Health care provider perspectives on Advance Care Planning and Goals of Care Designations: barriers and potential interventions

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ACP CRIO
Advance Care Planning Collaborative Research & Innovation Opportunities Network

BACKGROUND

- Health care provider (HCP) engagement is key to the success or failure of ACP policy/program uptake.
- In April 2014, a province-wide policy for ACP and Goals of Care Designation (GCD)* was implemented across Alberta, Canada (pop. 4 million) by the publicly funded provincial healthcare system.
- Michie et al. theoretical domains framework (TDF)[1] describes 14 domains of HCP behaviour that can influence the utilization of health policies. We used the TDF to develop a survey to understand the local barriers and facilitators to ACP policy uptake.

* GCD is a made-in-Alberta medical order used to communicate the focus of care and guide use of medical interventions and locations of care.

OBJECTIVE

- **Describe the barriers and facilitators to engaging in ACP and GCD** perceived by HCPs working in oncology, chronic disease (renal and heart failure) or seniors care.
- **Develop recommendations for improved uptake** using the TDF results and Michie's capability, opportunity, motivation and behaviour model (COM-B) (**Figure 1**).

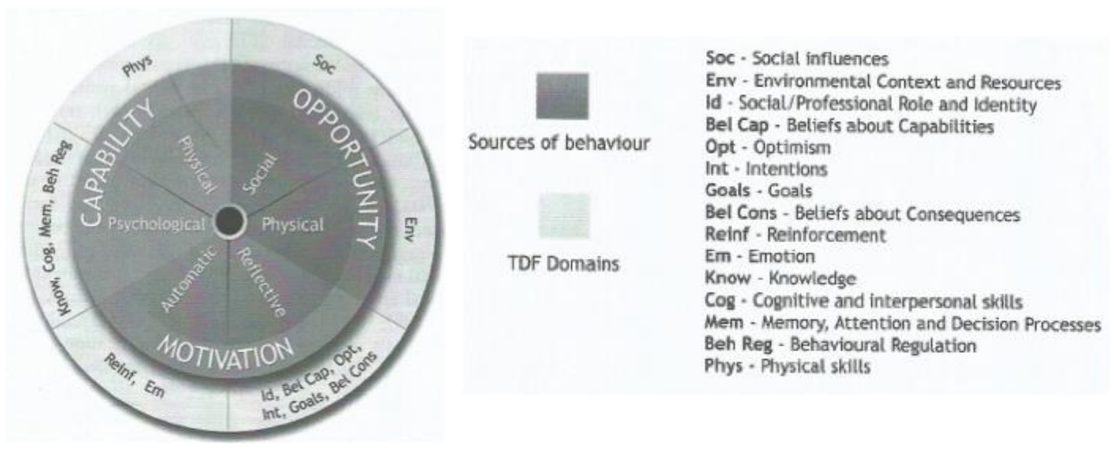

Figure 1. The TDF domains mapped onto the COM-B model. From Michie, Atkins & West 2014

METHOD

- **On-line survey** of HCPs in: Seniors, Cancer, Chronic disease (Renal failure and Heart failure) in all sectors (home/residential care, primary care, out-patients, acute care) about 7-9 months after policy implementation
- Included: HCPs (doctors, nurses, social work and other allied health professionals)
- Excluded: administrators, trainees, unit clerks and other non-clinical staff (**Figure 2**)
- Survey components (7 point Likert scale):
  - -18 questions covering TDF domains
  - 6 demographics questions
  - 8 questions about policy components
  - 1 comment box about resources
  - 1 open text question

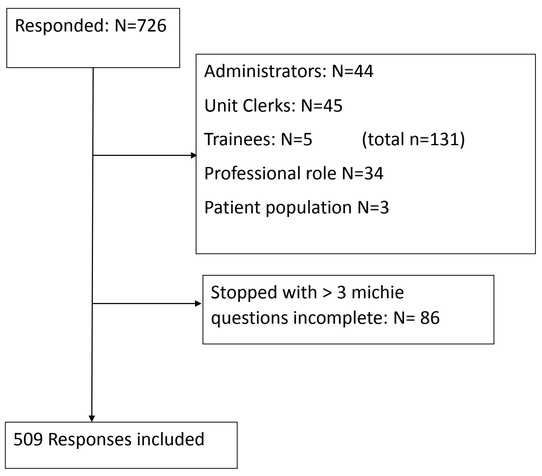

Figure 2. Inclusion/Exclusion Flow chart

RESULTS

Demographics		N	%
Primary Professional Role	Nurse	330/509	64.8%
	Doctor	92/509	18.1%
	Other Allied Health Professional	87/509	17.1%
Gender	Male	66/475	13.9%
	Female	409/475	86.1%
Years of Practice	0-5 years	92/507	18.1%
	5-15 years	153/507	30.2%
	>15 years	262/507	51.7%
Health Care Area	Acute Care (including Rehabilitative care)	109/507	21.5%
	Primary Care (including specialist outpatient clinics)	145/507	28.6%
	Home or Residential care facility	123/507	24.3%
	Other (e.g. emergency department, transition services)	37/507	7.3%
	Work in >1 health care area	93/507	18.3%

