Advance Care Planning at Family Medical Center at Asylum Hill: A Retrospective Chart Review

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Intro

- Medicare defines **Advance Care Planning (ACP)** as "a face-to-face service between a Medicare physician (or other qualified health care professional) and a patient and/or family member(s), and/or surrogate to **discuss the patient's health care wishes if they become unable to make decisions about their care**."
- In 2016, ACP discussions became an optional, billable component of the **Annual Wellness Visit (AWV),** but little is known about changes in clinical practice. (1)(2)(3)
- Study Goal: Evaluate current clinical practice and documentation of ACP from **January 2016 through December 2022** at Family Medicine Center at Asylum Hill (FMCAH).

Methods

- Retrospective look at records of Annual Wellness Visits (AWV) for Medicare recipients who expired between January 2016 and December 2022.

2465 AWVs
- For all Medicare patients from January 2016 through December 2022
- → 2,305 visits for surviving patients

160 AWVs
- For patients who expired during that period
- → 46 Cancellations and No Shows

104 completed AWVs
- 69 distinct patients

DATA EXTRACTED via REPORT	DATA EXTRACTED via MANUAL REVIEW
• MRN number • Sex as listed in the chart • Date of Birth • Listed preferred language • Insurance • Dates of AWV • Visit Provider name • Primary Care Provider name	Chart review: • Advanced Directives completed (Yes/No) • Date of Advanced Directives first being uploaded to the chart • Mention of ACP in the Problem list • Location of death (hospital, home, SNF, etc.). AWV visit review: • Code status • Health care representative • Short text description of patient's wishes/discussion

Results

- A majority of **visits** did **not** include Code Status within the note (65%)
- Free-text narratives fell into the following categories: Not Addressed, Descriptive, Assignment, Generic (Discussion with patient/Paperwork Given), and Generic (On File)
- A majority of **patients** (51%) **expired in the hospital** setting including ED, admitted, or on Inpatient hospice.

Despite **Advance Care Planning (ACP)** becoming a billable service under Medicare, ACP remains **under-utilized** in the Medicare Annual Wellness Visit with **inconsistent documentation**.

Scan to see **expanded results and references**

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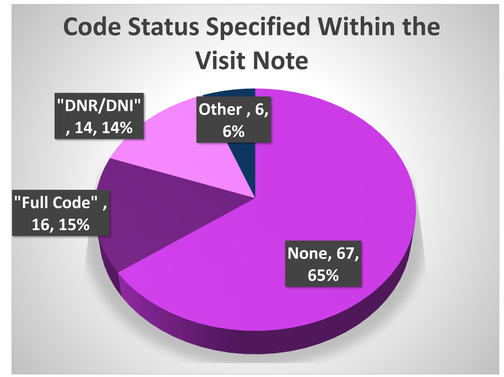
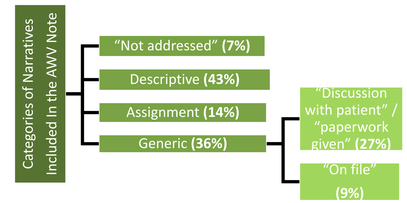
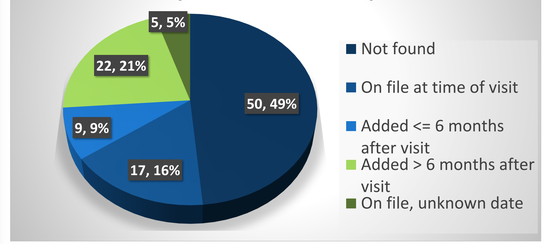
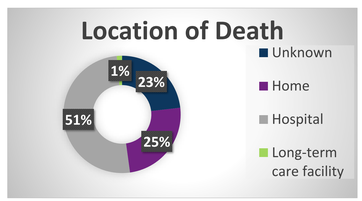
Figures & Tables









Discussion

- Execution of ACP as part of the AWV remains **low** which could represent time constraints on visits, provider or patient discomfort with the topic, etc.
- Even when ACP has occurred, documentation location and format is **inconsistent** which could decrease the utility of the conversation in informing their end-of-life care.
- Impact of ACP and intensity of end-of-life care remains controversial and an area of current study (4)(5). Nevertheless, future analysis could explore correlation between ACP or Advance Directive completion with location of death.