

Conversation Stopper:

What's Preventing Physicians
from Talking With Their Patients
About End-of-Life and Advance
Care Planning



Media Webinar – April 14, 2016

Logistics

- Audio part of the call is at: 866-740-1260
Password: 6875496 (no audio through the computer).
- Given the number of people on the call, we have muted the line to ensure good audio quality.
- If you would like to ask a question, please send us a chat (We will answer questions at the end).
- We are recording the presentation.
- Write to marcus.escobedo@jhartfound.org or ewalker@aboutscp.com to receive poll materials.

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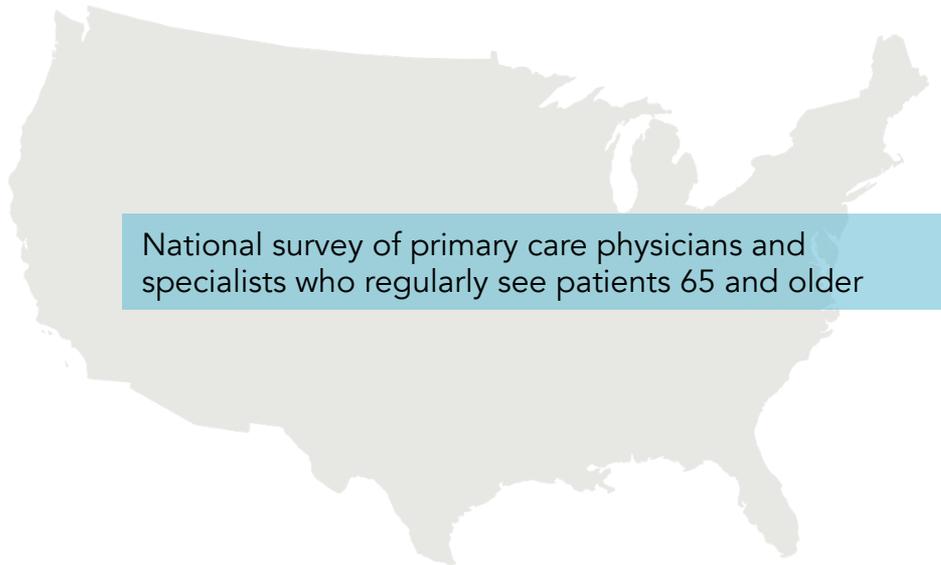
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Physicians' Views Toward End of Life and Advance Care Planning

Insights From Polling among Physicians | April 2016



Research methods.



The survey includes:

N = 736 total physicians

N = 470 primary care providers/internists

N = 266 specialists

- N = 85 oncologists
- N = 87 pulmonologists
- N = 94 cardiologists

N = 202 California physicians

Margin of sampling error:

- For total = ± 3.6 percentage points.
- For internist/primary care provider = ± 4.5
- For specialist = ± 6.0
- For California physicians = ± 6.9

Conducted by telephone from February 18 to March 7, 2016.

Research goals + overview of findings.

Goal:

Explore current physicians' experiences billing Medicare for conversations with their patients around advance care planning, motivations to have conversations, as well as barriers.

