

Physicians' Views Toward Advance Care Planning and End-of-life Care Conversations

Findings from a National Survey among Physicians
Who Regularly Treat Patients 65 and Older

April 2016

Conducted for
The John A. Hartford Foundation, Cambia Health Foundation, and California
HealthCare Foundation

By
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I. Introduction and Methods

Starting January 1, 2016, Medicare began reimbursing physicians for having conversations with patients about advance care planning. The John A. Hartford Foundation, Cambia Health Foundation, and California HealthCare Foundation commissioned PerryUndem Research/Communication to conduct a national survey among primary care physicians and specialists who regularly see patients 65 and older. The survey explores current experiences billing Medicare for these conversations, motivations to have conversations, as well as barriers.

The survey finds that virtually all physicians consider these conversations important, while only a fraction have billed Medicare so far this year. Barriers are both structural – such as not having a formal assessment process in place – and attitudinal, such as sometimes feeling uncertain about what to say in these conversations with patients. Most say they have not received formal training on end-of-life conversations.

PerryUndem conducted a national telephone survey among $n = 736$ physicians from February 18 to March 7, 2016. All physicians report actively practicing medicine and regularly seeing patients ages 65 and older. The sample includes $n = 470$ internists/primary care providers and $n = 266$ physicians in three specialties: oncologists ($n = 85$), pulmonologists ($n = 87$), and cardiologists ($n = 94$). These specialties relate to the top three causes of death. The survey also included an oversample of $n = 102$ physicians in California, for a total of $n = 202$ California respondents. The California sample was weighted down to reflect its proper proportion in the country. Data were also weighted slightly to reflect demographics based on the Association of American Medical Colleges' 2013 State Physician Workforce Data Book. The data were not weighted by specialty; total results combines primary care physicians/internists and specialists.

The margin of sampling error for the total is ± 3.6 percentage points. The margin of sampling error for the internist/primary care provider sample is ± 4.5 ; ± 6.0 for the specialist sample; and ± 6.9 for California physicians.

II. Key Findings

Following are key findings from the study:

- Virtually all physicians surveyed (99 percent) say it is important that health care providers have conversations about advance care planning with their patients.
- A large majority of respondents (95 percent) say they support the new Medicare benefit that reimburses providers for these discussions, and 75 percent say the new benefit makes them more likely to have these conversations.
- That said, most have not had this conversation and billed Medicare for it yet this year. Just 14 percent of respondents who have fee-for-service (FFS) patients have actually billed Medicare for this discussion.
- Structural barriers to initiating advance care planning conversations exist. Only three in ten respondents (29 percent) say their practice or health care system has a formal system for assessing patients' end-of-life wishes and goals for care.
- Four in ten either say there is no place in their electronic health records (EHR) that indicates whether or not a patient has an advance care plan or say they are unsure. Of those who say there is a place in the EHR, nearly a third (31 percent) say it does not allow them to see the actual contents of a patient's advance care plan.
- Less than one third (29 percent) reports having had any formal training on talking with patients and their families about end-of-life care.
- Other issues get in the way of having the conversation. Nearly half (46 percent) says they frequently or sometimes feel unsure of what to say during conversations about end-of-life care. Other common barriers include feeling there is disagreement between family members and the patient and not knowing when the time is right to have a conversation.

- The primary motivations to have these conversations are honoring their patients' values and wishes and reducing unnecessary or unwanted hospitalization at the end of life.
- Respondents who have had formal training on talking with patients about end-of-life care are more likely to be having these conversations and say talking to patients about these issues is more rewarding than it is challenging.
- Respondents who say their practice or health care system has a formal system for addressing patient's end-of-life wishes are also more likely to be having conversations and have billed Medicare for it this year.

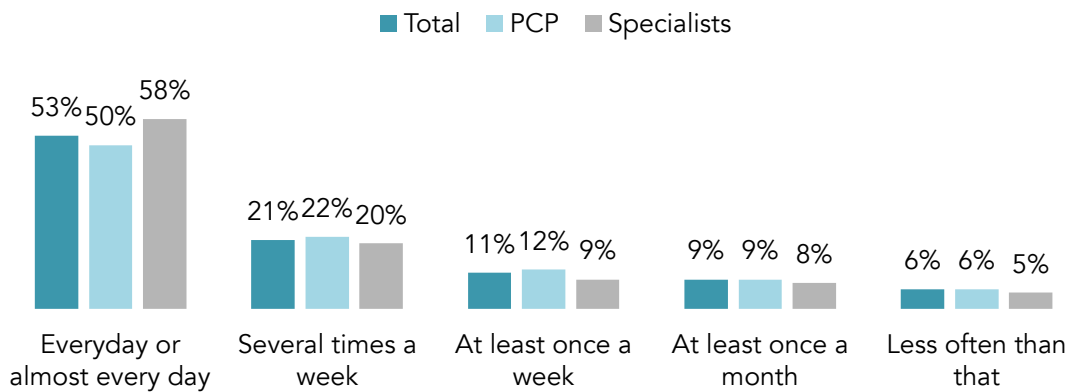
Detailed findings follow.

