



UTILITY IN MESSAGING PATIENTS REGARDING ADVANCED CARE PLANNING AT ANNUAL WELLNESS VISITS

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INTRODUCTION

Every year, over 66 million Americans are eligible for an Annual Wellness Visit.
Only 1/3 of Americans have Advanced Care Planning (ACP).¹

At its most basic, advanced directives allow patients to practice autonomy and reduces stress on family.

- The impact of advance care planning on end-of-life care in elderly patients: RCT (BMJ, 2010)
- 154/309 patients in nursing homes assigned ACP.
- 86% of patients passed with ACP and families had significantly decreased stress, anxiety, and depression compared to the control patients.

Living Will

Power of
Attorney

1. Yadav KN, Gabler NB, Cooney E, et al. Approximately one in three US adults completes any type of advance directive for end-of-life care. *Health Aff (Millwood)*. 2017;36(7):1244-1251. doi:[10.1377/hlthaff.2017.0175](https://doi.org/10.1377/hlthaff.2017.0175)
2. Detering KM, Hancock AD, Reade MC, Silvester W. The impact of advance care planning on end of life care in elderly patients: randomized controlled trial [published ahead of print March 23, 2010]. *BMJ*. <http://www.bmj.com/content/340/bmj.c1345.long>.
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INTRODUCTION

Every year, over 66 million Americans are eligible for an Annual Wellness Visit.
Only 1/3 of Americans have Advanced Care Planning (ACP).¹

At its most basic, advanced directives allow patients to practice autonomy and reduces stress on family

So, what is preventing better compliance?

- From the physician – discomfort with the topic, lack of time, lack of reimbursement.
- From the patient – lack of knowledge, limited medical literacy, personal traditions.
- "The most successful interactive interventions include repeated conversations about completion of advance directives over time."³

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OBJECTIVES



Increase the number of patients with ACP at our clinic age 65+ with Medicare



Identify barriers to having ACP on file



Better support the wishes of our patients

METHODS

- Observational, cross-sectional study at Family Medicine on 3209 Colonial Drive, Columbia, SC, 29203
- December 2024 – March 2025
- IRB approval

Inclusion Criteria

- Medicare insurance
- Patients aged 65+
- Active MyChart accounts
- No ACPs
- 3209 Family Med Clinic
- Due for their AWW

Exclusion Criteria

- Non-Medicare insurance
- Patients < 65 years old
- No MyChart access
- ACP on file
- Outside clinics
- AWW already completed

METHODS

- Epic and SlicerDicer feature used to collect demographic data
- Patients were contacted securely through Epic MyChart and reminded they were due for both their AWW and advanced care planning
- At the end of the study period, charts were re-evaluated for advanced directives on file
- T-test, ANOVA, and chi-square analysis were used to compare demographic data

MESSAGE TO PATIENTS

Hello,

This is a reminder that you are due for your Annual Wellness Visit. This is an insurance required visit to review your overall wellness and to make sure you are up to date on all your preventive care measures that keep you healthy.

You are also due for creation of Advanced Directive Documents. These documents help us best care for you, even in times when you are too sick to make your own medical decisions. It tells doctors what type of care you would want to receive and who you would want to help make these tough decisions about your medical care if you are unable to yourself. If you are interested in discussing this further, please let your doctor know during your visit. After your visit, you can also meet with our Social Work team to discuss Advanced Directives in more detail.

Have a great day and we look forward to seeing you soon!