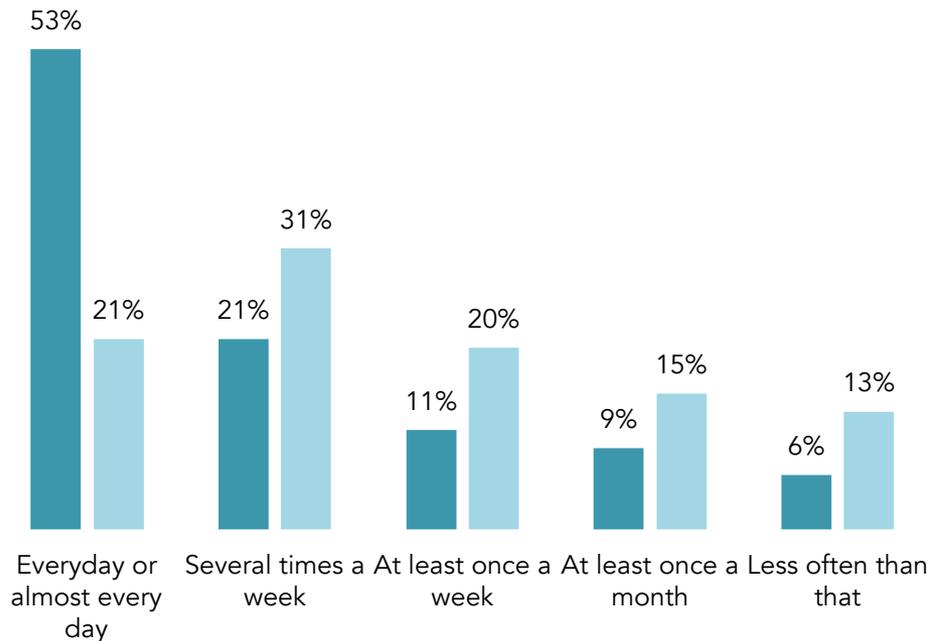
Overview of findings:

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.

More than half see patients 65 and older everyday or almost everyday – but most are not talking to patients about advance care planning 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?



Those most likely to be talking about issues related to advance care planning are:

- Physicians working in a hospital setting (61% at least several times per week)
- Those who have had formal training on end-of-life conversations (62%)
- Respondents who say their practice or health system has a formal system for assessing patients' end-of-life wishes and goals (63%)

Less than a third has had training on the issue.

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

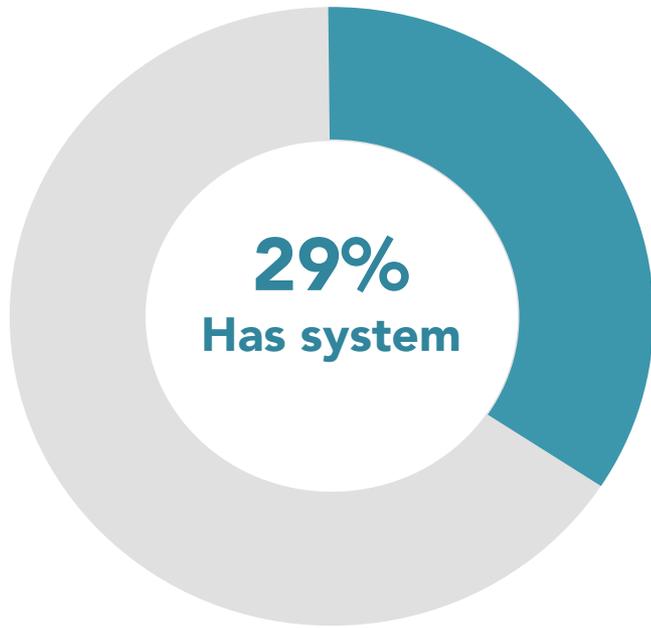


Respondents most likely to have had training include younger physicians and those with a racially and ethnically diverse patient population. Two-thirds of physicians seeing patients nearly everyday who are near end of life do not have specific training on these conversations.

	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%

Similarly, less than a third says their practice has a formal system for assessing patients' end-of-life wishes and goals for care.

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?

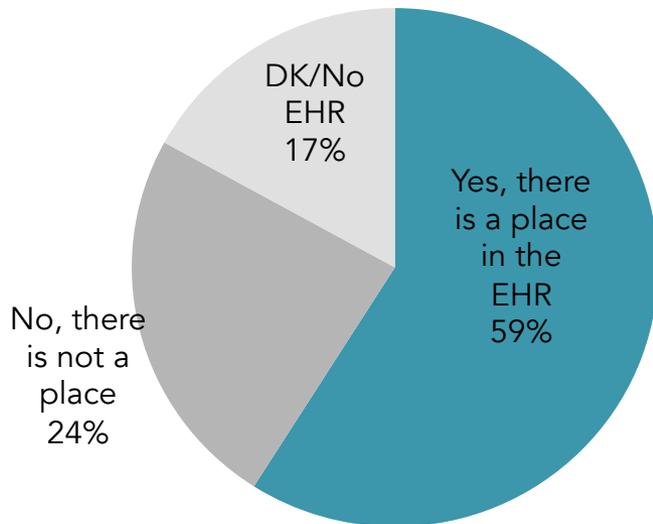


Physicians working in hospital settings are more likely to report a system in place than those in a mostly office or clinic based setting. Those who are having frequent conversations with patients around advance care planning are also more likely to report having a formal assessment system in place.

