

ACP in HIV: Incorporating Advance Care Planning into HIV Primary Care

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Introduction

By 2020, more than **50%** of HIV-infected individuals in the US will be 50 years old or older. However, **less than half** will have had advance care planning (ACP) discussion and documentation. Many HIV positive individuals do not wish their families to be involved in medical decision-making due to fear of disclosing their HIV positive status, whereas their unmarried partners cannot be legal decision-makers without appropriate ACP documentation.

Aim

Phase 1: Increase ACP documentation to 20%.

Phase 2: Increase and sustain ACP documentation to 40% of all patients seen at the HIV primary care clinic.

Quality indicators



Surrogate Decision Maker



Advance Directive Conversation



Follow-up plan for ACP

Methods/Implementation

This is a continuous quality improvement (CQI) project using PDSA methodology. The study population is HIV+ patients seen at an HIV-primary care clinic in Pittsburgh. The intervention is as listed:

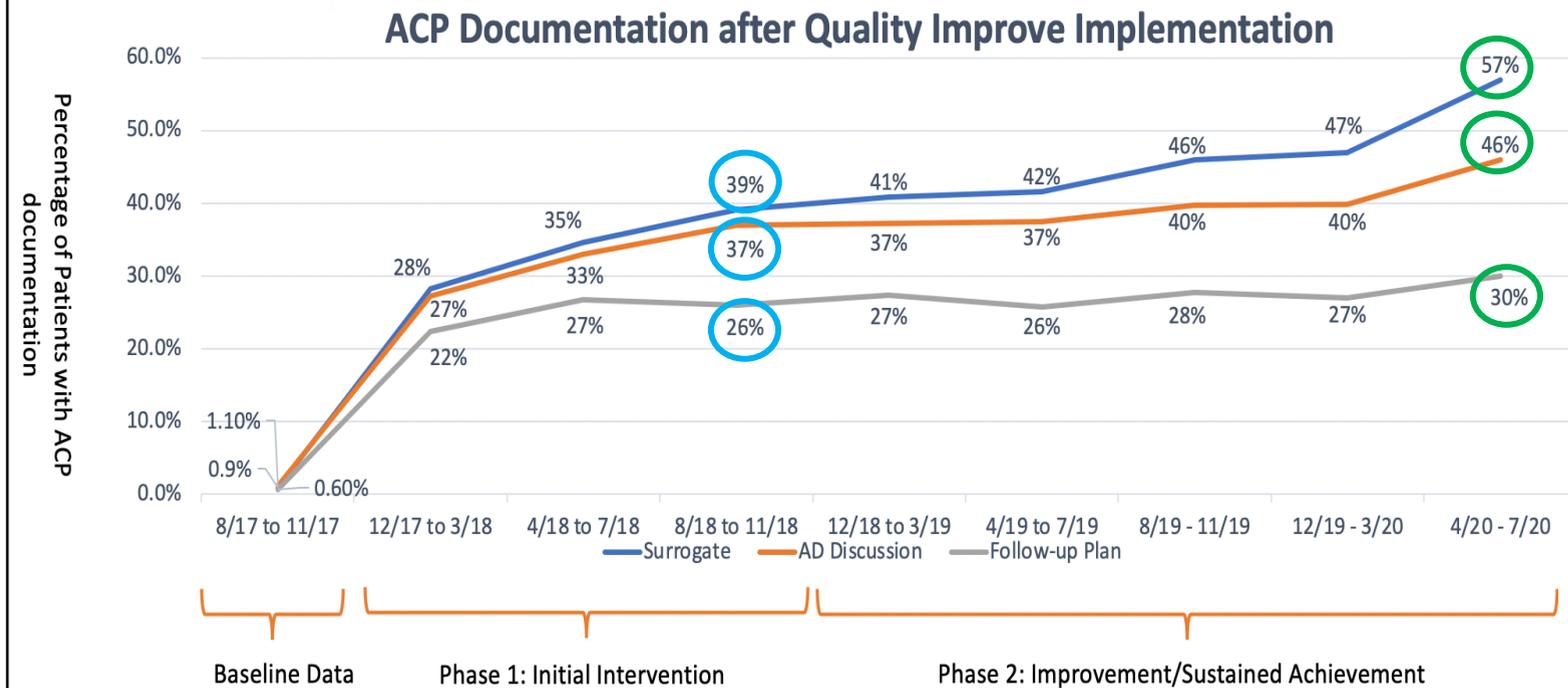
Phase 1 (2017 – 2018):

1. Providers underwent 1-hour ACP training with a Palliative Care physician.
2. ACP patient packets were made accessible in clinic rooms.

Phase 2 (2019 – 2020):

1. Provider note templates were modified to include ACP reminders and to auto-populate surrogate decisionmakers.
2. Rotating resident physicians underwent ACP training.
3. HIV clinic providers were emailed individualized bi-monthly performance reports.

Results



The **baseline** ACP documentation for patients seen at the HIV clinic between 8/2017 and 11/2017 were:

- **0.9%** for surrogate decisionmaker, **1.1%** for advance directives, **0.6%** for ACP follow-up plan

Following **Phase 1**, ACP documentation reached the goal of 20% of all patients seen in clinic (**Blue ovals**).

Following **Phase 2**, ACP documentation reached the goal of 40% of all patients seen in clinic for the quality indicators of surrogate decisionmakers and advance directives but not for ACP follow-up plan (**Green ovals**).

There was sustained improvement for all quality indicators from baseline to **phase 1** and **phase 2**:

- Surrogate decision-maker: **0.9%** to **39%** to **56%**
- Advanced directives: **1.1%** to **37%** to **46%**
- Follow-up: **0.6%** to **26%** to **30%**

Discussion

Our interventions improved and sustained ACP discussion and documentation in the HIV clinic for all three quality indicators. Documentation of surrogate decision-maker and advance directives reached our phase 2 goal of 40%. Although follow-up documentation has not yet reached our phase 2 goal, there was sustained improvement since initial intervention in 2017.

Limitations/Barriers

- These results only account for what is documented in the EMR
- There was inter-provider disparity in engagement and ACP documentation
- While EMR documentation of surrogate and advance directive is clear, follow-up plan documentation is still difficult to find which likely resulted in lower rates of documentation
- Providers may see patients not in their continuity panel and may be less comfortable discussing ACP in these encounters

References

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