How do Dutch primary care providers overcome barriers to advance care planning with older people? A qualitative study

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Background Few older people benefit from advance care planning (ACP), due to several barriers related to primary care professionals, such as insufficient knowledge, negative attitudes and a lack of time. Information on overcoming these barriers is limited. We assumed primary care professionals experienced in ACP with older patients are likely to have learned how to overcome these barriers. Therefore we investigated how primary care professionals, experienced in ACP with older patients, overcome these barriers.

Methods A qualitative study, based on semi-structured interviews, among a purposive sample of 14 Dutch primary care professionals experienced in ACP with older people. Transcripts were thematically analysed.

Results We interviewed eight general practitioners (GPs), three nurses and three elderly care physicians, experienced in ACP with older people. Respondents overcame their own insufficient knowledge and skills, as well as their negative attitudes and beliefs by gaining experience through practicing ACP in their daily practices, exchanging and reflecting on those experiences with peers, pursuing continuing education, teaching and participating in research. To overcome patients’ and families’ lack of initiative and openness to ACP, respondents prepared them for further steps in ACP. To overcome a lack of time, respondents used tools and information communication technology, delegated parts of ACP to other primary care professionals, acquired financing and systematized documentation of ACP.

Conclusions Primary care professionals can overcome barriers to ACP with older patients by practicing, reflecting on experiences and pursuing continuing education, by preparing patients and involving family and by investing in support to approach ACP more efficiently.

Scope review about web-based advance care planning programs

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Background Advance Care Planning (ACP) enables persons to define goals and preferences for future medical treatments and care, to discuss, record and review these. Potentially, web-based programs can support patients in ACP. However, an overview of their effectiveness and feasibility is lacking.

Methods To provide an overview of the content, feasibility and effectiveness of web-based, interactive and patient-centered ACP programs, we systematically searched in 7 databases. We extracted data using the EAPC consensus concept of ACP as our framework.

Results The search identified 3434 records; 21 studies were included. Three additional studies were identified by hand search. The 24 studies evaluated 11 web-based ACP programs, developed in the USA (10) and Ireland (1). Most programs addressed exploration of goals, values and preferences, and ACP communication. Users considered programs easy to use (7/7 studies) and not burdensome (7/8 studies). Users were satisfied with the programs (10/10 studies). ACP communication (11/11 studies) and ACP documentation (14/16 studies) increased. Two studies evaluated concordance between preferred and provided care. Designs of 10 studies allowed comparison before/after completing ACP programs or between study groups.

Conclusion(s) Most web-based ACP programs contain the important elements of ACP. Studies reported that programs tended to be effective and feasible. Evaluations of concordance between preferred and provided care are scarce. Web-based programs have potential to support patients, and scale up ACP. However, since many studies did not assess differences before/after or between groups, outcomes should be interpreted with caution.