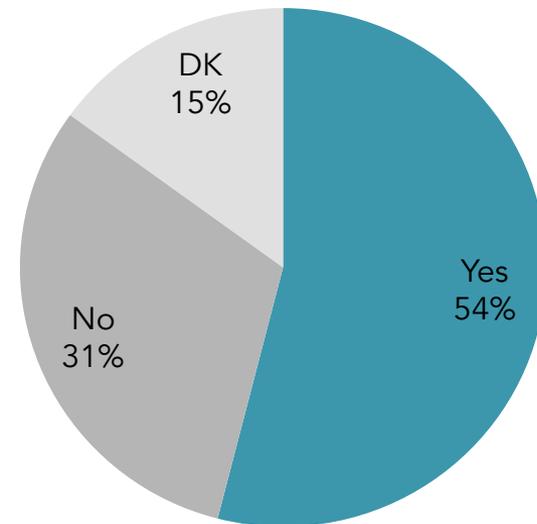
	Yes	No
Total	29%	67%
Mostly office/clinic based setting	26%	70%
Mostly hospital setting/both equally	39%	59%
Talks to patients about advance care planning (ACP) issues once/wk+	33%	64%
Talks to patients about ACP issues less often	20%	75%

A small majority says their EHR system indicates whether a patient has an advance care plan.

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



Compared to the public, physicians are much more likely to have these conversations with their own doctor.

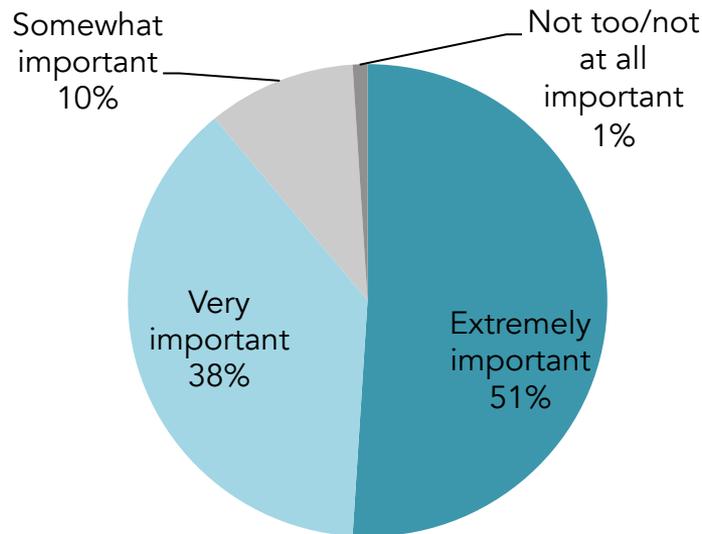
Have you ever had a conversation with your own doctor or health care provider about your wishes for your care at the end of your life, or not?



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% vs. 7% of those who have not talked with their own provider).

Virtually all say conversations about advance care planning are important – half say extremely important.

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



Respondents are more likely to say it is extremely important for health care providers to have these conversation with their patients if they have had training (59% vs. 47% of those with no training) or if they have a formal system in place (61% vs. 47% of those without a formal system).