RESULTS

7,244
patients
eligible for
AWV



890 were
due **and**
≥65 years
old



511 of
them had
an active
MyChart



300
randomly
selected



46 F and 26
M with ACP
excluded

n=228

RESULTS

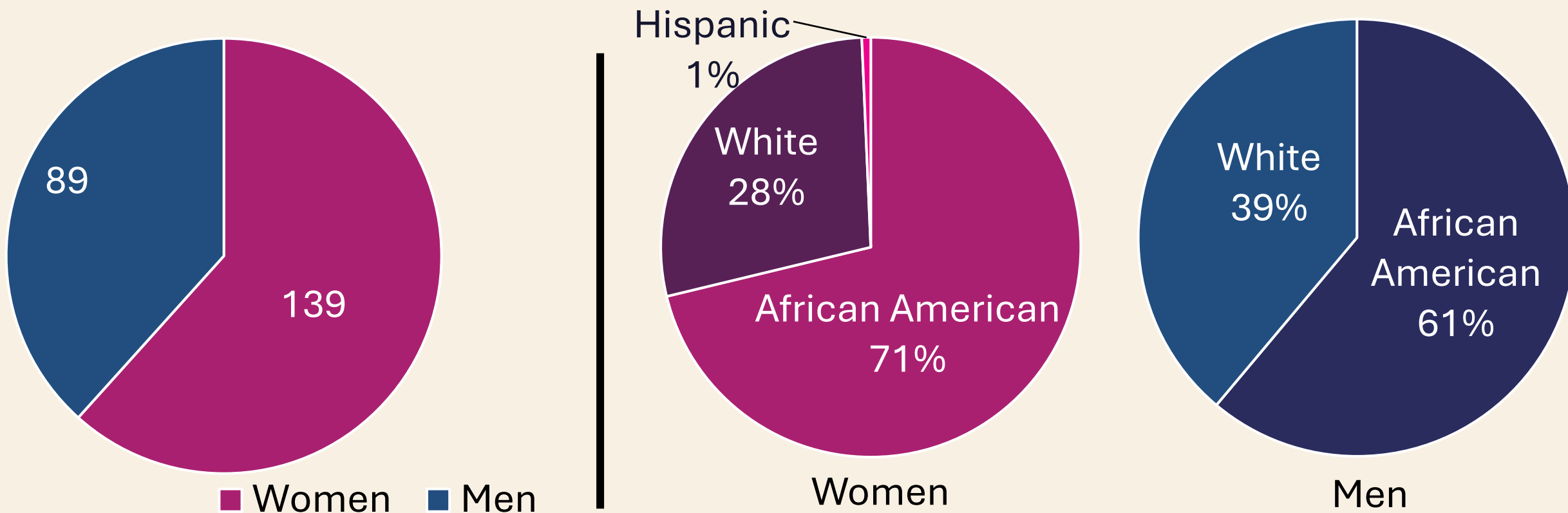


Figure 1. Study population gender and split further by race (n=228).

