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Efficacy of Advance Care Planning and Goals of Care Designations Discussions: A Randomized Controlled Trial and Video Intervention

Maureen Douglas
Advance Care Planning Collaborative Research & Innovation Opportunities Program
University of Alberta, Canada
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On behalf of the authors:
Sara Davison, Jessica Simon, Sunita Ghosh, Konrad Fassbender

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What was known before (2013)

- ✓ **Evidence of benefits of ACP**
- ✓ **CDN/ABs' ACP engagement low**
  - HQCA poll (2007): 9% of ABs had spoken with HCP about their wishes for life-sustaining therapy
  - Ipsos Reid poll (2012): 9% of average CDNs had discussions with HCP
  - ACCEPT (2011 cycle): 45% of sick, elderly hospitalized patients had no discussions with HCP
- ✓ **Efficacy of ACP videos for patients (Volandes)**

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Still relevant . . .

3 Prior Cycles 2011-2015

Canadian, multi-center, prospective study of sick, older hospitalized patients' and family members' engagement and perceptions of Advance Care Planning and Goals of Care conversations.

Key Alberta Findings

No meaningful improvement was seen over time in the frequency or quality of ACP in Alberta or nationally.

27%

Concordance between patients' preferences for use of life sustaining therapies and their documented medical orders

Nationally: 30%

Biggest mismatch was frequency of patients preferring comfort care who did not have medical orders reflecting that preference

87-100%

Patients discussed wishes regarding life sustaining therapies with family members

Nationally: 88-92%

The more conversation elements that were discussed in-hospital, the more likely a patient's preferences and medical orders were concordant

53%

Patients discussed wishes regarding life sustaining therapies with any health care provider but low levels of key discussion elements were reported

Nationally: 50%

Low levels of satisfaction found with discussions about future location of care, use of life sustaining technologies, and what to expect at end stages of illness

Heyland DK, Barwich D, Pichora D, Dodek P, Lamontagne F, You JJ, Tayler C, Porterfield P, Sinuff T, Simon J
JAMA Intern Med. 2013;173(9):778-787.

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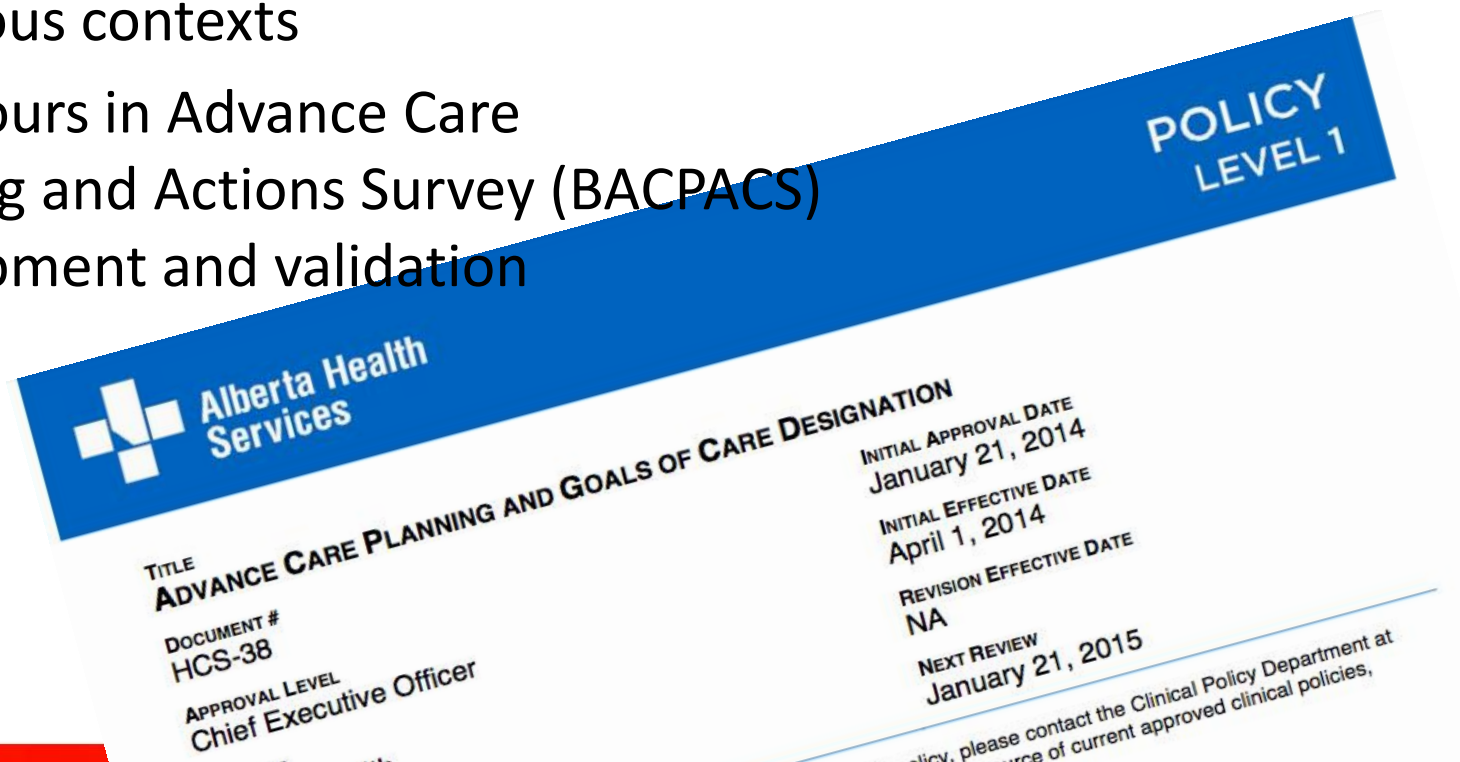
What this study adds

