients during this difficult time and to increase awareness of the many options available."

The intervention utilizes referrals to invite patients to group advance care planning sessions. They will be guided through the basic definitions and review the "Rhode Island Durable Power of Attorney for Health Care" form. The session focuses on having a discussion with their physician upon their next office visit. Held at the practice, sessions are open to Medicare beneficiaries and their families. **To host a session contact Therese Rochon: TRochon@VNACareNewEngland.Org**

In 2016, to support and encourage primary care physician participation in advance care planning conversations with patients, CMS established billing codes to reimburse providers for time spent on these discussions. To tackle the logistical challenge of integrating advance care planning into office workflow, Rochon also provides participating practices tips on billing and having discussions with their patients. As a part of the RI SIM grant, Rochon is partnered with Healthcentric Advisors, a New England focused quality improvement organization, that provides training and education on these and other billing requirements.

Additionally, on June 26, the Rhode Island Geriatric Education Center will offer a 5-part webinar series for primary care practitioners on end-of-life practices. Kate M. Lally, MD, FACP, and Chief of Palliative Care, Care New England Health System, will lead one of the webinars and discuss advance care billing

codes, how to recognize when patients are approaching end-of-life as well as the differences and benefits of hospice and palliative care. Register here: https://cc.readytalk.com/r/uf6nl2ky99n4&eom

These trainings will not only help make patients' medical records accessible so their wishes can be honored in critical situations but lay a foundation for building a culture of patient engagement and advance care planning. Ultimately the goal, however, is to continue to normalize end-of-life conversations so they will be engrained in usual, medical care.