Optimizing Advance Care Planning for High-Risk Patients: A Pre-Intervention Study of Race and Provider Factors

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BACKGROUND

Advance care planning (ACP) improves quality of life for patients nearing the end of life. Among Stanford primary care clinics, providers report discomfort discussing ACP due to trouble identifying who and when to engage in these conversations. Targeting such barriers can inform interventions for improving quality of care.

RESEARCH QUESTION

Are there differences in the frequency of ACP conversations and documentation reported by Stanford primary care physicians with high-risk patients 65+ by race and ethnicity?

METHODS

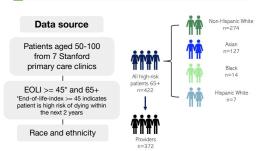
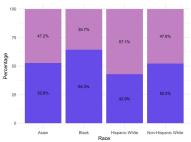


Figure 1: Percentage of ACP Conversation by race for high-risk patients



75 — 58.3% 57.1% 57.1% 45.6% 57.1% 57.1% 45.6% 50 — 41.7% 42.9% 42.9% 54.4%

Race

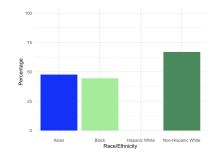
Documentation by race for high-risk

Figure 2: Percentage of ACP

patients

Figure 3: Percentage of ACP Documentation in high-risk patients with ACP Conversation by race

*counts for Black (9) and Hispanic white (2) populations are low



Asian patients are *least likely* to have ACP documentation in their chart.

Minorities who have ACP conversations are *less likely* to have ACP documentation in their chart.

DISCUSSION

- Among patients, there are discrepancies in ACP documentation
- Of patients with ACP conversations, Asians have less ACP documentation on file
- Providers seem to be experiencing difficulties in carrying out ACP for minority patients

Limitations

- Black and Hispanic White counts are low
- · Asians analyzed in aggregate

FUTURE DIRECTIONS

- Stratify data by provider
- Consider insurance as a covariate
- Survey and interview Stanford primary care providers
- Question about provider's perceived cultural barriers to engaging with ACP

Scan for abstract