RESULTS

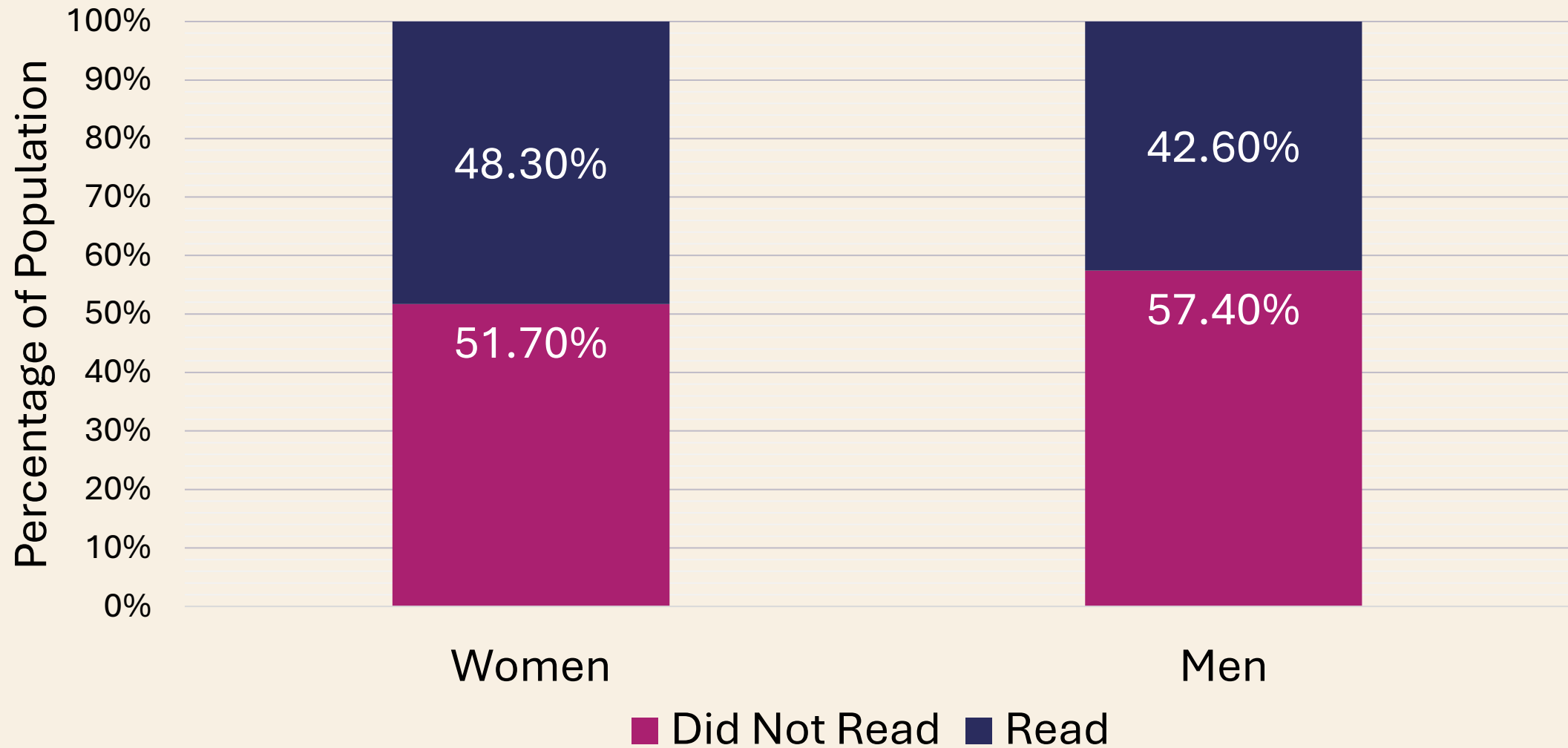


Figure 2. Percentage of women and men who read or did not read the MyChart message before the end of the study period.

RESULTS

Of those that **did** read the message:

- **Women (63):** 7 replied
 - 5 had further questions
 - 2 reported they would schedule the visit
- **Men (38):** 5 replied
 - 3 with questions
 - 2 planned to schedule



RESULTS

Is there any relationship between the age of the patient, and the likelihood that the patient has read the message?



Table 1. Chi-square statistical analysis in females, comparing age and reading or not reading the message.

Age group	Number Read	Number Not Read	Total	P-Value
65 – 69	21	16	37	0.929
70 – 74	15	24	39	
75 – 79	16	21	37	
80 – 84	6	8	14	
85 +	6	6	12	

RESULTS

Is there any relationship between the age of the patient, and the likelihood that the patient has read the message?



Table 1. Chi-square statistical analysis in males, comparing age and reading or not reading the message.

Age group	Number Read	Number Not Read	Total	P-Value
65 – 69	17	15	32	0.576
70 – 74	6	22	28	
75 – 79	12	7	19	
80 – 84	4	3	7	
85 +	1	2	3	

RESULTS

Is there any relationship between the number of Care Gaps open, and the likelihood that the patient has read the message?

Epic Due Care Gaps		
Care Gap	Due Date	Priority
COVID Vaccine	4/24/2024	High
Diabetes Eye Exam	4/24/2024	High
Mammogram	4/24/2024	High

Table 2. Results of ANOVA analysis comparing patient’s average number of Care Gaps open and reading or not reading the message.

	Average Number of Care Gaps Open		
	Read the Message	Did Not Read Message	P-Value
Female	5.5	5.4	0.650
Male	5.5	5.7	0.427

RESULTS

Is there any relationship between gender, race, and reading the message?

