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From knowledge-to-action: A synthesis of barriers & facilitators to advance care planning policy implementation across a healthcare system

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On behalf of ACP CRIO Program

ACP CRIO
Advance Care Planning Collaborative Research & Innovation Opportunities Program

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Potential Conflict of Interest Disclosure

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Relationships with commercial interests:

Other: Physician Consultant, Advance Care Planning and Goals of Care, Alberta Health Services, Calgary Zone

Mitigating Potential Bias

The following measures have been taken to mitigate potential sources of bias in this presentation.

I have no financial interest in any ACP approach or program or the theoretical models or results presented.

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Advance Care Planning and Goals of Care Alberta: a Population Based Knowledge Translation Intervention Study

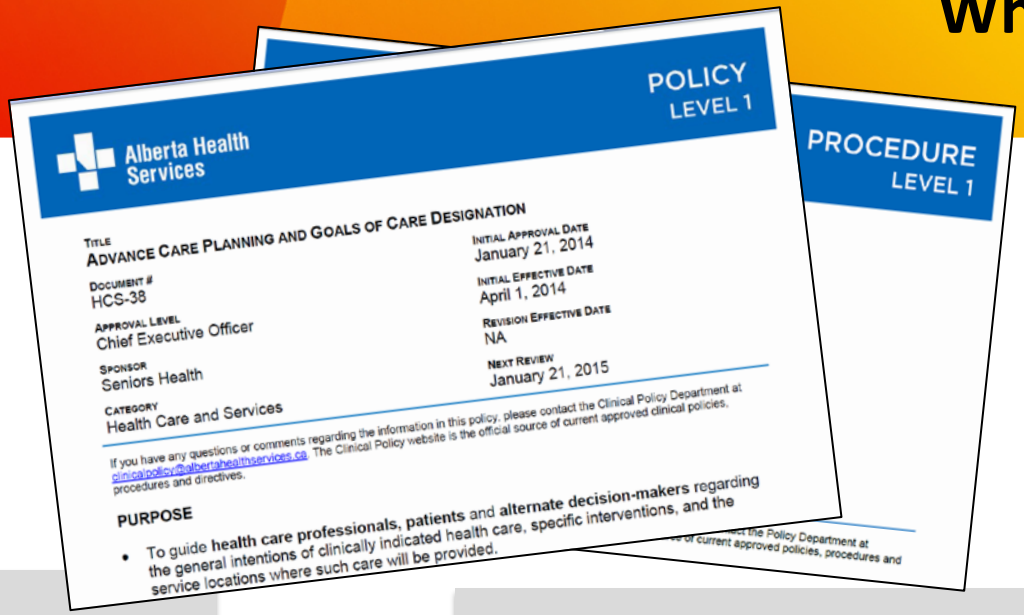
Objectives

- Share the theories behind our methods
- Provide a synthesis of findings to date
- Illustrate how we're using this knowledge

What are we studying?

Alberta Health Services

Serves 4 Million



Advance Care Planning (ACP)

CONVERSATIONS MATTER

Goals of Care Designations (GCD)