III. Detailed Findings

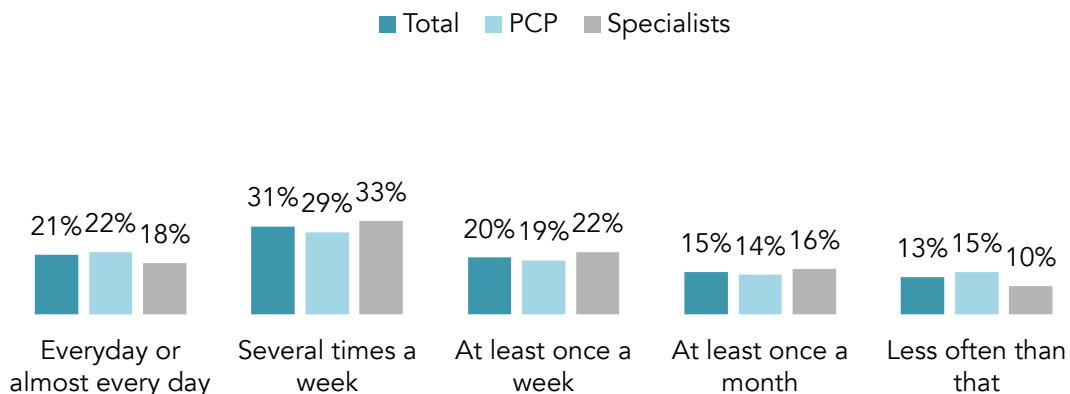
A. Experiences and systems in place around advance care planning conversations

Many respondents are seeing older patients near the end of life and are talking to some of those patients about issues related to advance care planning and end of life. Slightly more than half of survey respondents (54 percent) report seeing patients 65 and older everyday or almost everyday who they would not be surprised to see die within the next year. About one in five (21 percent) says they talk about issues related to advance care planning or end-of-life care as frequently.

How often do you see patients 65 and older who you would not be surprised if they died within the next year? Do you see these patients:



How often do you talk to patients 65 and older about issues related to advance care planning or end-of-life care?



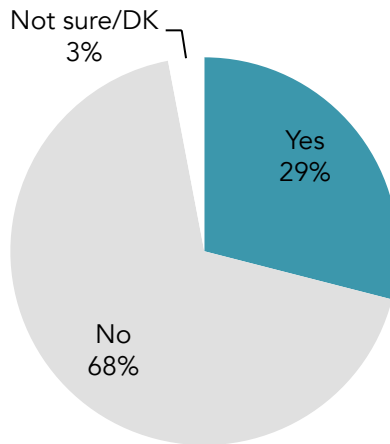
Physicians most likely to be talking about issues related to advance care planning are physicians working in a hospital setting, those who have had formal training on end-of-life conversations, and respondents who say their practice or health system has a formal system for assessing patients' end-of-life wishes and goals.

How often do you talk to patients 65 and older about issues related to advance care planning or end-of-life care?

	Everyday or almost	Several times a week	A least once a week	At least once a month	Less often
Total	21%	31%	20%	15%	13%
Office/clinic setting	20%	28%	21%	16%	15%
Hospital/ both equally	21%	40%	19%	12%	9%
Sees patients 65+ almost everyday+	30%	33%	17%	10%	9%
Sees patients 65+ several times/wk or less	10%	28%	23%	20%	19%
Had end-of-life (EOL) training	29%	33%	17%	10%	10%
No EOL training	17%	30%	22%	17%	15%
System in place for assessing EOL wishes	31%	32%	18%	11%	8%
No system in place	17%	30%	22%	16%	16%

Two thirds lack training on the issue. Sixty-eight percent say they have not had any training specifically on talking with patients and families about end-of-life care. Twenty-nine percent say they have had this type of training.

Have you had any training specifically on talking with patients and families about end-of-life care, or not?



Respondents most likely to have had training include younger physicians and those with a racially and ethnically diverse patient population. Two-thirds of physicians seeing patients nearly everyday who are near end of life do not have specific training on these conversations.

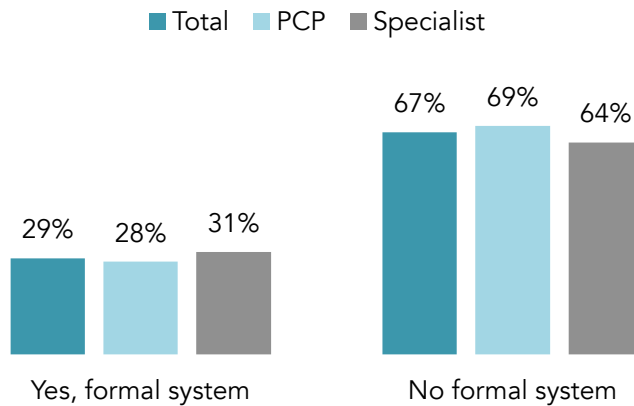
Have you had any training specifically on talking with patients and families about end-of-life care, or not?