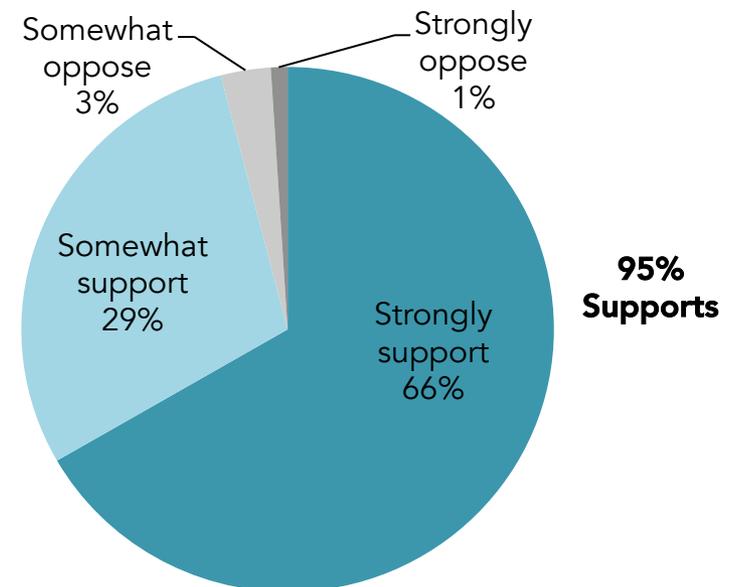
The vast majority of respondents support the new Medicare benefit.

Respondents were presented with the following definition of the Medicare benefit:

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.

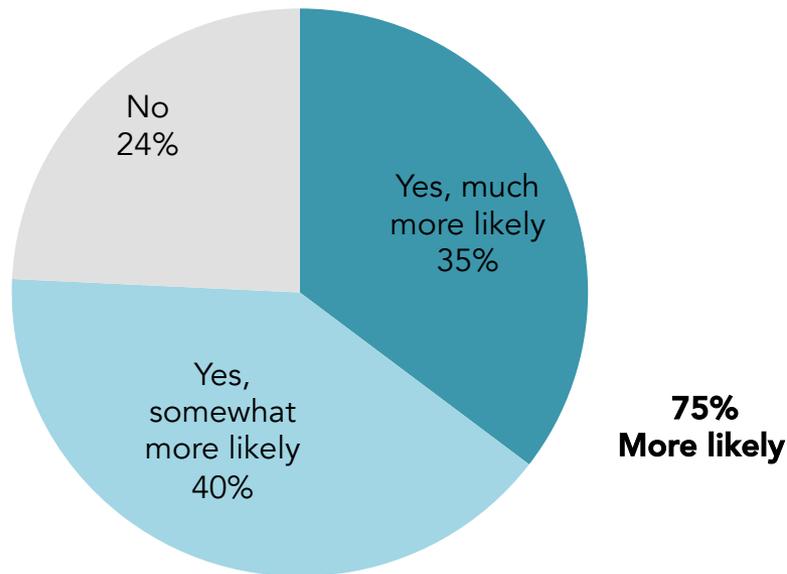
Advance care planning is defined as conversations which cover the patient's specific health conditions, their options for care and what care best fits their personal wishes, including at the end of life, and the importance of sharing those wishes in the form of a written document.

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



Three in four say this new benefit makes them more likely to talk to patients about advance care planning.

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?

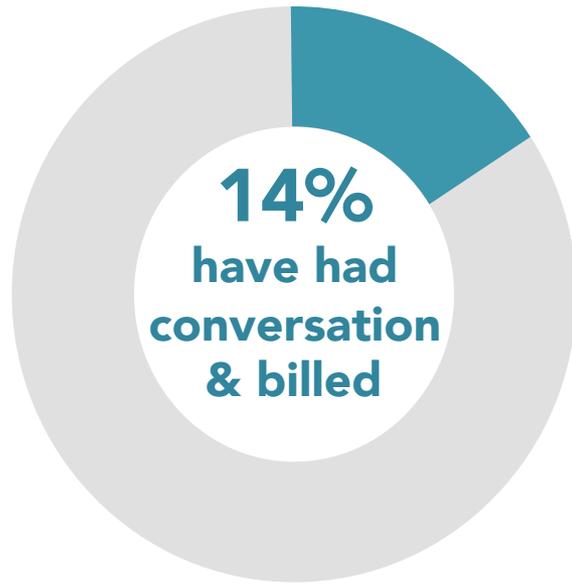


Respondents most likely to say they are much more likely to have conversations given the new benefit include racially/ethnically diverse physicians, those under age 50, and physicians who are already talking to patients about these issues nearly everyday.