Documentation

Our Purpose

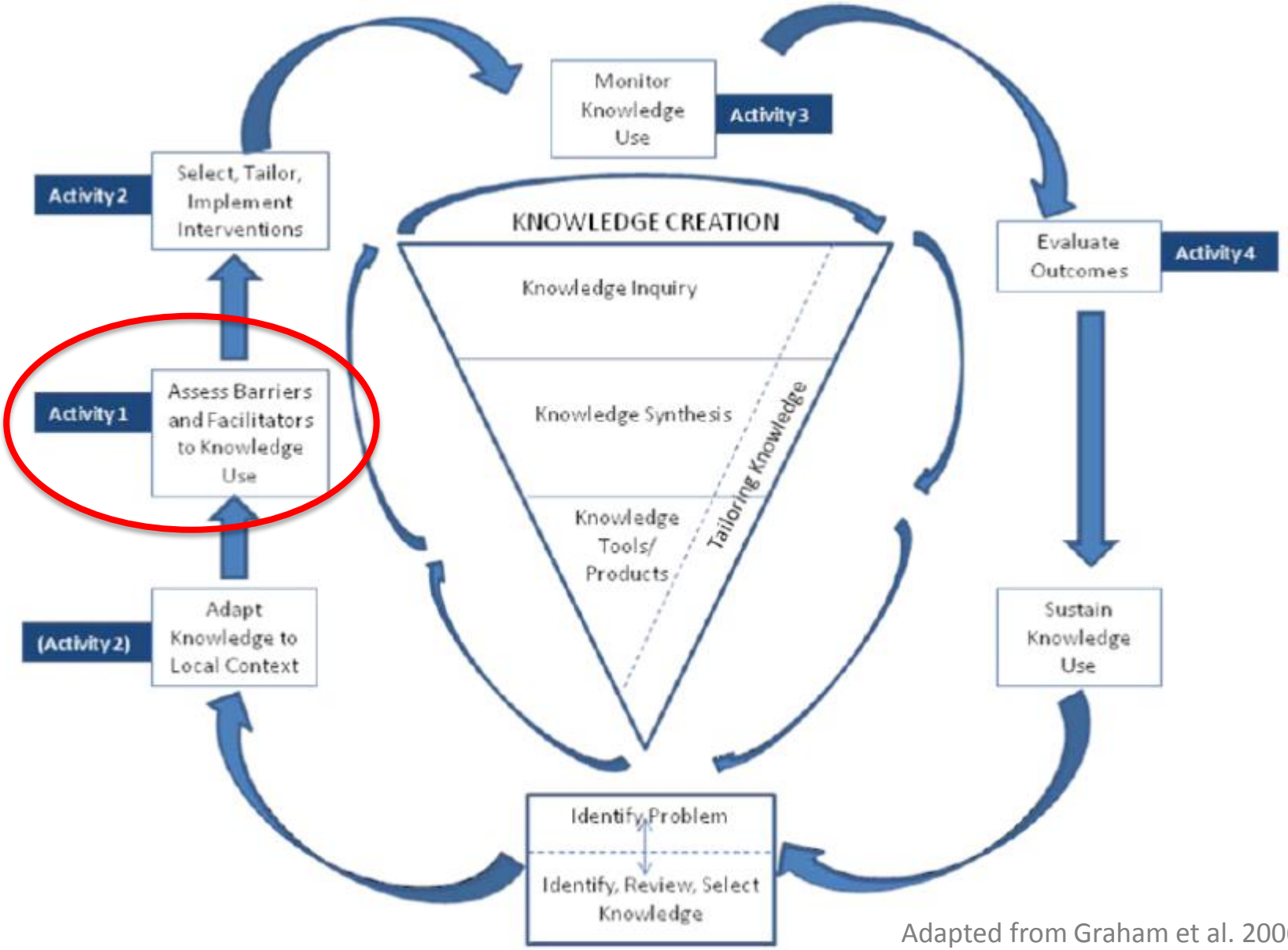
ACP CRIO objectives:

1) Support the adoption
2) Study the impact of policy in Alberta

ACP CRIO Research Questions

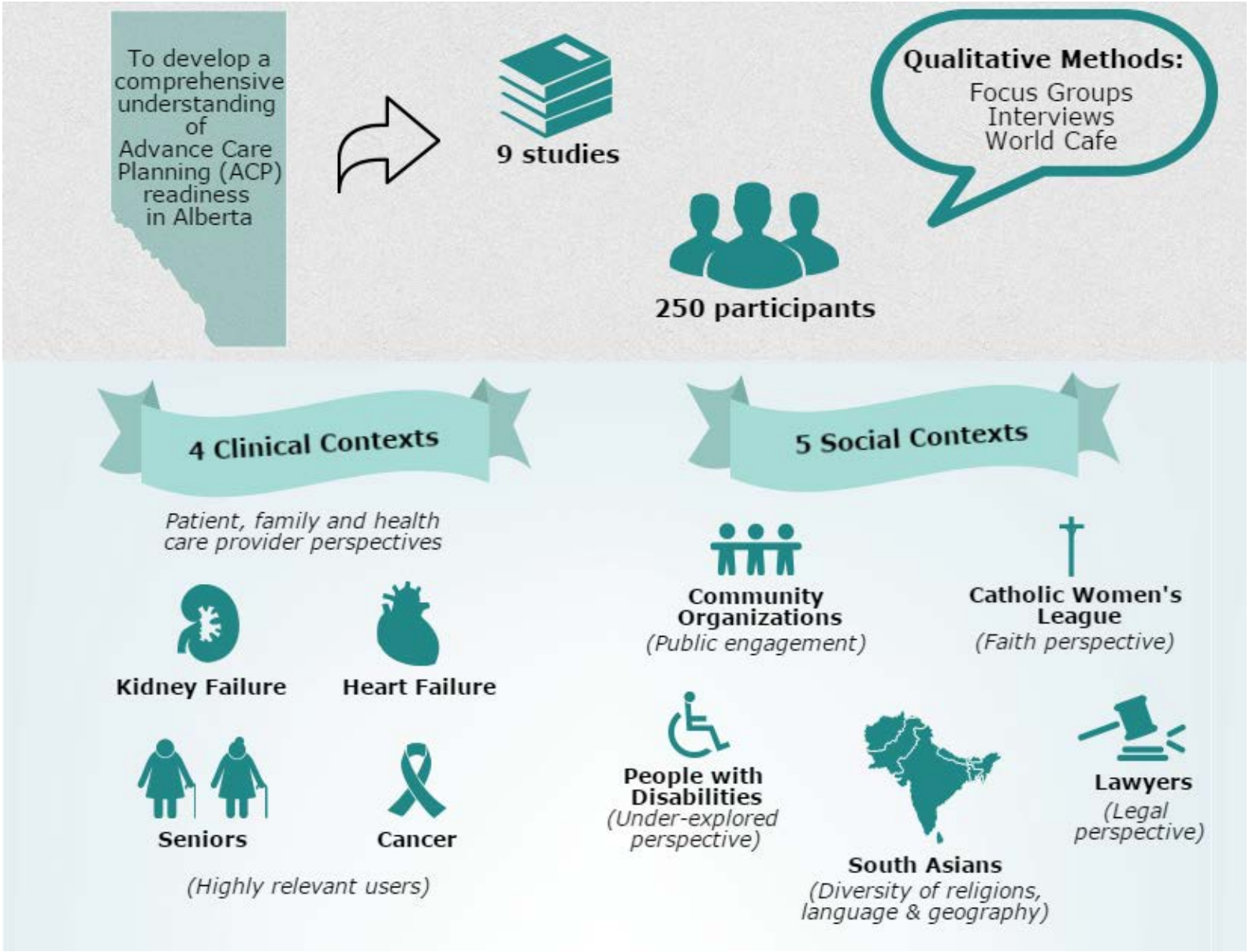
1. **What are the barriers & facilitators** to ACP uptake and readiness in Alberta for different stakeholders?
2. **Are ACP tools effective** to engage users, increase knowledge and change behavior? What tailored improvements or methods of implementing tools will change their effectiveness?
3. **What are the most informative measures** to monitor practice change and communicate results to end-users?
4. **What is the impact of ACP/GCD** on the trajectory of *care and costs* for dying patients?