- Evaluation of 2 AHS patient education videos
- Broader:
  - In AB context, what is optimal approach to implement policy and change practice
  - Data re: ABs' ACP/GCD behaviours in numerous contexts
  - Behaviours in Advance Care Planning and Actions Survey (BACPACS) development and validation



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Study Objectives

- #1: Determine the efficacy of the Videos by comparing the number of participants who have had a conversation with a HCP about ACP or GCD between two groups:

Participants who receive no intervention (usual care)	Patients who watch the Videos

- #2: Economic evaluation alongside clinical trial

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Design

- Parallel-group RCT
- Contexts:
  - heart failure & transplant (n=57)
  - renal failure (n=119)
  - metastatic lung, colorectal (later expanded to GI) and gynecological cancer (n=65)
  - outpatient clinics & dialysis units
- 22 sites, Edmonton and Calgary
- Time frame:
  - Recruitment for 11 months, 2015-2016
  - Follow-up visits completed 3 months later

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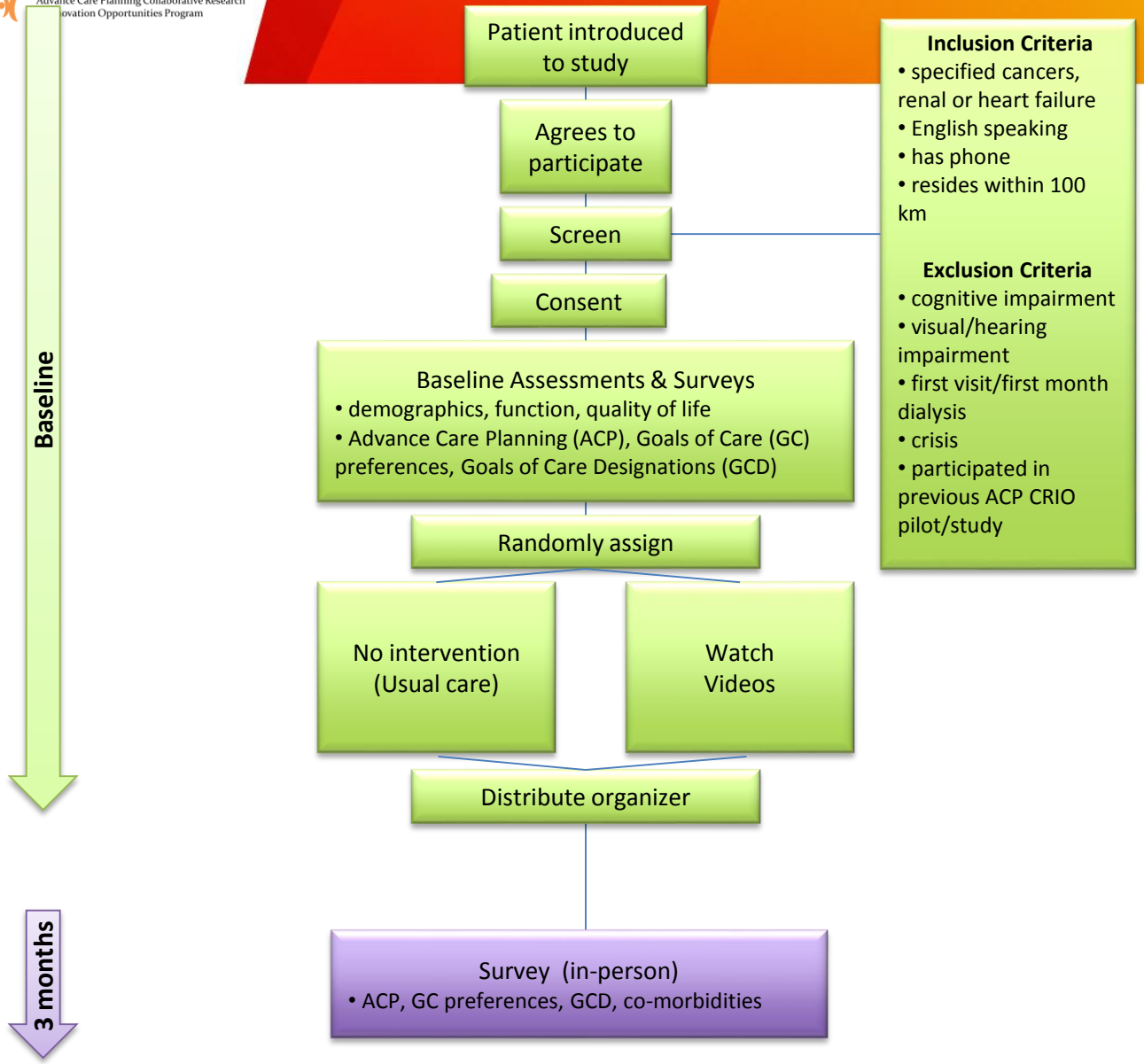
Process