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

Have you had this conversation and billed Medicare for it this year?

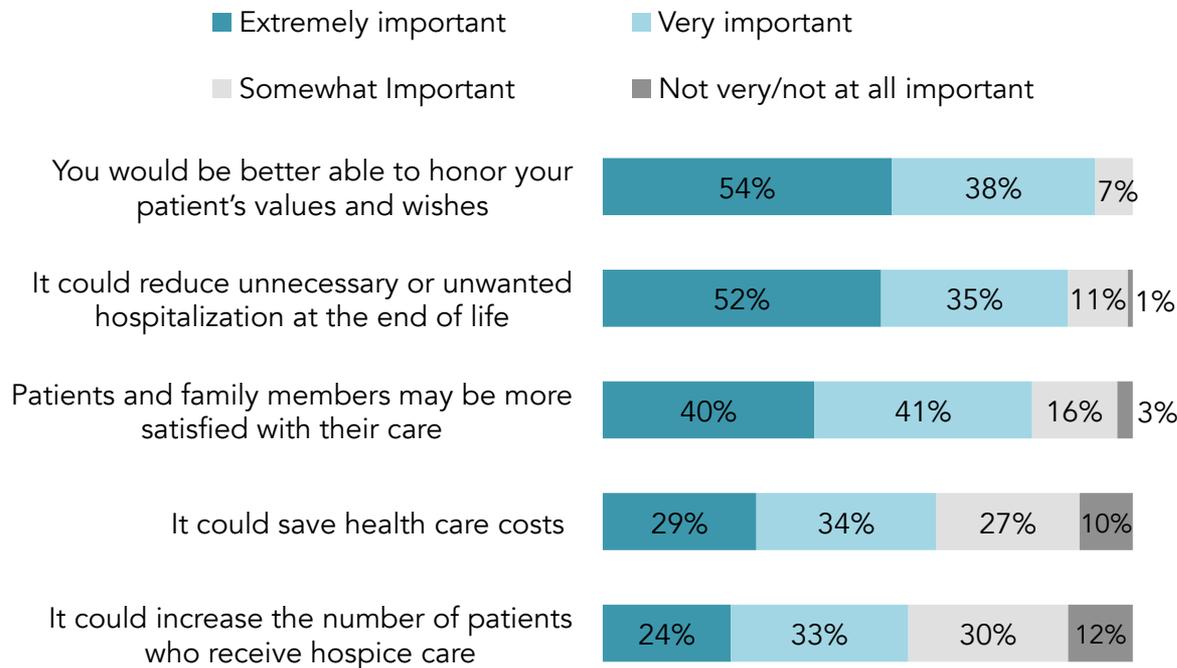
(Respondents who bill Medicare fee-for-service n = 626)



	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%

Top motivations: honoring patients' values and wishes and reducing unnecessary hospitalization.