Research Framework: Knowledge-to-Action Cycle



Adapted from Graham et al. 2006
www.KTClearinghouse.ca

Qualitative Methods



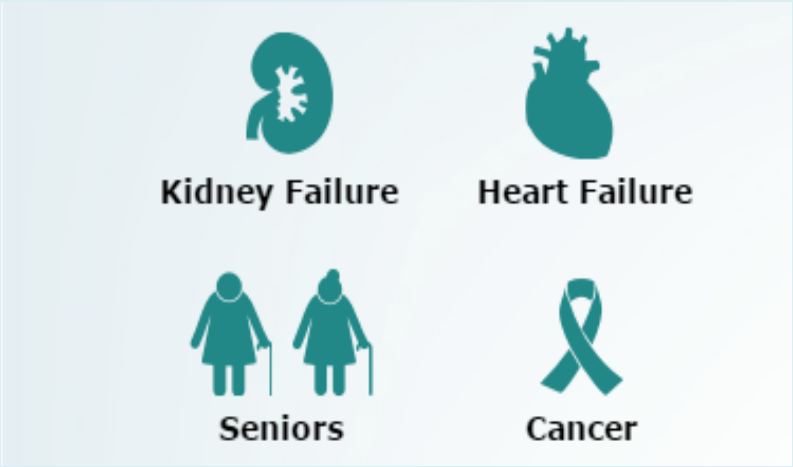
Quantitative Surveys

2 studies

593 participants

Strategic Clinical Networks

Healthcare Providers



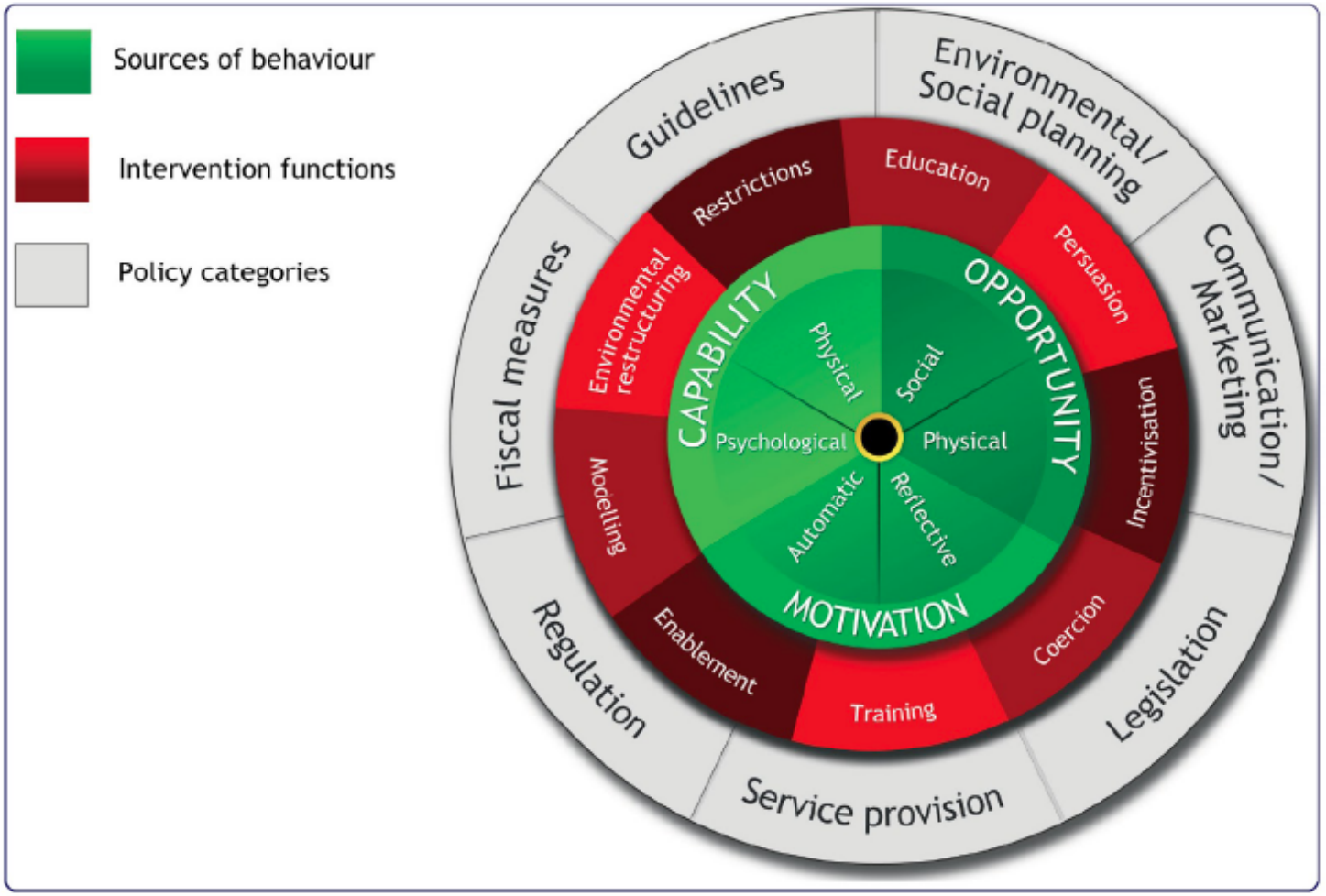
Theoretical Domains Framework (*Michie et al.*)

