

OP28

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 beliefs 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.

OP29

'WHILE MY THINKING IS CLEAR': OUTCOMES FROM A FEASIBILITY PILOT OF A MULTIDISCIPLINARY, STEP-WISE PATHWAY FOR ACP IN FAMILY MEDICINE

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Background Advance care planning (ACP) and goals of care (GCD) discussions with patients align with the tenets of patient-centred shared decision-making central to family medicine (FM). We sought to determine whether a multidisciplinary pathway is feasible in family medicine to enable effective ACP conversations. This pathway reorders Ariadne Lab's Serious Illness Conversation Guide (SICG) with a values clarification tool in a step-wise approach to ACP.

Methods Mixed-methods feasibility pilot study of pathway implementation in an urban FM clinic in Alberta, Canada. We recruited community-dwelling patients age 60 or older

with indications of frailty (multi-morbidity, unplanned hospitalizations), and their surrogate decision-maker (SDM). An allied health professional initiated the ACP pathway, which preceded an appointment with the family physician (FP) to complete the SICG discussion. We conducted a survey of patients and SDMs, and a focus group with clinicians to evaluate feasibility, acceptability and perceived impact.

Results Nine patients, seven SDMs, and four clinicians participated in the pilot. All patients and SDMs rated the process as "very good" or "excellent". Eight patients and two SDMs reflected that discussing and documenting their preferences helped them feel more prepared for future illness, and that involving SDMs was essential. Clinicians found the pathway and SICG improved their skills and empowered them to facilitate these conversations more effectively.

Conclusions This pathway that adapts use of the SICG was acceptable and effective for all participants. The pathway fits well into FM as the trusting relationship between the patient and FP provides the foundation for these meaningful conversations.

OP30

SCOPING 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 as 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.

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OP31 DEVELOPING AND IMPROVING A WEB-BASED TOOL FOR CLIENTS IN LONG-TERM CARE: A USER-CENTRED DESIGN

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Background The decision-making process for clients in need of long-term care is challenging and clients need to make choices about the care they prefer. A tool to assist the clients and caregivers with the decision-making and elicitation on preferences could be beneficial. The aim is to investigate user-requirements of a tool for the decision-making.

Methods We applied a user-centred design to develop this tool. This was an interactive process of collecting data with end-users and improving the prototypes. The end-users included clients, relatives, and caregivers. Four end-users participated in a development team and 22 end-users were interviewed individually. We collected data during three phases of iteration: look and feel, navigation, and content. We analysed the data using thematic analysis and adjusted the prototype after each phase.

Results The lay-out was approved by all participants during the look and feel phase, but there was a need for different/neutral pictures. During the navigation phase, participants experienced easy navigation, but text-blocks had to be shortened. Considering the content, participants missed questions about well-being/happiness. After the third phase, the tool was finalized.

Conclusion The user-centred design was necessary to move from the prototypes to the finalized tool fitting usability-requirements of end-users. The tool 'What matters to me' (<http://www.watikbelangrijkvind.nl>) is currently in the feasibility-testing phase.

OP32 USING TWITTER TO EXPLORE ADVANCE CARE PLANNING AMONG BRAIN TUMOR STAKEHOLDERS

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Background Advance care planning (ACP) often occurs too late in the disease course of patients affected by brain tumors. Furthermore, the perspectives of brain tumor stakeholders on ACP are not well described. This study uses a social media tweet chat to understand perspectives on ACP among brain tumor stakeholders.

Methods This qualitative descriptive study analyzed a tweet chat (real-time virtual group discussion on the social media platform Twitter) of brain tumor stakeholders. The 1-hour tweet chat was organized by the patient-run Twitter community referred to with the hashtag #BTSM, which stands for Brain Tumor Social Media. Participants reflected on four questions about ACP by including #BTSM in tweets. Unique

tweets and stakeholder type (i.e. patient, caregiver, advocate or organization member, clinical provider and researcher, leader) were categorized. The tweet chat transcript was analyzed to identify key themes.

Results Fifty-two participants from four countries contributed 336 unique Tweets. Most participants were patients, clinical providers or researchers, and advocates or organizations. There were four key themes regarding brain tumor stakeholder perspectives about ACP: 1) cultural barriers prevent discussions of death; 2) ensuring one's voice is heard; 3) Goldilocks' approach to timing – fearing ACP is too early or too late; and 4) crowdsourcing ACP resources.

Conclusions A multi-national group of brain tumor stakeholders engaged in ACP discussions via a social media tweet chat and highlighted important challenges and opportunities. Social media is a new avenue in which clinicians and patients may engage with to better understand each other's perspectives related to ACP.

OP33 NATIONWIDE MULTICENTER EVALUATION TO DETERMINE WHETHER PATIENT VIDEO TESTIMONIALS CAN SAFELY HELP ENSURE APPROPRIATE CRITICAL VERSUS END-OF-LIFE CARE

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Background End-of-life interventions should be predicated on consensus understanding of patient wishes. Written documents are not always understood; adding a video testimonial/message (VM) might improve clarity. Study goals were to (1) determine baseline rates of consensus in assigning code status and resuscitation decisions in critically ill scenarios and (2) determine whether adding a VM increased consensus.

Methods We randomly assigned 2 web-based survey links to 1366 faculty and resident physicians at institutions with graduate medical education programs in emergency medicine, family practice, and internal medicine. Each survey asked for code status interpretation of stand-alone Physician Orders for Life-Sustaining Treatment (POLST) and living will (LW) documents in 9 scenarios. Respondents assigned code status and resuscitation decisions to each scenario. For 1 of 2 surveys, a VM was included to help clarify patient wishes.

Results Response rate was 54%, and most were male emergency physicians who lacked formal advanced planning, document interpretation training. Consensus was not achievable for stand-alone POLST or LW documents (68%–78% noted "DNR"). Two of 9 scenarios attained consensus for code status (97%–98% responses) and treatment decisions (96%–99%). Adding a VM significantly changed code status responses by 9% to 62% ($P \leq 0.026$) in 7 of 9 scenarios with 4 achieving consensus. Resuscitation responses changed by 7% to 57% ($P \leq 0.005$) with 4 of 9 achieving consensus with VMs.

Conclusions For most scenarios, consensus was not attained for code status and resuscitation decisions with stand-alone LW and POLST documents. Adding VMs produced significant impacts toward achieving interpretive consensus.