	Yes	No
Total	29%	68%
Patients <25% diverse	23%	74%
Patients 25%+ diverse	33%	64%
Sees patients 65+ almost everyday+	32%	65%
Sees patients 65+ several times/wk or less	26%	71%
Under age 50	38%	59%
Over age 50	24%	73%

Two-thirds (67 percent) say their practice does not have a formal system for assessing patients' end-of-life wishes and goals for care.

Twenty-nine percent of respondents say their practice or health care system have a formal system in place to assess patients' end-of-life wishes and goals for care. Analysis throughout the survey shows that physicians who report having a formal system of assessment are more likely to talk to patients 65 and older about issues related to end-of-life care once a week or more, to say it is extremely important for health care providers to have these conversations with their patients, and to have these a conversation about end-of-life care and billed Medicare for it this year.

In your practice or health care system, is there a formal system for assessing patients' end-of-life wishes and goals of care, or not?



Physicians working in hospital settings are more likely to report a system in place than those in a mostly office or clinic based setting. Those who are having frequent conversations with patients around advance care planning are also more likely to report having a formal assessment system in place.

In your practice or health care system, is there a formal system for assessing patients' end-of-life wishes and goals of care, or not?

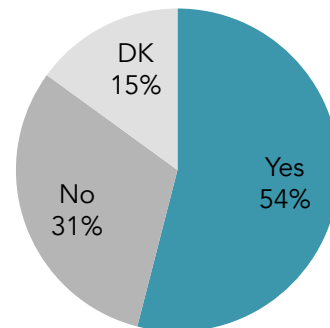
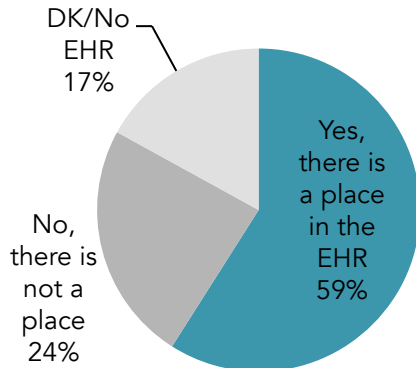
	Yes	No
Total	29%	67%
Mostly office/clinic based setting	26%	70%
Mostly hospital setting/both equally	39%	59%
Talks to patients about advance care planning (ACP) issues once/wk+	33%	64%
Talks to patients about ACP issues less often	20%	75%

A small majority of respondents says their electronic health record (EHR) system indicates whether a patient has an advance care plan. Fifty-nine percent says there is a place in their EHR that identifies whether or not an advance care plan exists, and 24 percent says there is not an indicator. Seventeen percent is not sure or says they do not have an EHR system.

Among those who have an EHR system, about half (54 percent) says they are able to see the contents of a patient’s plan through the EHR, whereas 31 percent reports they cannot access contents. Fifteen percent are not sure.

Is there a place in your electronic health record system that indicates whether or not a patient has an advance care plan? This might be a check box or a yes or no indicator.

Does your electronic health record system allow you to see the actual contents of a patient’s advance care plan?
n = 671



Physicians who are more likely to report an accessible EHR include those not in solo practice, physicians working in a hospital setting, younger physicians, those who report having a formal assessment in place, and individuals who have had formal training on end-of-life conversations. Physicians talking to patients more frequently about advance care plans are also more likely than others to have access to a plan in their EHR system.

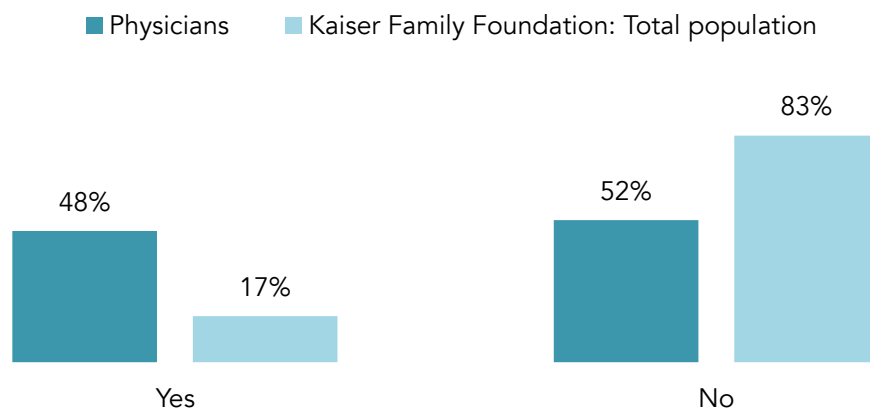
Is there a place in your electronic health record system that indicates whether or not a patient has an advance care plan? This might be a check box or a yes or no indicator.