Domains	Construct (abbreviated)
Knowledge	Knowledge, Scientific Rationale, Procedural Knowledge
Skills	Skills, Competence, Skill Assessment
Social/Prof. Role/Identity	Identity, Professional Identity, Roles, Boundaries
Beliefs about Capabilities	Self-Efficacy, Empowerment, Self-Esteem, Control
Beliefs about Consequences	Outcome expectations, Regret, Attitudes, Reward/Sanctions
Motivation and Goals	Intention, Goals, Priorities, Commitment
Memory & Decision Process	Memory, Attention Control, Decision Making
Environmental Context	Resources (Material or Other)
Social Influences	Social Support, Group Norms, Conformity, Leadership
Emotion	Affect, Stress, Regret, Fear, Threat
Behavioral Regulation	Goals, Implementation Intention, Self Monitoring
Nature of the Behavior	Routine, Automatic Habit or Breaking a Habit,
Optimism	Hope for Improvement/Change
Reinforcement	Behavioral Reinforcement (intended and unintended)

Michie S et al.. Qual Saf Health Care 2005;14:26–33

Michie's Behaviour Change Wheel

- Synthesis of 19 frameworks to classify interventions
- **Centre ring:** COM-B model
- **Inner ring:** 9 intervention elements
- **Outer ring:** 7 policy categories



Michie et al. Implementation Science 2011

ACP CRIO

So what did we find?

Opportunity: The greatest barrier

Physical

- Time & competing priorities

HCP #1 barrier Time and competing priorities (54%)

SCN #2 barrier "Too many conflicting initiatives" (82%)

#4 "Lack of time for ACP GCD conversations" (72%)

"Time hinders those conversations, because we're focusing on different aspects of nursing care." (Renal nurse)

"I think it takes some more time and I think that's what ties most people down is time is short" (Cancer doctor)

"Doctors [have] no time to discuss with people. How does this happen within a 1/2 hour allotment during a doctor visit?" (Community group participant)

Opportunity

Physical

- Time & competing priorities

Social

- Patient/family preparedness

SCN #1 barrier "Lack of public engagement campaign" (84%)

HCP #2 barrier "Lack of patient/family preparedness" (51%)

"Well, this subject is sorely lacking out there in the – in my opinion, in the big field. A public service campaign to get people talking. Public campaign may have impact." (CWL participant)

"Need to advertise, let people know to normalize the activity" (Community group member)

Opportunity

Physical

- Time & competing priorities

Social

- Patient/family preparedness
- Role Confusion
- Social Influences

HCP #3-6 barriers: Unclear role responsibility.
Others are not routinely doing ACP GCD activities.
Not feeling supported by leaders to engage in ACP GCD.

"*They (nurses) don't know whether - how far they should go, what they should do."* (Supportive Living nurse)

"When anyone in the family is faced with a difficult situation, everyone intuitively knows what their role is and what to do, and then right decisions are just made without us planning ahead" (South Asian participant)

Capability – Less of a barrier

Physical and Psychological

- Conversation & Process Skills

SCN Lack of clinician mastery of GCD & process (61%)

HCP Own conversations skills as barrier (25%)

'It should be almost an automatic thing… They sit people down and they start a process and they help people get through it.' (renal family member)

Motivation- mostly a facilitator

Reflective

- Belief in benefit

  HCP 95% believe ACP benefits patients

  SCN 92% believe ACP will help achieve patient-centerd care

"A lot of people are never really prepared for stuff like that and I guess most people don't like to think about it but you know that's part of life, and we feel really good about it" (Family member, Supportive living)

Motivation

Reflective

- Belief in benefit

Automatic

- Comfort with ACP

SCN Emotional discomfort initiating conversations (50%)

