

# Transforming Advance Care Planning into an Atmosphere of Support and Communication

*This model of care shows promise to increase rural Veterans' access to care and services, and is recommended for replication at other facilities.*

## Medical Issue

Advance Care Planning (ACP) is the process in which individuals think about and plan for future care and treatment should they become unable to make or communicate health care decisions for themselves. These preferences can be documented in a written legal statement, called an "advance directive."<sup>1</sup> VA medical facilities offer information on ACP and advance directives. However, many Veterans have not yet considered ACP or completed/updated their advance directives.

## Access Challenge

Veterans cite barriers to completing ACP, such as time constraints, lack of provider expertise, travel and health illiteracy.<sup>2,3,4,5</sup> Consequently, the care that Veterans receive in situations where they are unable to communicate directly may be quite different from what they would have wished.<sup>6,7</sup>

## Solution

To proactively engage more Veterans in ACP, the Central Arkansas Veterans Healthcare System (CAVHS) established an interactive, group-based ACP program. At the core of this program are facilitated group meetings that promote and foster open discussions about care preferences, values and beliefs. These meetings, often embedded into established group visits and shared medical appointments, provide an intimate, relevant and supportive atmosphere for Veterans to participate in meaningful conversations with other Veterans, family members and health care professionals with ACP expertise (e.g., a social worker, nurse, psychologist or chaplain). Specially trained health professionals lead the discussions and offer one-on-one assistance to help complete advance directives. These group leaders follow up with Veterans to

assist with problem solving and/or setting next steps. To address travel barriers, the ACP program is available to rural Veterans through telehealth technology.

## Impact

The ACP program has provided services to more than 39,640 Veterans, including nearly 14,000 rural Veterans. In one review of the program, nearly 90% of participants reported increased knowledge of ACP.

In FY21, the ACP-GV was offered at 57 VA sites, including 26 ORH-funded sites. Additionally, more than 1,000 VA staff have been trained in ACP-GV strategies since FY17.

By enhancing communication and discussing ACP with family members, Veterans can reduce potential emotional distress and discord regarding health care decisions and increase their likelihood of completing advance directives.

<sup>1</sup> National Institute on Aging Information Center. (2012). Advance care planning: Tips from the National Institute on Aging. Retrieved from <https://www.nia.nih.gov/health/publication/advance-care-planning>

<sup>2</sup> Hawkins, N.A., Ditto, P.H., Danks, J.H., & Smucker, W.D. (2005). Micromanaging death: Process preferences, values, and goals in end-of-life medical decision making. *Gerontologist*, 45, 107-117.

<sup>3</sup> Hickman, S.E., Hammes, B.J., Moss, A.H., & Tolle, S.W. (2005). Hope for the future: Achieving the original intent of advance directives. *Hastings Center Report*, S26-S30.

<sup>4</sup> Singer, P.A., Martin, D.K., & Kelner, M. (1999). Quality end-of-life care: Patients' perspectives. *JAMA*, 281, 163-168.

<sup>5</sup> Braun, U.K., & McCullough, L.B. (2011). Preventing life-sustaining treatment by default. *The Annals of Family Medicine*, 9, 250-256.

<sup>6</sup> Silveira, M.J., Kim, S., & Langa, K. (2010). Advance directives and outcomes of surrogate decision making before death. *New England Journal of Medicine*, 362(13), 1211-1218. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMsa0907901>

<sup>7</sup> Benson, W.F., & Aldrich, N. (2012). Advance care planning: Ensuring your wishes are known and honored if you are unable to speak for yourself. *Critical Issue Brief*, Centers for Disease Control and Prevention. Retrieved from [www.cdc.gov/aging](http://www.cdc.gov/aging)

<sup>8</sup> Garner, K.K., Dubbert, P., Lensing, S., & Sullivan, D.H. (2016). Concordance between Veterans' self-report and documentation of surrogate decision makers: implications for quality measurement. *Journal of Pain and Symptom Management*, 53(1), 1-4.