Does your electronic health record system allow you to see the actual contents of a patient's advance care plan?

	EHR has place to see ACP			EHR shows contents of ACP		
	Yes	No	Does not have EHR/DK	Yes	No	DK
Total	59%	24%	17%	54%	31%	14%
Solo practice	35%	32%	33%	46%	42%	12%
Single specialty	64%	23%	13%	54%	29%	17%
Multispecialty	64%	23%	14%	55%	31%	14%
Office/clinic	56%	26%	18%	53%	33%	14%
Hospital/equally both	69%	19%	11%	57%	27%	16%
Under age 50	68%	24%	8%	59%	29%	12%
50 and older	54%	24%	22%	51%	33%	16%
Talks to patients about ACP issues once/wk+	64%	22%	14%	60%	30%	10%
Talks to patients about ACP issues less often	47%	29%	23%	40%	35%	26%
Had end-of-life (EOL) training	67%	18%	15%	66%	22%	12%
No EOL training	55%	27%	17%	49%	35%	15%
System in place for assessing EOL wishes	79%	13%	8%	72%	21%	7%
No system in place	51%	30%	19%	47%	37%	17%

About half of physicians surveyed say they have had a conversation with their own doctor or health care provider about their wishes for care at the end of life. Physicians are much more likely than the public at large to have had these conversations (48 percent vs. 17 percent of the overall public)¹.

Have you ever had a conversation with your own doctor or health care provider about your wishes for your care at the end of your life, or not?



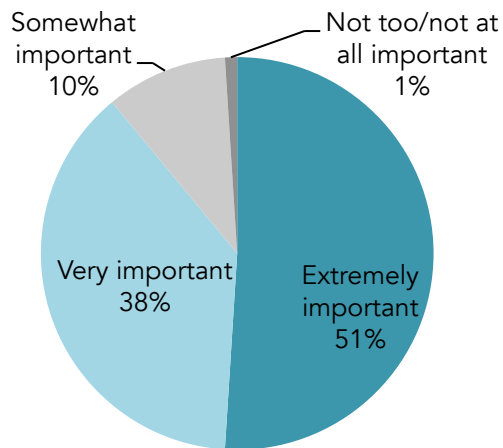
Interestingly, physicians who have had the conversation with their own provider are more likely to have had these conversations with their own patients and billed Medicare this year (20 percent vs. seven percent of those who have not talked with their own provider).

¹ Data for total population come from a [September 2015 Kaiser Family Foundation Health Tracking survey](#).

B. Views and experiences toward the new Medicare benefit

Virtually all physicians surveyed (99 percent) say it is important for health care providers to have conversations about advance care planning with their patients. Half (51 percent) says it is extremely important and 39 percent says very important. Only one percent says these conversations are not important.

In your own opinion, how important is it that health care providers have these conversations with patients? Would you say:



Respondents most likely to say conversations around advance care planning are extremely important include women, those who have had formal training on talking about end-of-life care, those with a formal assessment system in place, younger physicians and specialists.

In your own opinion, how important is it that health care providers have these conversations with patients? Would you say:

	Extremely Important	Very Important	Somewhat Important	Not too/not at all Important
Total	51%	38%	10%	1%
Primary care	48%	41%	10%	1%
Specialist	56%	34%	9%	2%
Men	48%	40%	11%	2%
Women	62%	32%	6%	0%
Under age 50	59%	34%	6%	1%
50 and older	46%	41%	12%	1%
Had end-of-life (EOL) training	59%	32%	9%	1%
No EOL training	47%	41%	10%	1%
System in place for assessing EOL wishes	61%	31%	6%	2%
No system in place	47%	41%	11%	1%

Most, however, say they have not had a conversation about advance care planning and billed Medicare for it this year.

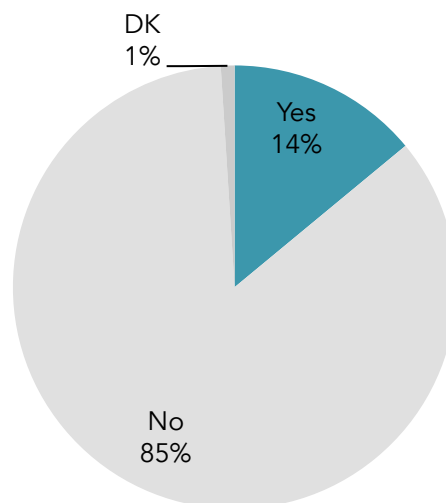
Respondents were presented with the following definition of the Medicare benefit and then asked whether or not they have had a conversation and billed under this benefit yet this year:

This year, Medicare will start covering advance care planning as a separate service provided by physicians and other health professionals who bill Medicare using the physician fee schedule.

Advance care planning is defined as conversations which cover the patient's specific health conditions, their options for care and what care best fits their personal wishes, including at the end of life, and the importance of sharing those wishes in the form of a written document.

