



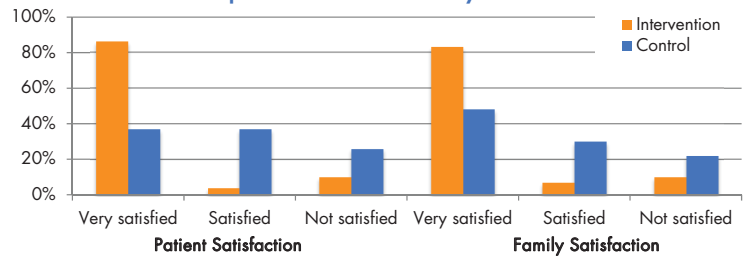
Advance care planning promotes compliance with patients' wishes and improves satisfaction

Advance care planning (ACP) extends patient autonomy by allowing individuals, particularly those with progressive illness, to reflect on and articulate their preferences for medical care in advance of medical crises that might impede their ability to speak for themselves. Through the mechanisms of open communication and the explicit documentation of preferences, ACP can help patients and families have greater control over how and where they engage with the health care system. By promoting concordance between care delivered and patient preferences, ACP programs have positive effects on patient and family satisfaction and mental health. Several recent trials and well-designed cohort studies have validated these claims.

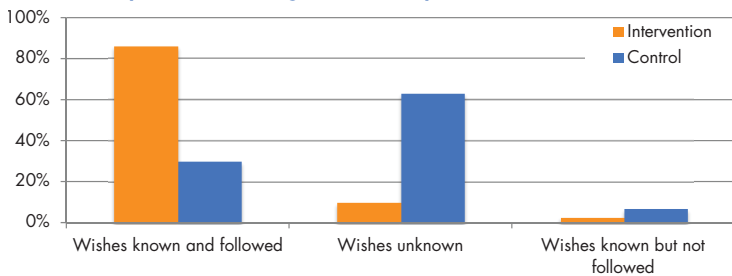
For example, Morrison and colleagues found that **in nursing homes that provided ACP education and discussions, residents were more likely to have their preferences documented** ($p < 0.01$) for CPR, artificial nutrition, intravenous antibiotics, and hospitalization, **and were much more likely to have their wishes respected** ($p < 0.04$).¹

ACP is also valued by patients and families. In a randomized trial that studied the impact of a complex ACP program, Detering and colleagues found that **satisfaction was higher among patients and families who received ACP, and that family members of patients who died had significantly less post-traumatic stress** ($p < 0.001$), **anxiety** ($p = 0.02$), **and depression** ($p = 0.002$) than did families of patients who received usual care.² ACP discussions were also associated with earlier hospice referral, which was in turn associated with improved patient and family quality of life.³

ACP Impact on Patient and Family Satisfaction²



ACP Impact on Knowledge of and Compliance with Patient Wishes¹



- Morrison RS, Chichin E, Carter J, et al. The effect of a social work intervention to enhance advance care planning documentation in the nursing home. *J Am Geriatr Soc* 2005; 53(2): 290–294.
- Detering KM, Hancock AD, Reade MC, et al. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. *BMJ* 2010; 340: c1345.
- Wright AA, Zhang B, Ray A, et al. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA* 2008; 300(14): 1665–1673.

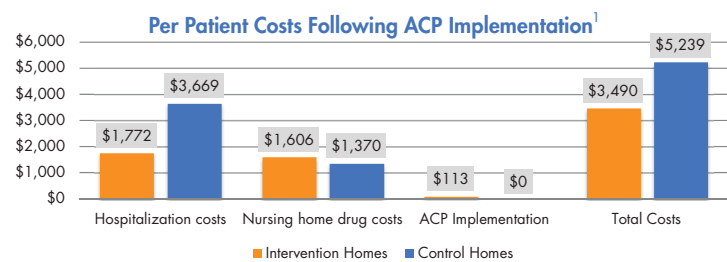




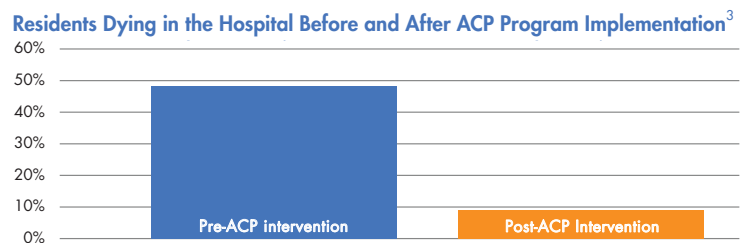
Advance care planning reduces health care costs

Advance care planning (ACP) supports patients and families in discussing and documenting care preferences, with the goal of ensuring that the care patients receive is aligned with their goals, values and priorities. In many instances, when asked about their preferences, patients and families will prioritize remaining in the home vs. going to the hospital, and favor comfort and quality of life over invasive care that may carry limited benefits. In such situations, when patient preferences are honored, the resulting changes in the way patients engage with the health care system result in lower overall health care costs. These effects have been demonstrated in several published studies.

In a multisite randomized controlled trial of ACP in nursing homes, Molloy et al. found that **per patient health care costs were substantially lower in nursing homes that implemented the ACP intervention** (average difference of \$1,749CAN; $p=0.01$).¹ Nursing homes that implemented the intervention also saw **fewer hospitalizations per patient** ($p=0.001$) and **a lower average number of days spent in hospital** ($p=0.01$).



In another study of the effects of a complex ACP program deployed in nursing homes, Levy et al. found that following implementation, residents were less likely to die in the hospital (48.2% pre-intervention vs. 8.9% post-intervention, $p<0.0001$).³ **Every resident who died after ACP program implementation had an advanced directive** ($p=0.03$), and **residents were more likely to be referred to palliative care** (7.4% pre-intervention vs. 31.1% post-intervention, $p=0.02$).



ACP impact on utilization was also seen in a study of the effects of end-of-life discussions between patients with advanced cancer and their physicians. Wright and colleagues found that **end-of-life discussions were associated with lower rates of ventilation** (adjusted odds ratio [OR], 0.26 95% confidence interval [CI] 0.08, 0.83), **resuscitation** (adjusted OR 0.16 [0.03, 0.80]), **ICU admission** (adjusted OR 0.35 [0.14, 0.90]), and **earlier hospice enrollment** (adjusted OR 1.65 [1.04, 2.63]).² **More aggressive medical care was associated with worse patient quality of life** and higher risk of major depressive disorder in bereaved caregivers, whereas **longer hospice stays were associated with better patient quality of life**.

1. Molloy DW, Guyatt GH, Russo R, et al. Systematic implementation of an advance directive program in nursing homes: a randomized controlled trial. *JAMA* 2000; 283(11): 1437-1444.
 2. Wright AA, Zhang B, Ray A, et al. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA* 2008; 300(14): 1665-1673.
 3. Levy C, Morris M and Kramer A. Improving end-of-life outcomes in nursing homes by targeting residents at high risk of mortality for palliative care: program description and evaluation. *J Palliat Med* 2008; 11(2): 217-225.

