

Advance Care Planning (ACP) for Adults with Serious Illness: Comparison of Two Models for Primary Care



Your practice is invited to participate in a study comparing two approaches to Advance Care Planning (ACP) with patients who have serious illnesses and limited life expectancy. Discussion and planning for serious illness care can help patients identify what is most important to them and assure they receive care that best matches their goals and values, such as spending more time at home or not being in pain.

Practice responsibilities

1. Contribute research data

- Complete surveys about practice, team climate, health record and patient population at baseline
- Ask all participating practice staff to complete surveys at 1 year and 2 years after training
- Ask selected practice staff to provide key informant interviews during project implementation

2. Agree to be randomized to one of two study arms:

- Arm 1: Clinician-focused implementation
- Arm 2: Team-based implementation

3. Forms a practice study team

- Identify practice's primary study contact for the study
- Invite clinicians and appropriate team members (e.g., nurse, medical assistant, community health worker, social worker) to the study team

4. Participate in program training in advance care planning (ACP)

- All participating clinicians and care team members (depending on randomization assignment) complete training modules (3 hours total)
 - Training will be a combination of in-person and online modules
- Hold all-study team project kick-off session (separate or in conjunction with training)

5. Meet with PBRN coordinator to set ACP clinic workflows

- Identify and schedule patients for ACP
- Plan for ACP visits with patients
- Document ACP conversations
- Connect patients to research study
- Documentation of ACP in the medical record is a project requirement.

6. Have ACP conversations with appropriate patients

- Identify adults with a life-limiting condition
- Conduct ACP conversation, follow-up and documentation per randomization arm
- Revisit ACP discussions as patient conditions change.

7. Refer patients to research study

- Offer research recruitment materials to patients to enable study enrollment of 30 to 40 patients over
 1.5 years and follow these patients for 2 years
- Provide potential participant names to PBRN

8. Practice study team checks in with PBRN coordinator quarterly.

- Allow PBRN coordinator to observe workflow processes.
- Grant PBRN coordinator access to medical records as needed.