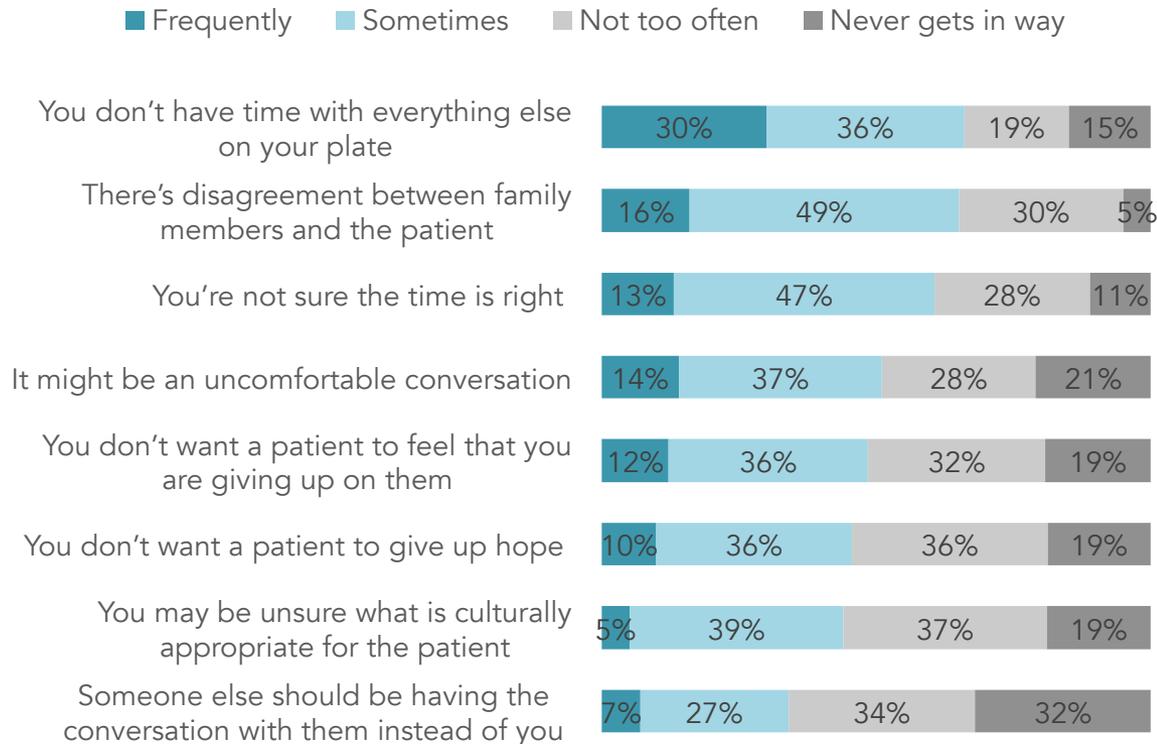
Here are some potential outcomes of talking with patients about advance care planning, goals of care, and end-of-life wishes. For you personally, how important is each of these as a reason to talk with your patients about these issues?



The top motivations are consistent across demographic segments.

Biggest barriers to having the conversation: lack of time, disagreement between patient and family, and not knowing when the time is right.

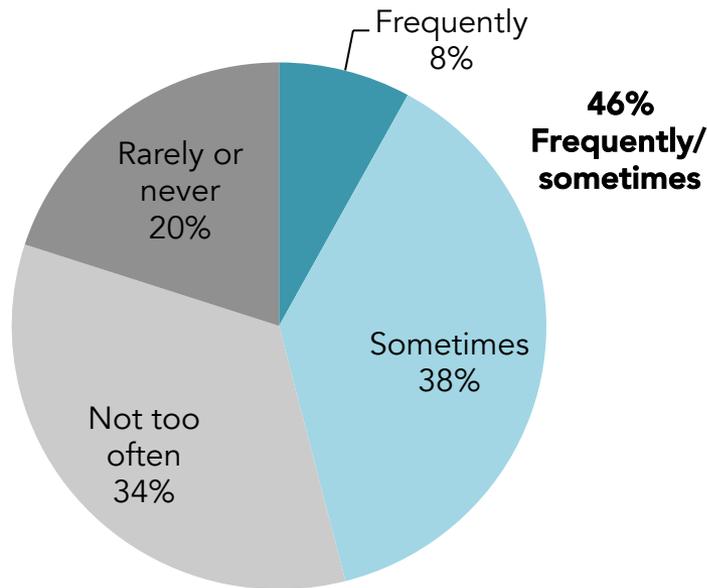
Think about your patients 65 and older with a serious illness. Have any of the following ever gotten in the way of talking to them about their end-of-life wishes? IF YES: how often does this get in the way for you....



Half of physicians with a racially/ethnically diverse patient base (48 percent) reports being unsure of what is culturally appropriate. Racially and ethnically diverse physicians are more likely than white physicians to feel uncomfortable with conversations.

Almost half say they frequently or sometimes feel unsure of what to say during conversations about end-of-life care.