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Inclusion/Exclusion

Inclusion Criteria

- Diagnosis of specified cancers, renal or heart failure
- 19 years or over
- English speaking
- has phone
- resides within 100 km

Exclusion Criteria

- cognitive impairment
- visual/hearing impairment
- first visit/first month dialysis
- in crisis
- participated in previous ACP CRIO pilot, study

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Study Instruments (baseline visit)

- Quality of Life: EQ 5D 5L, EQ VAS
- Function: Australia-modified Karnofsky Performance Status Scale
- ACP/GCD: Behaviours in Advance Care Planning and Actions Survey (BACPACS)

Intervention

- AHS Conversations Matter ACP & GCD Videos

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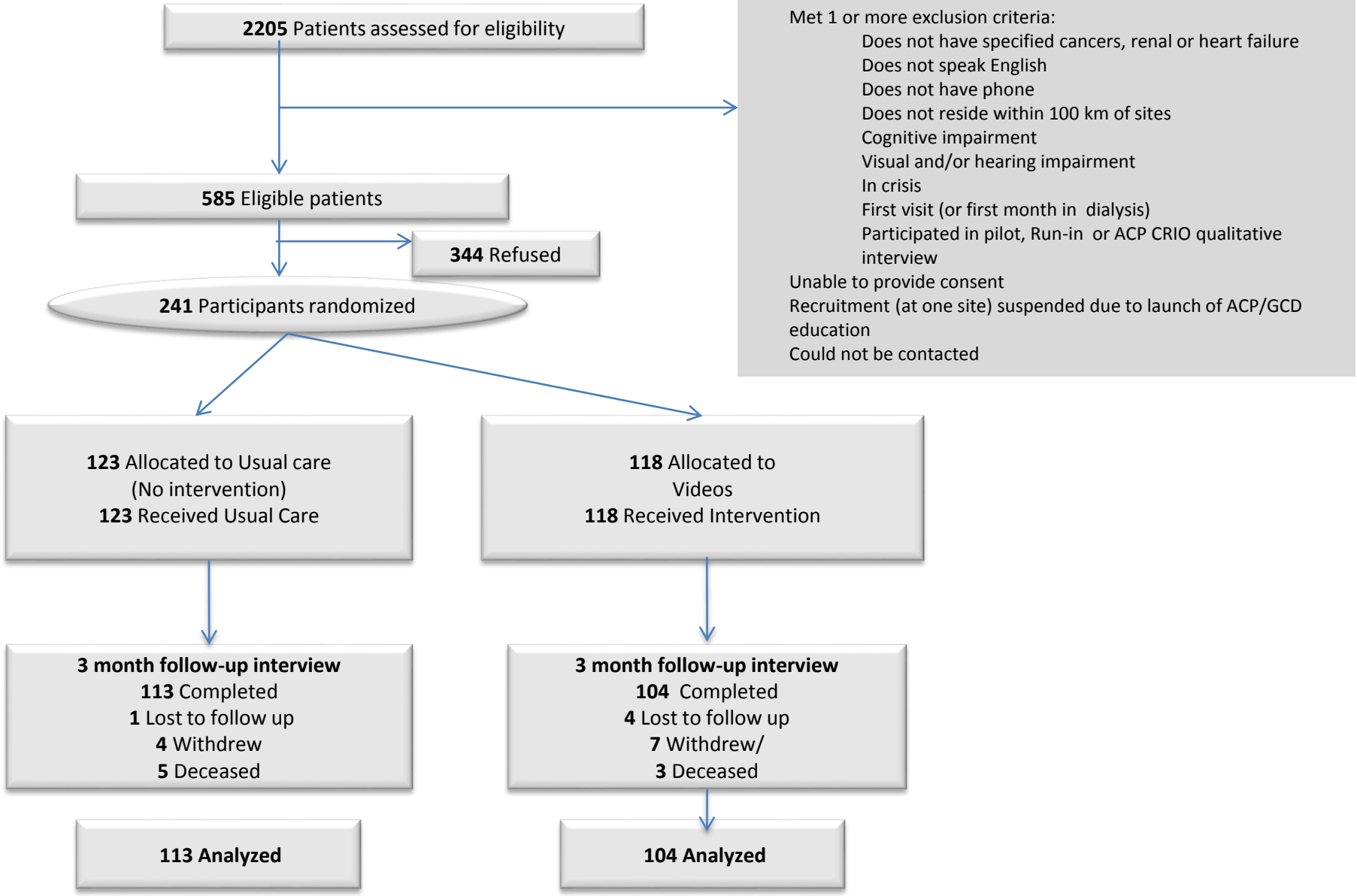
Preliminary Results: CONSORT Flow Diagram



