





Interpreting the Evidence Base for ACP

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Deconstructing the Complexities of Advance Care Planning Outcomes: What Do We Know and Where Do We Go? A Scoping Review

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Scoping Review Methods:

- ACP RCT's
- Jan 2010 to March 2020
- 1,464 identified 69 met eligibility
 - 70% published in/after 2017
 - 94% rated as high quality
 - None had been included in prior systematic reviews



Heterogeneity Among the Studies

- Definitions
- Populations
- Life trajectory
- Settings
- Intervention modalities
- Follow-up time points
- Outcomes (170 outcomes; 79 primary)



What patients want

- Person-Centered Care¹
- To talk about ACP while they can still engage in decision-making^{2,3}
- Patients desire a way to:
 - prepare their families and surrogate decision makers
 - decrease their loved ones' decision-making burden^{4,5}
 - to ensure their own wishes are honored^{6,7}

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Evidence that ACP improves

- Process (Readiness) 72%
- Action (Communication) 86%
- Quality of Care
 - Congruence pt/surrogate/clinician 88%
 - Sat. with Communication 100%
 - Surrogate Sat. with Decision Making 67%
 - Surrogate Sat. with Medical Care 75%
- Health Status
 - Decreased surrogate anxiety/depression, PTSD, complicated grief 100%
- What about goal concordant care?

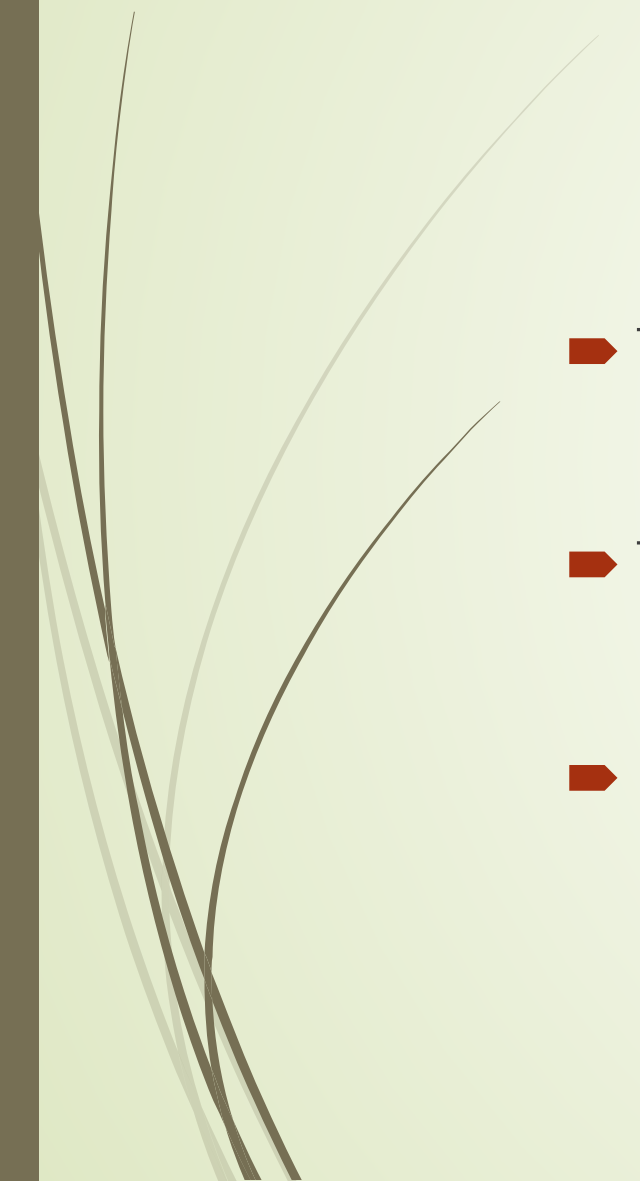


Diversity and Disparities

- Explore, explain and work to eliminate health disparities
- Preparing for (and sharing) decision-making role as a path toward increasing trust **worthiness** of healthcare
 - Longitudinal congruence of treatment preferences in adult HIV+ population (86% AA; 39% incomes <FPL; 42% \leq HS education)⁸
 - 98% ACP engagement in diverse English- and Spanish-speaking Older Adults⁹
 - 41% more active patient participation in ACP during clinical visits (30.5% limited health literacy; 25% Spanish speaking)¹⁰



Interpreting the Evidence:

- The role of Practice-Based Evidence
 - The importance of Implementation Science
 - The call for Pragmatic Trials
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