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

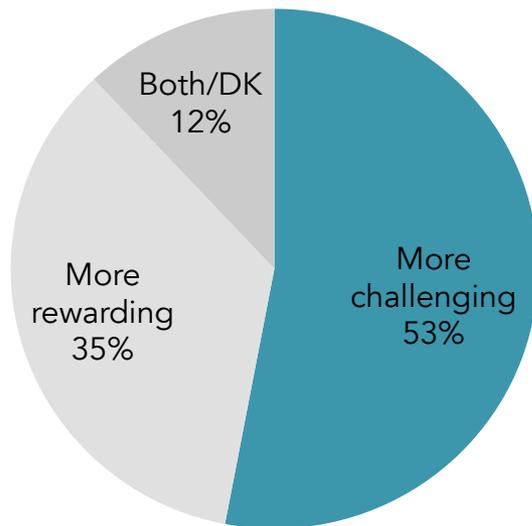


Physicians who have had end-of-life training are more likely to say they rarely or not to often feel unsure about what to say (60% compared to 52% of those without training).

Physicians more likely to experience uncertainty around what to say in these conversations include racially/ethnically diverse physicians, women, and younger respondents.

More than half say they find conversations about end-of-life care more challenging than rewarding.

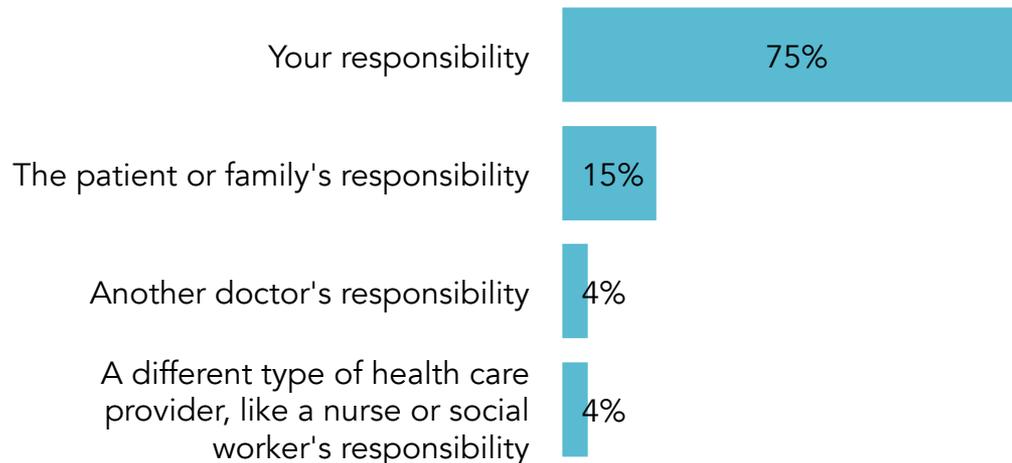
In general, do you consider conversations about end-of-life care to be:



Physicians who have had end-of-life training are more likely to say they find these conversation to be rewarding (46% compared to 30% of those without training).

Perception of responsibility does not appear to be a barrier: three-fourths say it is their responsibility to initiate the conversation.

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



Recap.

- Physicians recognize the importance of having conversations about advance care planning with their patients – they do not need to be persuaded. A majority feels it is their responsibility more than anyone else's.
- They support the new Medicare benefit and most say it makes them more likely to have these conversations. However, a large majority has not had this conversation and billed Medicare for it yet this year.
- Those with training around EOL care issues and with a formal system in place are more likely to both have these conversations and find them rewarding rather than challenging – but two thirds say they lack training or a formal system for assessing a patient's end-of-life care issues.
- The most common barrier that gets in the way of having conversations around advance care planning is feeling they do not have time with everything else on their plates. 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.
- Another common issue is feeling they frequently or sometimes feel unsure of what to say during these conversations – physicians who have formal training are less likely to feel this way.
- 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.

Thank you.

For more information please contact
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Questions and Discussion

Learn More

Please visit our website

www.jhartfound.org

www.jhartfound.org/advance-care-planning-poll

or contact

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