A RANDOMIZED TRIAL OF A ‘GOALS OF CARE’ DECISION SUPPORT INTERVENTION (PLANWELL™) IN PRIMARY CARE IN ALBERTA, CANADA

1D Heyland*, 2R Heyland, 3M Hosward. 1Clinical Evaluation Research Unit and Queen’s University, Kingston, Canada; 2McMaster University, Hamilton, Canada

Background We aimed to determine the efficacy of a recently developed decision support intervention, PlanWell™, which was designed to improve the quality of Goals of Care Determinations (GCD) in primary care settings.

Methods We conducted a multicenter randomized trial of patients considered by the primary care doctor to require establishment or review of GCD. Enrolled patients were randomized to receive the study intervention by a trained facilitator or usual care. Outcomes included preferences for life-sustaining treatments, a modified decisional conflict score (DCS), and the proportion of patients who with completed GCD form 8–12 weeks post intervention. Physician ratings of DCS and amount of time spent with patient obtaining GCD were also compared.

Preliminary results 123 were consented and randomized, 115 completed the trial. Of enrolled patients, 52% were male and the average age was 74 years. Post intervention, fewer intervention patients preferred CPR and ICU care (15% vs. 30%, p=0.25). Patients in the intervention group were better informed (p=0.03) and feeling more support from the physician (p=0.03). The completion rate of GCD forms was similar in both groups (96.7% intervention vs. 94.0% usual care, p=0.71). Physicians considered intervention patients to be better informed (p=0.07) and to have a clear sense of their values (p=0.04) and spent less time with them (9.7 vs 13.0 mins, p<0.001) compared to usual care patients.

Conclusions The PlanWell™ intervention seems to help clarify values, better inform patients and may reduce preference for resuscitation, while reducing the physician’s time to accomplish GCD decisions.

EFFECTS OF A LATE LIFE SUPPORTIVE CARE INNOVATION THAT FOCUSES ON WHAT MATTERS MOST

1S Schelling*, 2H Britt, 3M JaKA, 2K Fernstrom, 2A Betzner, 2P Bingham, 3N Shippee, 3J Anderson. 1Allina Health, St. Paul, MN, USA; 2Allina Hospice and Palliative Care, St Paul, USA; 3University of Minnesota, Minneapolis, MN, USA

Background Whole person care is a new paradigm for serious illness beyond disease specific practice guidelines and lacks robust evaluation. The purpose of this presentation is to describe the effects of LifeCourse(LC), a person-centered program for patients living with serious illness, utilization of healthcare, care experience and quality of life.

Methods This quasi-experimental intervention study with a Usual Care (UC) comparison group was conducted between 2012–2017. Enrolled patients (N=903) were estimated to be within 3 years of end of life and diagnosed with 1+ serious illness. Community health workers (CHWs) delivered standardized monthly 1-hour home visits based on palliative care guidelines to assist patients in identifying self-defined goals, support ongoing person-centered advance care planning, and promote physical, psychosocial and financial wellbeing. Primary outcomes included healthcare utilization measured by electronic health records and patient and caregiver-reported experience and quality of life measured every 3 months.

Results Patients were elderly (LC 74, UC 78 years) and primarily non-Hispanic, white, living at home, and had a cardiovascular primary diagnosis (LC 69%, UC 57%). A higher proportion of LC patients completed advance directives during the study (N=173, 38%) than did UC patients (N=66, 15%; p<0.001). LC patients who died spent more days in hospice (88±191 days) compared to UC patients (44±71 days; p=0.018). LC patients reported greater improvements than UC in communication as part of the care experience (p=0.016).

Conclusions The implementation of person-centered programs delivered by CHWs is feasible. Inexpensive upstream expansion of palliative care models can yield benefits for patients and caregivers.