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Results: Baseline Participant Characteristics

	n (%)	
	Usual Care n=123	**Videos n =118**
Age, mean (SD)	64.8 (12.3)	67.4 (12.5)
Female	48 (39)	39 (33)
Married (legally married, common law, separated)	84 (68)	73 (62)
≥ High school diploma	104 (84)	99 (84)
Regularly speaks language besides English	26 (21)	19 (16)
White	97(79)	98(83)
South Asian	6(5)	9(8)
Aboriginal	4(3)	1(1)
Religion, importance		
Very to extremely	57 (46)	52 (44)
Somewhat	30 (24)	29 (25)
Not very to Not	36 (29)	37 (31)
Live alone	29 (24)	27 (23)
Health care provider comes to residence	22 (18)	18 (15)
Quality of Life , EQ-5D-5L ,self-rated score 0-100 mean (range)	70.3(2-100)	66.6(0-100)
Function, Karnofsky, ≤ 70	79 (64)	74 (63)

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Results: "Prior ACP" at baseline

	n(%)	
	Usual care n=123	**Videos n=118**
Decided on agent (Q16)	108(88)	107(91)
Asked agent (Q16b)	83(78)	85(79)
Told agent re: preferences (Q19)	68(55)	73(62)
Documentation of agent (Q16c)	60(56)	63(59)
Told HCP re: preferences (Q19a, 20)	31(25)	40(34)
HCP discussed options (Q25)*	33(27)	49(42)
PD re: healthcare preferences (19c)	59(48)	54(46)
Completed GCD (Q23)	25(23)	22(20)
Told family/friend preferences (Q19b, 20b)	55(45)	52(44)

* Statistically significant difference between groups

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Results on Primary Outcome: Told HCP about type of health care. . .

At 3 months, **43.3%** of patients in the video arm reported having an ACP conversation with a HCP compared to **31%** in the control group

At baseline n= 241, at 3 months n=217				
		intervention	**control**	P value
Baseline	**Yes**	40(33.90%)	31 (25.30%)	0.1388
	No	78(66.10%)	92 (74.80%)	
3 months	**Yes**	45**(43.27%)**	35**(30.97%)**	0.0607
	No	59(56.73)	78(69.03%)	

