

Improving Advanced Care Planning, Documentation for Patients Aged 65 and Older in the Electronic Medical Record

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What is ACP

- ▶ Advanced care planning (ACP) is a foundational component of comprehensive, patient-centered primary care, particularly for older adults. ACP allows patients to define their values, goals, and preferences regarding future medical care, including end-of-life decision-making, and ensures these wishes are documented and accessible to healthcare providers. National organizations including the Institute of Medicine and the American Academy of Family Physicians, emphasize ACP as a critical responsibility of primary care physicians.

Basis for our PBLI project

- ▶ **Background:** Advance Care Planning (ACP) is a critical component of high-quality care for adults aged 65 years and older. Despite national guidelines and Medicare reimbursement for ACP discussions, documentation rates remain low in outpatient settings. Resident physician discomfort and logistical barriers often contribute to underutilization.
- ▶ **Objective:** This Practice-Based Learning and Improvement (PBLI) project aimed to increase ACP documentation rates in patients aged ≥ 65 years within a resident continuity clinic electronic medical record (EMR) system. This project represents a continuation and refinement of a prior year's intervention.

Year 1

- ▶ A baseline assessment revealed low ACP documentation rates and moderate resident discomfort with ACP discussions.
- ▶ Intervention:
 - A structured resident educational lecture covering: ACP principles, types of ACP documents, and communications strategies
 - Placement of Department of Health-approved ACP document folders in every patient care room to improve accessibility

Results identified modest improvement but persistent barriers to document completion, prompting a more structured intervention in Year 2.

Year 1 results

**Table 1. Year 1 ACP
Documentation Outcomes**

Measure	Pre-Intervention	Post-Intervention
ACP Documents in EMR	28	32
Absolute Increase	—	+4
Percent Increase	—	12.5%

Year 1 limitations

- ▶ Patients often required assistance completing ACP documents
- ▶ Lack of witnesses and notarization delayed completion
- ▶ Time constraints during routine visits
- ▶ Passive availability of forms was insufficient for many patients

Year 2

- ▶ Design an intervention addressing logistical barriers to ACP documentation.
- ▶ Interventions:
 - Physician-Re-education
 - Review of ACP discussion techniques in lecture format
 - Workflow created for EMR documentation and clinic procedure for physicians and clinic staff discussed with legal department
 - Medicare ACP billing and documentation standards

Dedicated ACP Saturday Clinic

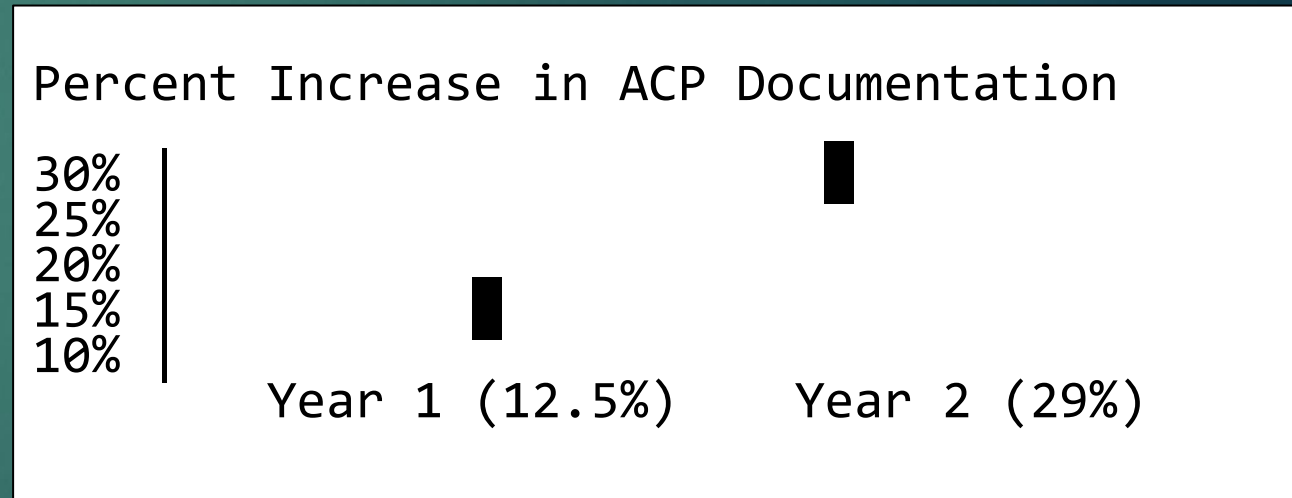
- ▶ Implemented after consultation with the legal department
- ▶ Physicians discussed with patients during routine clinic hours about scheduling a day to discuss advanced care planning
- ▶ Patients were advised to bring with them one independent witness not affiliated with the clinic
- ▶ We had one staff and one non-physician witness to sign the POA form
- ▶ Notarization services
- ▶ Allowed streamlined service for same-day completion and EMR upload of ACP documents
- ▶ Smartphrase to easily document the visit was created
- ▶ Bonus for staff: Many staff members enjoyed working on the weekend as they got paid overtime!

Year 2 results

Table 3. Year 2 ACP Documentation Outcomes

Measure	Count
Initial ACP Documents	24
Patients Deceased (Hospice)	5
Adjusted Baseline	19
Final ACP Documents	26
Net Increase	+7
Percent Increase	29%

Figure 2. Comparison of ACP Documentation Improvement Across PBLI Cycles



Discussion

- ▶ This two-year PBLI initiative demonstrates that system-level interventions are critical for improving ACP documentation in a Family Medicine continuity clinic.
- ▶ These findings are consistent with prior literature demonstrating that education alone is insufficient to produce sustained practice change.

Limitations

- Single study limits generalizability
- Small sample size limits statistical power
- Short intervention period
- Did not directly measure patient satisfaction or hospice timing.

Conclusion

- ▶ A dedicated ACP clinic with physician re-education and legal support significantly improved ACP documentation rates compared to passive interventions alone. This PBLI project highlights the importance of iterative quality improvement and systems-based solutions in Family Medicine training programs