Among respondents who bill Medicare fee-for-service (85 percent of all respondents), 14 percent say they have had this conversation and billed Medicare for it.

*Have you had this conversation and billed Medicare for it this year?
(Respondents who bill Medicare fee-for-service n = 626)*



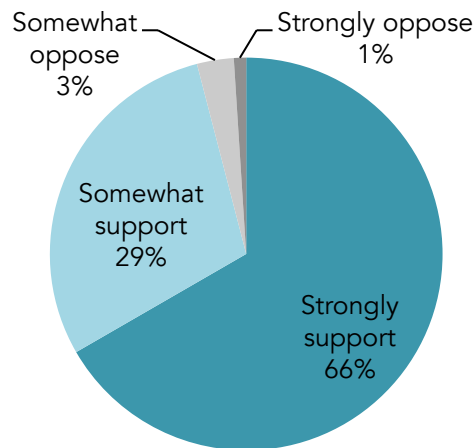
Physicians who have had formal training on end-of-life conversations and those who report having a formal system in place to assess patients' wishes and goals are among the most likely to have billed for the benefit this year.

*Have you had this conversation and billed Medicare for it this year?
(Respondents who bill Medicare fee-for-service n = 626)*

	Yes	No
Total	14%	85%
Sees patients 65+ almost everyday+	15%	84%
Sees patients 65+ several times/wk or less	6%	92%
Had end-of-life (EOL) training	19%	80%
No EOL training	12%	87%
System in place for assessing EOL wishes	25%	75%
No system in place	9%	90%

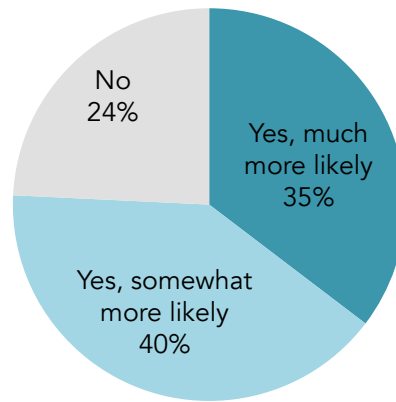
The vast majority of respondents support the new Medicare benefit. Ninety-five percent of physicians in the survey support the new benefit, with two-thirds (66 percent) expressing strong support. Support crosses physicians in various demographic groups and practice types.

Do you support or oppose this new Medicare benefit that reimburses providers for these discussions? Is that strongly or somewhat support/oppose?



Three in four say this new benefit makes them more likely to talk to patients about advance care planning. Seventy-five percent say the benefit is an incentive, including one-third (35 percent) who says they are much more likely to have conversations as a result of the new benefit.

Does this new benefit make you more likely to talk with patients who are 65 and older about advance care planning, or not? IF YES: Does it make you much more/somewhat more likely?



Respondents most likely to say they are much more likely to have conversations given the new benefit include racially/ethnically diverse physicians, those under age 50, and physicians who are already talking to patients about these issues nearly everyday.

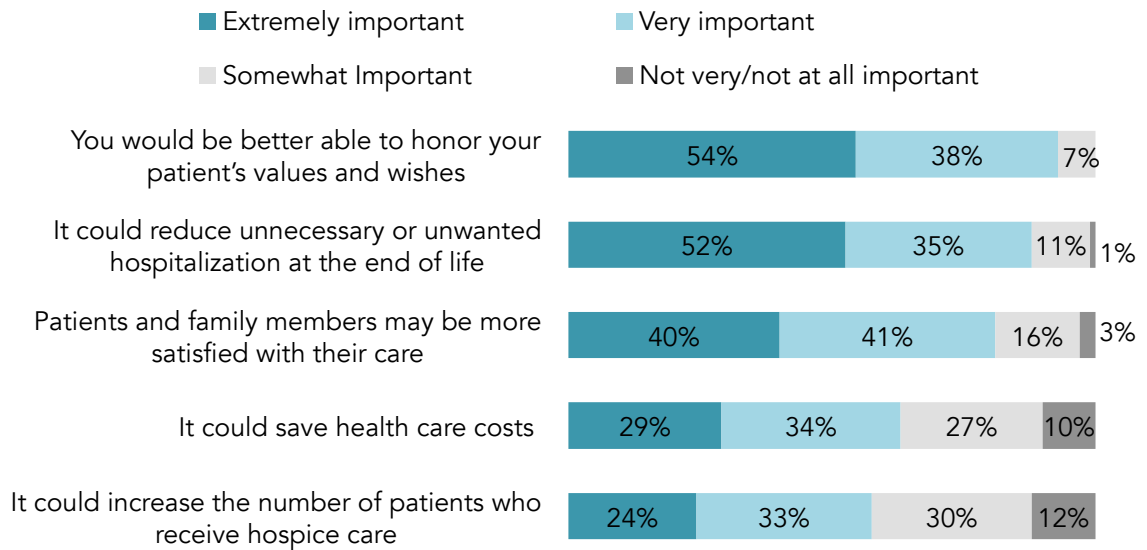
Does this new benefit make you more likely to talk with patients who are 65 and older about advance care planning, or not? IF YES: Does it make you much more/somewhat more likely?

