



Lalita Movva, MD

Faculty Mentors: Robert Fortuna, MD, Culver Medical Group
Andrew Aligne, MD, MPH, The Hoekelman Center

Project Summary

This project aims to increase the number of goals of care discussions between physicians and patients age 65 and greater in the primary care setting. By increasing the number of goals of care discussions, patients will be more likely to have their end of life wishes honored. Furthermore, families will be more likely to know their loved one's wishes in the event of any significant health event.

Background

- Goals of care discussions are an important and necessary component of health care maintenance, especially for adults age 65 and older.
- Having goals of care discussions often leads to less aggressive end of life care, decreased hospitalizations, and increased use of hospice services.
- Having these discussions increases physician and family compliance with patient end of life preferences.
- Establishing goals of care in advance helps increase the likelihood that patients will be able to die in their preferred place.
- Families are able to better cope with decisions that are discussed in advance.

Objectives

- Develop an easy to use EMR tool to track whether patients have advanced directives and health care proxies on file
- Create and implement an intervention to increase the number of health care proxies and advanced directives on file for patients 65 and older at Culver Medical Group
- Increase the number of goals of care discussions between physicians and patients as a result of this intervention



Source: "End-of-life/Palliative Care." Bayshore HealthCare. www.bayshore.ca/services/home-care/palliative/

Methods

- Develop an EMR tool to measure the percentage of patients 65 and older with health care proxies/advanced directives at Culver Medical Group.
- Collect data regarding the number of health care proxies/advanced directives on file prior to the intervention.
- Develop and implement an intervention to make initiating discussions and filling out paperwork a part of the usual clinic workflow. Work with residents/attendings, nurses, and clinic staff to make the intervention one that is easy to implement.
- Collect data regarding the number of health care proxies/advanced directives on file during and after the intervention.
- Analyze data to determine if the intervention made a significant impact on the number of health care proxies and advanced directives in patients over the age of 65
- Adjust the intervention as necessary to maximize impact.
- Implement the intervention at other primary care clinics

Future Directions

- Broaden the use of our EMR tool and intervention to other primary care clinics in the primary care network

References

- LeBlanc, Thomas W, and James Tulsy. "Discussing Goals of Care." *UpToDate*, 29 Oct. 2018, www.uptodate.com/contents/discussing-goals-of-care?search=goals%2Bof%2Bcare&source=search_result&selectedTitle=1-150&usage_type=default&display_rank=1#H106822019
- Detering, Karen, and Maria J Silveira. "Advance Care Planning and Advance Directives." *UpToDate*, 4 May 2018, www.uptodate.com/contents/advance-care-planning-and-advance-directives?search=advanced%2Bdirectives&source=search_result&selectedTitle=1-150&usage_type=default&display_rank=1.