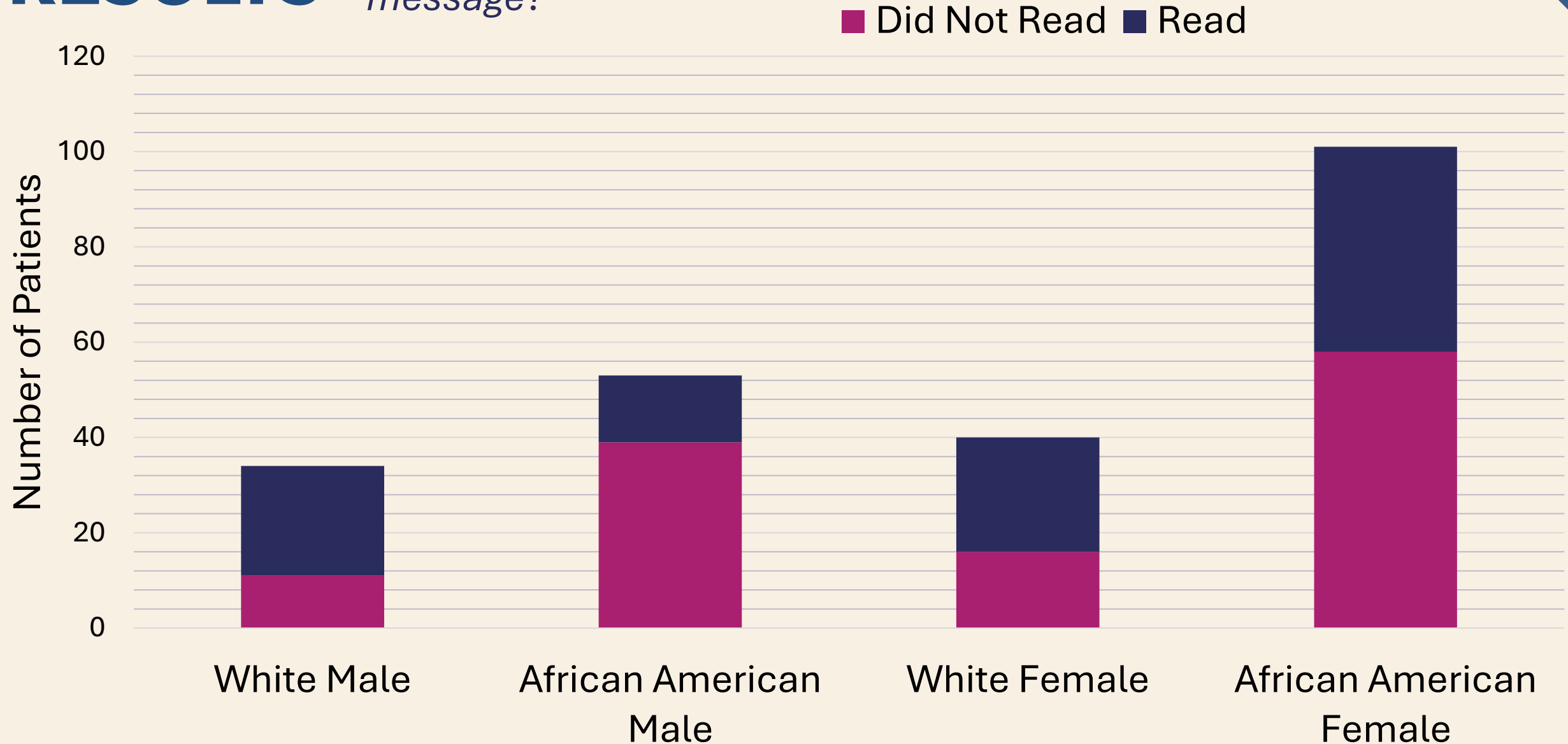


Figure 3. Comparing race and gender of patients to their viewing of message sent.

RESULTS

Is there any relationship between gender, race, and reading the message?