	Yes, much more likely	Yes, somewhat more likely	Not likely
Total	35%	40%	24%
White	30%	41%	28%
Racially/ethnic diverse	49%	36%	13%
Under age 50	46%	38%	16%
50 and older	28%	41%	29%
Sees patients 65+ almost everyday+	42%	37%	21%
Sees patients 65+ several times/wk or less	27%	43%	28%

C. Motivations for having advance care planning conversations

Honoring patients’ values and wishes tops a list of motivations to have advance care planning conversations. Ninety-two percent of respondents say this is a very or extremely important reason to talk with patients about advance care planning, goals of care, and end-of-life wishes. A similar proportion says that reducing unnecessary or unwanted hospitalization at the end of life is another important reason to have these conversations.

Here are some potential outcomes of talking with patients about advance care planning, goals of care, and end-of-life wishes. For you personally, how important is each of these as a reason to talk with your patients about these issues?



The top motivations are consistent across demographic segments. That said, women are more likely than men to say honoring a patient’s wishes and values and making patients and family members more satisfied with care are extremely important reasons to have these conversations. Younger physicians are more likely than older physicians to cite saving health care costs as a reason to talk with patients about advance care planning and goals. Physicians who work in a hospital setting are more likely than others to say reducing unnecessary or unwanted hospitalization is a reason to engage patients on these issues. Physicians who have had training on end-of-life conversations and those with a formal assessment system in place are more likely to say all of these reasons are important for talking to patients.

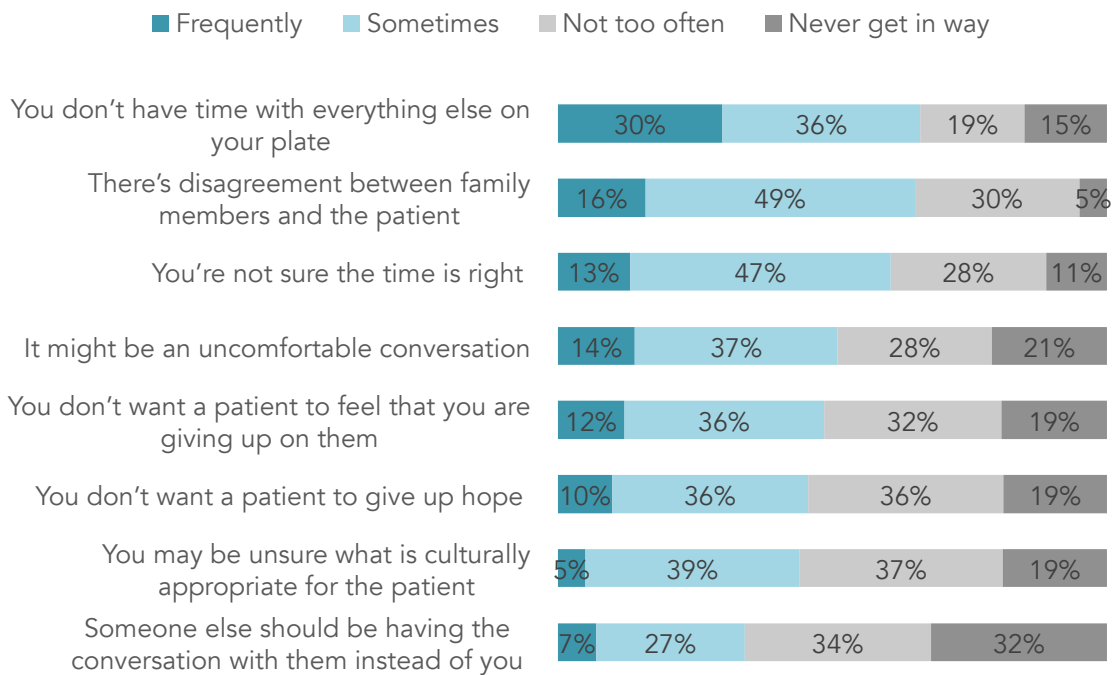
Here are some potential outcomes of talking with patients about advance care planning, goals of care, and end-of-life wishes. For you personally, how important is each of these as a reason to talk with your patients about these issues?