Table 1. Demographics

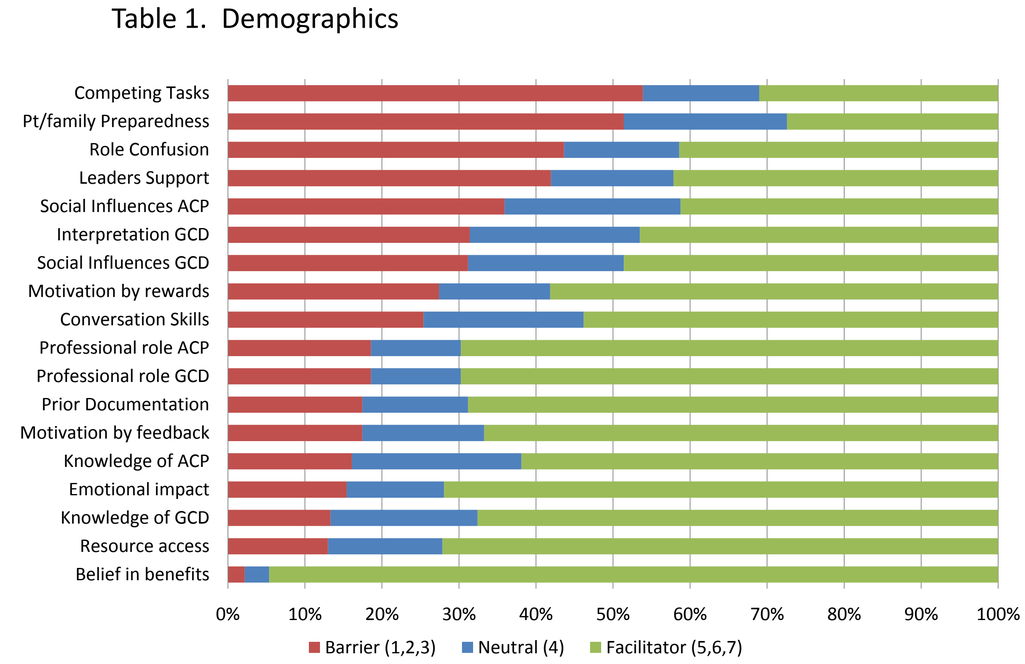

Figure 3. Domain responses ranked by barriers

RECOMMENDATIONS & CONCLUSION

Designing the survey around the TDF allowed us to map our findings onto COM-B intervention functions[2], which may address the barriers and promote uptake (**Table 2**).

Opportunity domains, particularly social influences, emerge as a key target for improvement. Some motivation and capability domains (e.g. belief in consequences and self-perceived knowledge) were already strong facilitators, while other capabilities, such as skill in having conversations, may also benefit from targeted interventions.

Table 2. Top 4 most frequently perceived barriers to ACP/GCD mapped to COM-B intervention functions with examples of interventions

Barrier (Behavioural Domains)	COM-B Intervention Functions	Examples of Interventions
Competing tasks and time constraints (Memory, attention and decision processes – Capability + Social influences – Opportunity)	Education, Training, Enablement, Modeling, Restructuring, Incentivisation	Model distributing ACP/GCD tasks across time and team members. Booked times for longer conversations. Leadership & incentives to prioritize ACP/GCD.
Patient/Family Preparedness (Social Influences – Opportunity)	Environmental Restructuring, Modeling, Enablement	Use of patient/family education & engagement resources. Public engagement campaign.
Support of managers/leaders to engage in ACP/GCD activities (Social influences – Opportunity + Regulation – Motivation)	Restriction, Environmental Restructuring, Modeling, Enablement	Feedback to leaders & education on ways to enable ACP and GCD processes and prioritize quality improvement.
Role Confusion (professional role and identity – Motivation)	Education, Persuasion, Incentivisation, Coercion	Co-ordinate roles within inter-professional teams. Medical colleges' standards for physicians' responsibility in GCD determination.

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REFERENCES & ACKNOWLEDGEMENTS

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