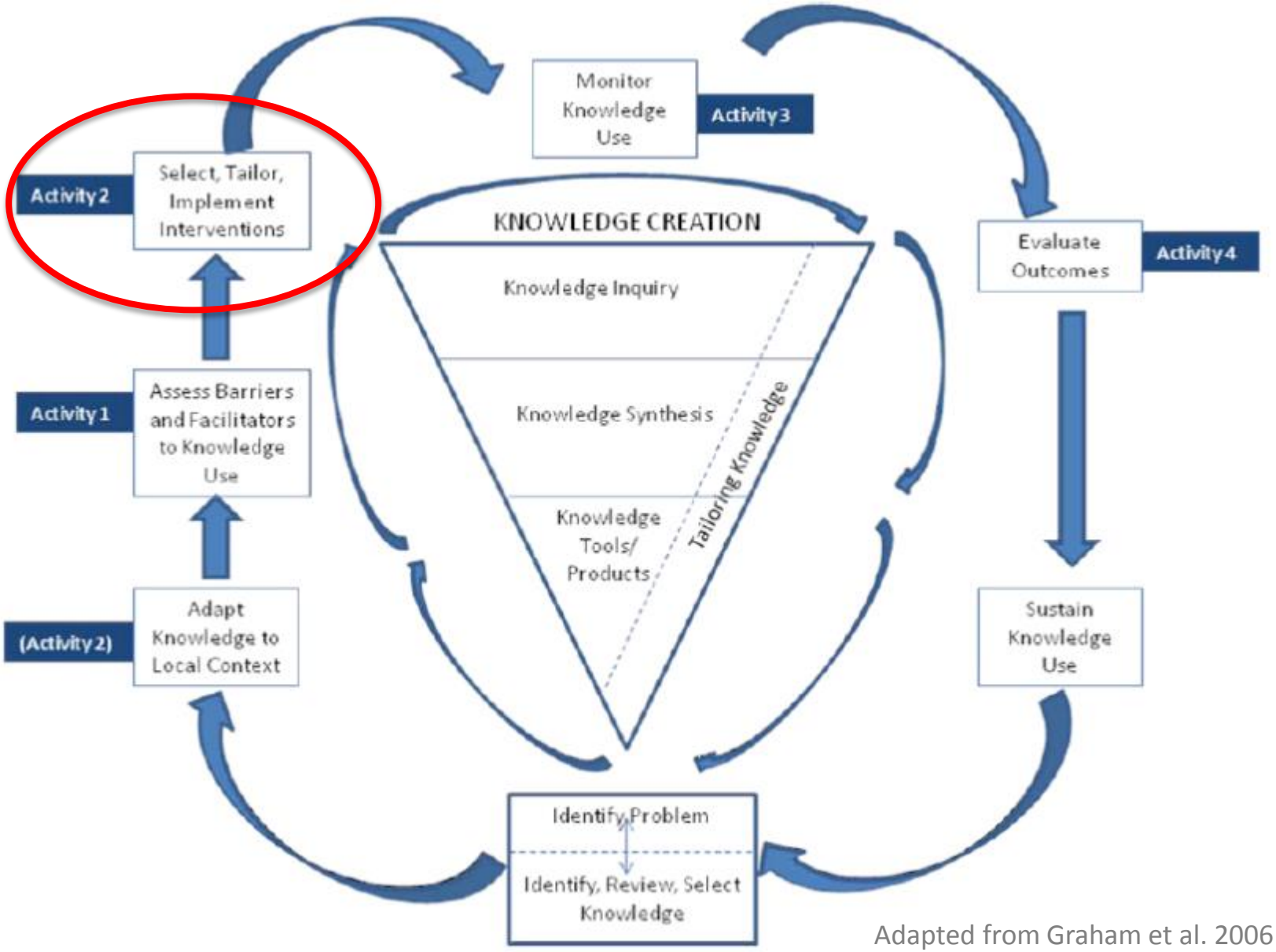
HCP Emotional impact as deterrent (15%)

"Is that a conversation that would…maybe stir up fears that are being kept at bay successfully? It just feels like you're stripping them of something that they're using that's helpful to them to keep going." (HCP, cancer)

"*It's like second nature to me*" (HCP, supportive living)

"Dying - nobody wants to talk about this" (Community group participant)