% Extremely important	Honor values/wishes	Reduce hospitalization	More satisfied with care	Save health care costs	Increase hospice care
Total	54%	52%	40%	29%	24%
Men	52%	51%	38%	30%	23%
Women	63%	54%	48%	26%	28%
Under age 50	52%	56%	44%	37%	30%
Over age 50	55%	49%	38%	25%	20%
Office/clinic	52%	49%	37%	27%	22%
Hospital/equally both	58%	57%	48%	33%	29%
Had end-of-life (EOL) training	61%	60%	45%	39%	28%
No EOL training	51%	49%	38%	25%	22%
System in place for assessing EOL wishes	62%	60%	50%	37%	35%
No system in place	50%	49%	36%	25%	19%

D. Barriers to having advance care planning conversations

Physicians report a number of barriers in the way of talking to their patients over age 65 about end-of-life wishes. Two-thirds say that time has been a barrier to having these conversations. Other top barriers include disagreements between family members and the patient, not knowing when is the right time to have the conversation, feeling like the conversation might be uncomfortable, not wanting to give up hope, and feeling unsure what is culturally appropriate for the patient.

Think about your patients 65 and older with a serious illness. Have any of the following ever gotten in the way of talking to them about their end-of-life wishes? IF YES: how often does this get in the way for you....



Top barriers are mostly consistent across demographics.

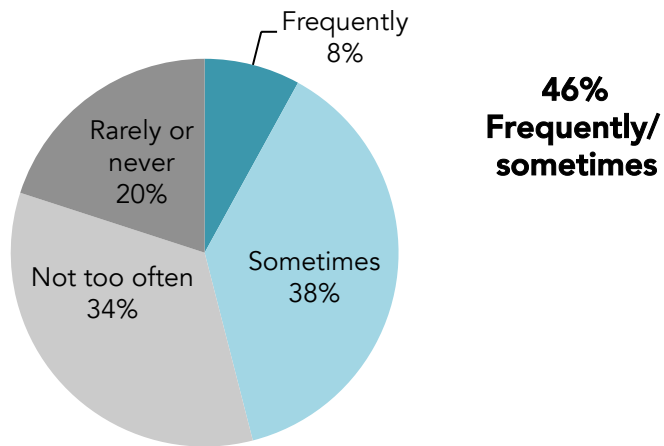
Half of physicians with a racially/ethnically diverse patient base (48 percent) reports being unsure of what is culturally appropriate. Women are more likely than men to report a number of barriers. Physicians in an office or clinic setting and those in a multi-specialty practiced are among the most likely to cite a lack of time as getting in the way of these conversations. Racially and ethnically diverse physicians are more likely than white physicians to feel uncomfortable with conversations.

Think about your patients 65 and older with a serious illness. Have any of the following ever gotten in the way of talking to them about their end-of-life wishes? IF YES: how often does this get in the way for you....

% Frequently/ sometimes	No time	Dis- agree- ment	Wrong time	Uncom- fortabl e	Giving up on them	Might lose hope	Cultura l issues	Someo ne else
Total	66%	64%	60%	51%	48%	46%	43%	33%
Solo practice	59%	56%	59%	50%	46%	50%	40%	30%
Single specialty	66%	62%	59%	49%	48%	43%	41%	31%
Multispecialty	74%	70%	64%	55%	50%	46%	48%	35%
Office/clinic	69%	62%	60%	50%	46%	46%	42%	30%
Hospital/ equally both	58%	70%	61%	55%	52%	46%	48%	42%
Men	63%	64%	59%	50%	45%	45%	42%	35%
Women	76%	66%	64%	54%	60%	49%	50%	24%
Under age 50	72%	68%	58%	57%	55%	48%	50%	40%
Over age 50	62%	62%	57%	48%	44%	44%	40%	29%
White	66%	63%	68%	48%	46%	43%	40%	30%
Racially/ ethnic diverse	64%	70%	59%	59%	54%	54%	54%	42%
Patients <25% diverse	69%	62%	62%	52%	48%	46%	38%	33%
Patients 25%+ diverse	64%	67%	61%	50%	49%	46%	48%	33%
Had end-of- life (EOL) training	68%	61%	58%	48%	49%	48%	49%	34%
No EOL training	65%	66%	61%	52%	47%	45%	41%	33%

Close to half of physicians surveyed (46 percent) says they frequently or sometimes feel unsure of what to say during conversations about end-of-life care. One-third (34 percent) says they feel this way “not too often.” Twenty-percent say they rarely or never feel unsure of what to say.

During conversations about end-of-life care, how often do you feel unsure of what to say? Would you say:



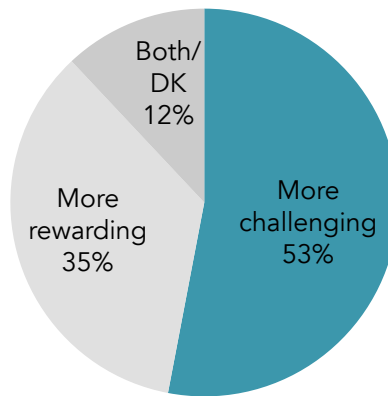
Physicians more likely to experience uncertainty around what to say in these conversations include racially/ethnically diverse physicians, women, younger respondents, and physicians who have not had training on end-of-life conversations.