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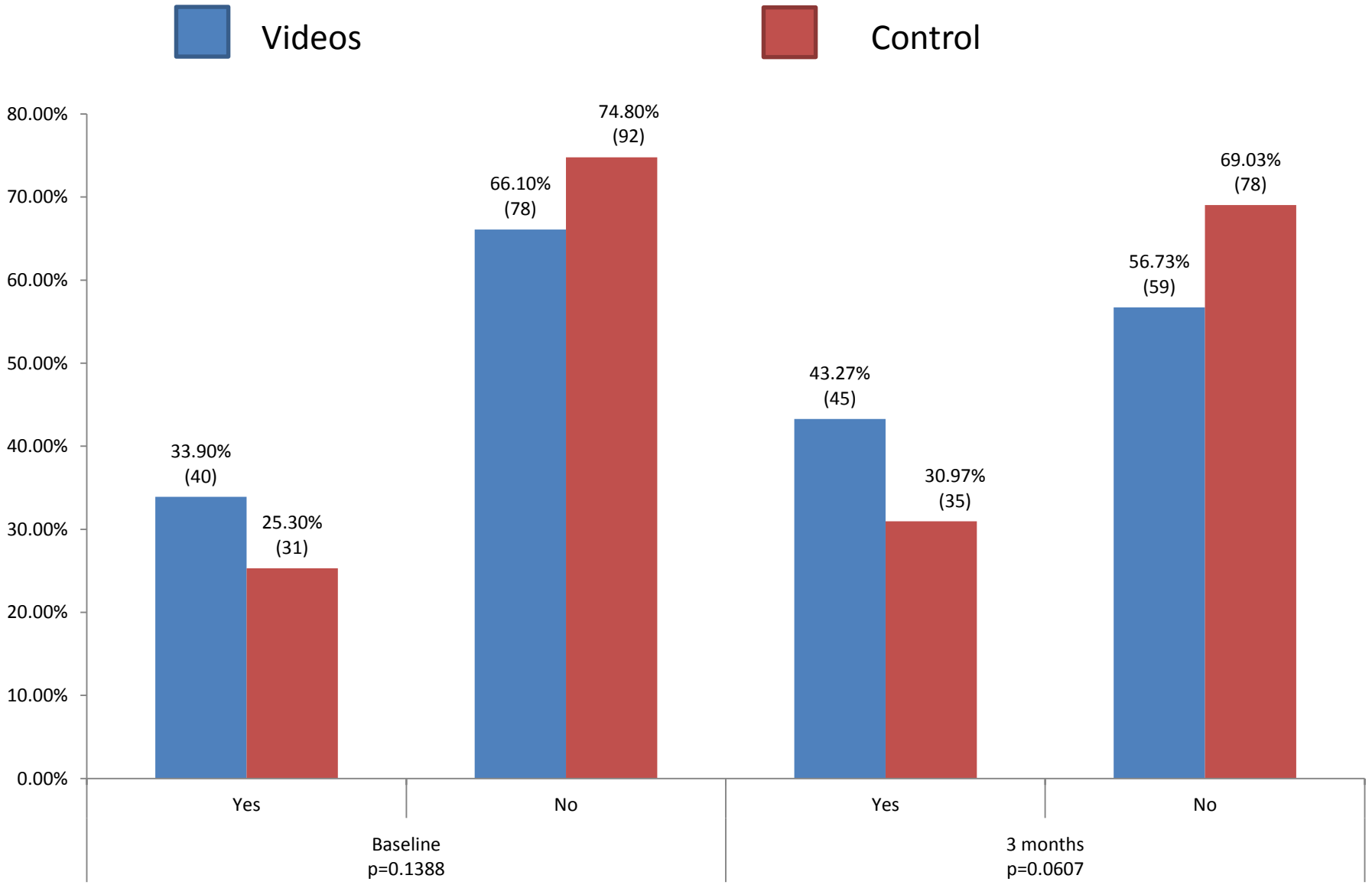
Told HCP about future health care . . .



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Discussion/Conclusion

- These videos – not statistically significant result ($p<0.061$), but is trending toward significant
- Discussion:
  1. Contrast with studies of ACP/GCD patient videos:
     - Specific to disease
     - Primary outcome - preferred goal of care vs. evidence of ACP action
     - Terminology – ACP/GCD vs. “seriously ill”
  2. Many ACP programs use patient videos as a core component. Watching these videos – without more – may impact readiness but does not prompt patients to have ACP conversations with HCP
     - integrate into intentional, comprehensive ACP conversations with a HCP, to prepare patients for conversations

Next steps:

- Secondary analysis:
  - Collected data from a diversity of healthcare settings (patients who ideally should be doing ACP & GCD)
    - Next step: Analysis by subgroups – by disease
  - Did Videos impact patient readiness?
  - BACPACS scoring

Thank you!

Questions/comments?

Maureen Douglas

maureen.douglas@ualberta.ca

www.acpcrio.org

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Thank you to our partners:

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University of Calgary

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Alberta Health Services

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