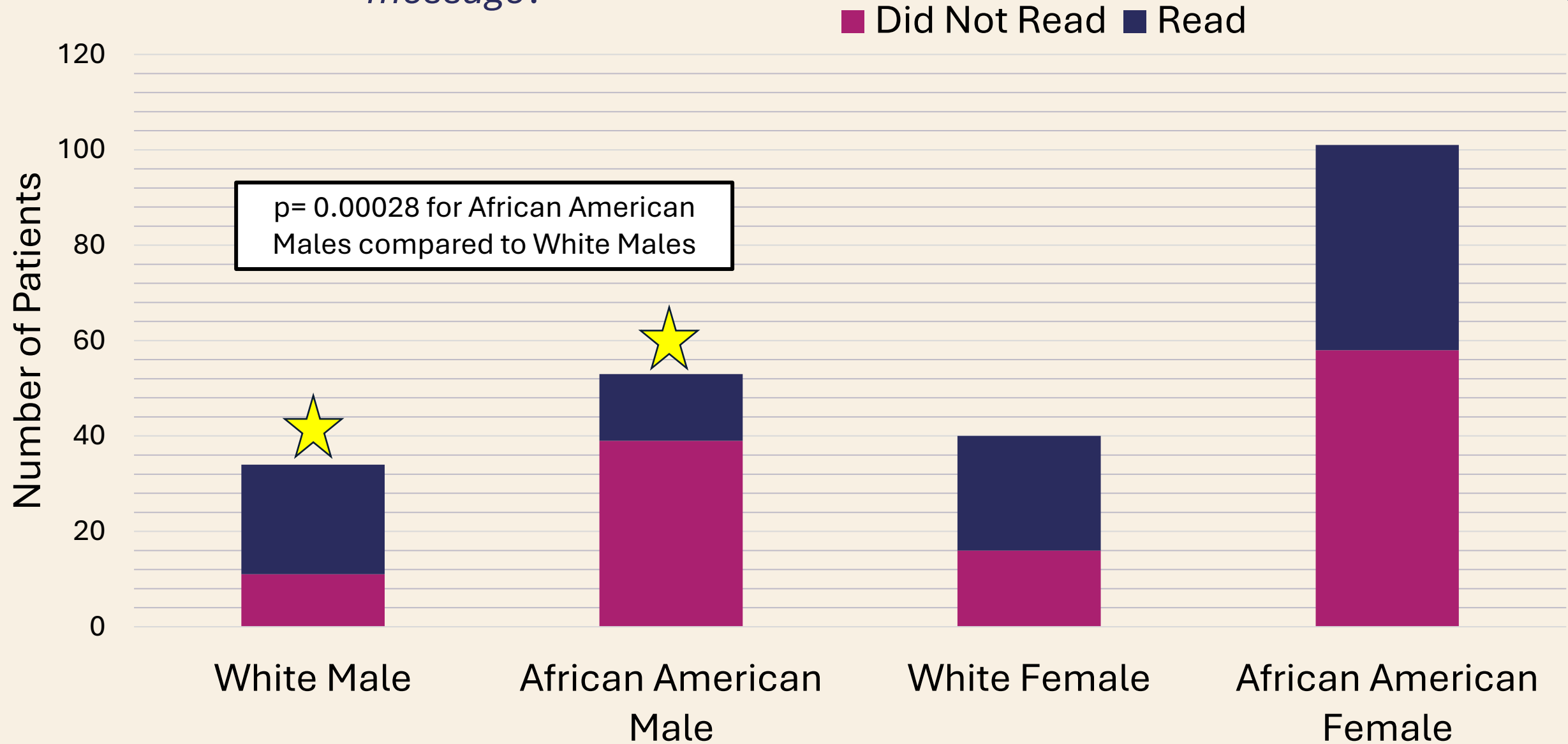


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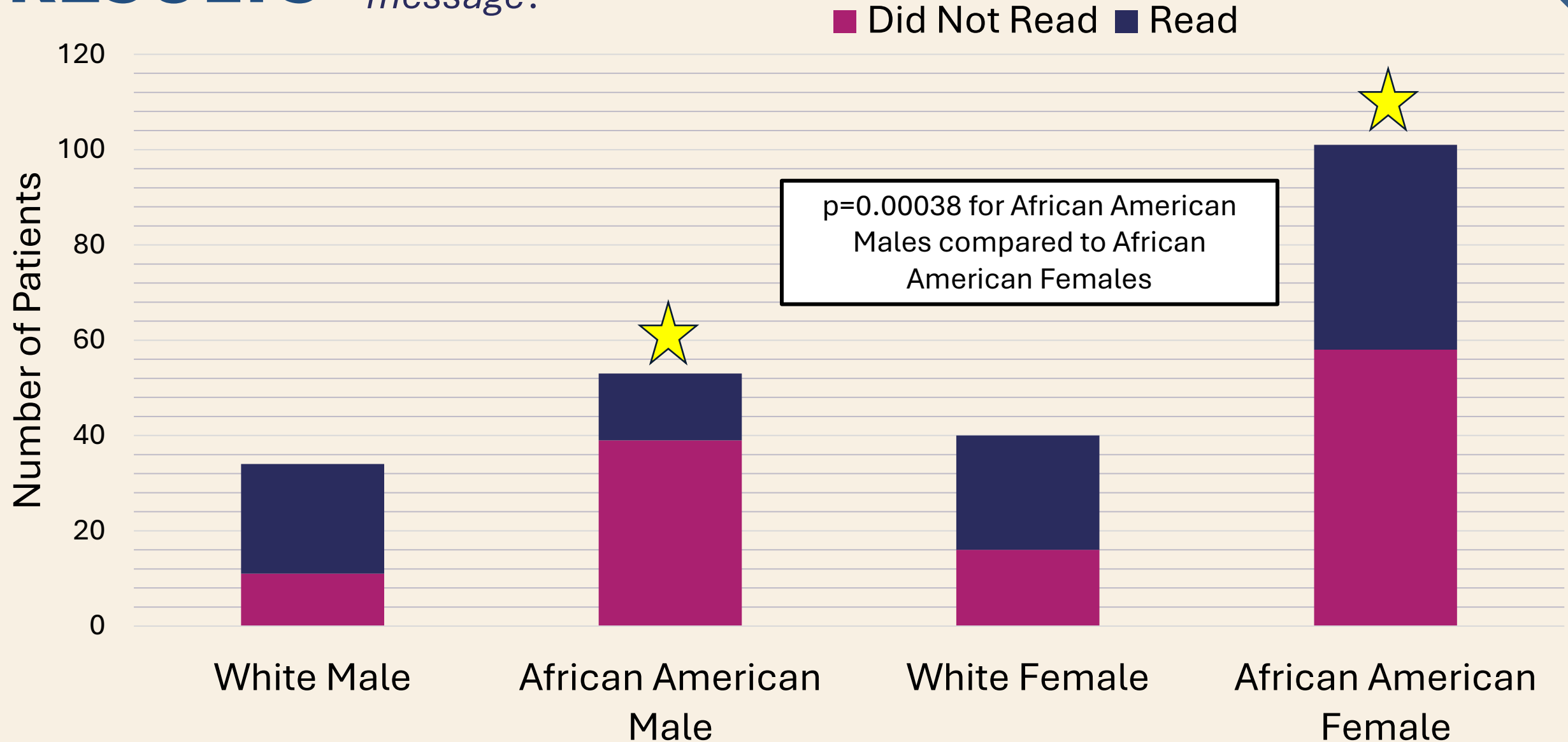


Figure 3. Comparing race and gender of patients to their viewing of message sent.

RESULTS

1 patient who read my message had ACP in place by the end of the study period that they brought to their PCP.

1 patient with established ACP that did not read my message, this was completed with Palliative Care's assistance.

1 patient death a week after reading my message. They had a hemorrhagic stroke and family decided to make them DNR.

DISCUSSION

- One patient with ACP at end of study after reading my message.
- Over half of the patients with an active MyChart did not open the message I sent them by 4 months.
 - EMR contact from physicians is often one-sided ³
- There was found to be **no** statistically significant difference in Care Gaps open OR patient age and the patients reading or not reading the message.
- There **was** a statistically significant difference between AA males and AA females, **and** AA males and white males on opening the message.
 - Consider trust in healthcare, communication preferences, or socioeconomic factors. ⁴

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LIMITATIONS

- Study size – having to open every patient chart manually to collect information on ACP limited population size
- Study period – 4 months may have been too short to expect patients to meet with doctor and submit ACP
- Confounders – patient received message from non-PCP (less likely to open potentially), 7th grade reading level too complex
- Only focused on contact through MyChart, not reminders through other means
- Excluding patients under 65 may have missed a significant difference in age and likelihood of reading my message

FUTURE DIRECTIONS

- Focus on outreach to less engaged groups.
 - Phone calls vs snail mail vs message from PCP.
- Evaluate patients with ACP on file – what can we apply to those without?
- Standardize more ACP discussion in our clinic visits outside of AWW.
 - Transitional Care Management (TCM) visits or new patient visits.
- Re-evaluation for what makes MyChart “active” may need to be considered.

REFERENCES

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THANK YOU

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