During conversations about end-of-life care, how often do you feel unsure of what to say? Would you say:

	Frequently	Sometimes	Not too often	Rarely or never
Total	8%	38%	34%	20%
White	7%	36%	35%	22%
Racially/ethnic diverse	10%	44%	32%	14%
Men	7%	35%	37%	21%
Women	10%	49%	25%	16%
Under age 50	7%	45%	34%	14%
Over age 50	8%	34%	35%	23%
Had end-of-life (EOL) training	8%	32%	33%	27%
No EOL training	7%	40%	35%	17%

Respondents are more likely to say they find conversations about end-of-life care more challenging than rewarding. Fifty-three percent say these conversations are generally more challenging than rewarding. About one-third says conversations are more rewarding.

In general, do you consider conversations about end-of-life care to be:



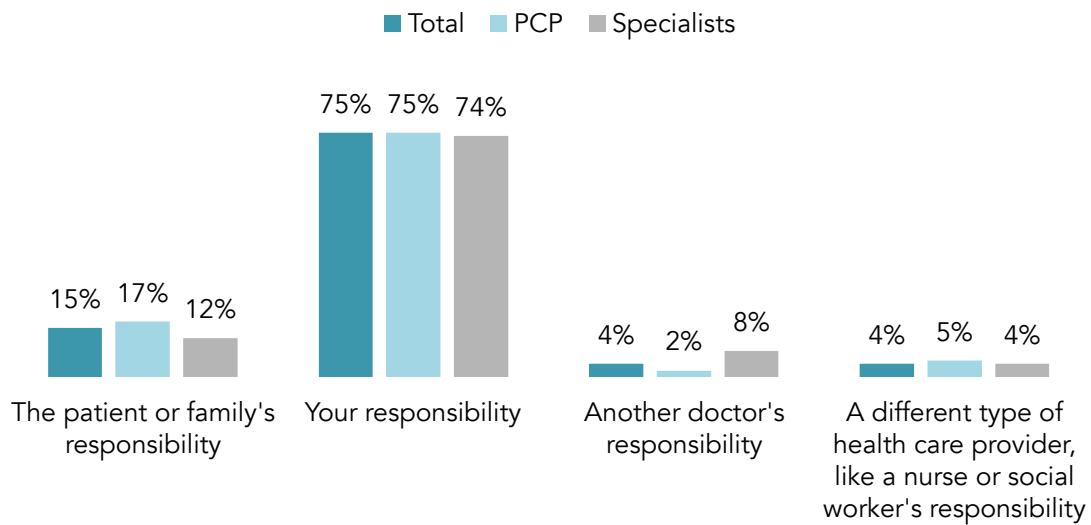
Physicians who have had specific training on end-of-life conversations say conversations are more rewarding than challenging (46 percent vs. 41 percent). Among those without training, there is a twenty-eight-point difference in those saying conversations are more challenging than rewarding (58 percent vs. 30 percent). Physicians who are regularly talking to patients about these issues are more likely to say conversations are rewarding than those who are not talking as frequently about these issues to their patients.

In general, do you consider conversations about end-of-life care to be:

	More challenging	More rewarding	Both/DK
Total	53%	35%	12%
Talks to patients about ACP issues once/wk+	50%	38%	11%
Talks to patients about ACP issues less often	60%	25%	15%
Had end-of-life (EOL) training	41%	46%	13%
No EOL training	58%	30%	12%

Perception of responsibility does not appear to be a barrier for most respondents. Even when given options of a different health care provider or another doctor’s responsibility, 75 percent of physicians say these conversations with patients are their own responsibility. The second most common response – though fairly small in percentage – is feeling it is the patient’s responsibility.

In general, whose responsibility should it be to initiate these conversations about advance care planning with Medicare patients:



E. Differences among those with training and formal assessment systems

Physicians who have had specific training on end-of-life conversations and those who report a formal system in place for assessing patients' goals and wishes are different from their peers in some key ways.

For example, physicians who have had training in end-of-life conversations are more likely than those who have not to:

- Say it is extremely important for health care providers to have these conversations with their patients (59 percent vs. 47 percent);
- Talk to patients 65 and older about issues related to advance care planning/end-of-life care once a week or more (79 percent vs. 69 percent);
- Find conversations about end-of-life care to be rewarding (46 percent vs. 30 percent); and
- Say they rarely or not too often feel unsure about what to say when having conversations about end-of-life care (60 percent vs. 52 percent).

Physicians who say they have a formal assessment system in place are more likely than others to:

- Say it is extremely important for health care providers to have these conversations with their patients (61 percent vs. 47 percent);
- Talk to patients 65 and older about issues related to advance care planning/end-of-life care once a week or more (81 percent vs. 68 percent);
- Have had a conversation about end-of-life care and billed Medicare for it (22 percent vs. 10 percent);
- Have a place in the EHR system that indicates whether or not a patient has an advance care plan (79 percent vs. 51 percent); and
- Have an EHR system that allows them to see the actual content of a patient's advance care plan (72 percent vs. 47 percent).