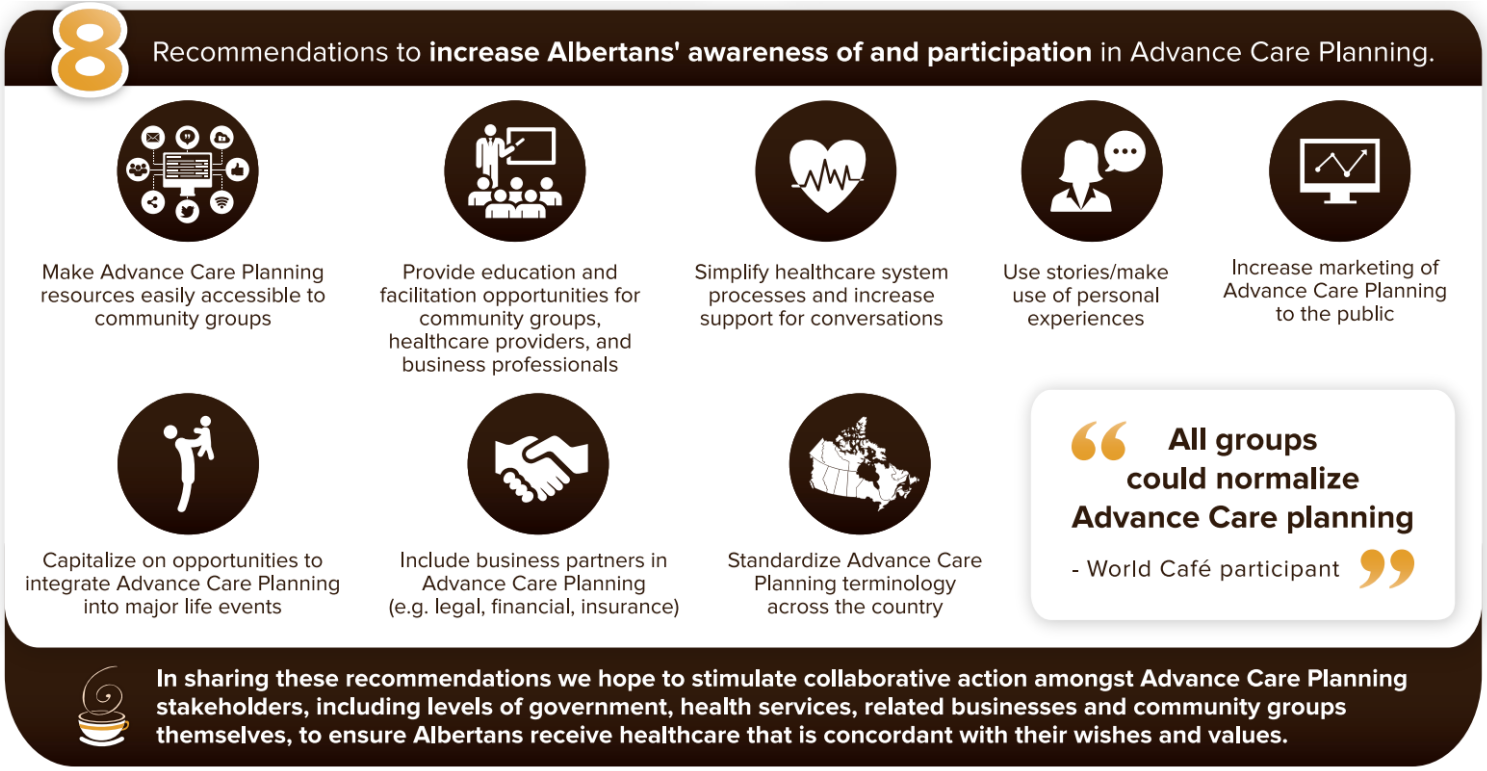
How are we using this knowledge?



Adapted from Graham et al. 2006

Tailored interventions

- Team process improvement projects
- Patient-Family preparation tools
- Advocacy for Public engagement campaign



Summary

- Theoretical frameworks helped:

  Knowledge-to-Action Cycle

  Behaviour change Wheel

- Synthesis:

  Address barriers in Opportunity > Capability

  Leverage Motivation as a facilitator

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