Guideline Summary NGC-9005

Guideline Title

Advance care planning.

Bibliographic Source(s)

Michigan Quality Improvement Consortium. Advance care planning. Southfield (MI): Michigan Quality Improvement Consortium; 2012 Jan. 1 p.

Guideline Status

This is the current release of the guideline.

Scope

Disease/Condition(s)

- Conditions for which death within the next 12 months would not be surprising
- Chronic, life-limiting and/or life-threatening illness
- Any stage of health in older people

Guideline Category

Counseling

Management

Clinical Specialty

Family Practice

Geriatrics

Internal Medicine

Intended Users

Advanced Practice Nurses

Health Plans

Physician Assistants

Physicians

Guideline Objective(s)

- To achieve significant, measurable improvements in advance care planning through the development and implementation of common evidence-based clinical practice guidelines
- To assist the practitioner in engaging the patient in a discussion of goals, preferences, and priorities regarding the patient's care at different stages of life
- To recommend tools and interventions to address Advance Care Planning across the patient population
- To design concise guidelines that are focused on key components of advance care planning

Target Population

- Patients whose death in the next twelve months would not be surprising
- Patients with a chronic, life-limiting illness who are experiencing more symptoms, hospitalizations, etc.
- Patients aged 55 and over, in any stage of health

Interventions and Practices Considered

1. Patient education
2. Completion of an Advance Directive

3. Review of patient's goals and preferences annually
4. Documentation

Major Outcomes Considered

Not stated

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

The Michigan Quality Improvement Consortium (MQIC) health care analyst conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies, existing protocols and/or national guidelines on the selected topic developed by organizations such as the American Diabetes Association, American Heart Association, American Academy of Pediatrics, etc. If available, clinical practice guidelines from participating MQIC health plans and Michigan health systems are also used to develop a framework for the new guideline.

For this guideline specific Web sites were searched and links are provided in the original guideline document.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence for the Most Significant Recommendations

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

Methods Used to Analyze the Evidence

Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Using information obtained from literature searches and available health plan guidelines on the designated topic, the Michigan Quality Improvement Consortium (MQIC) health care analyst prepares a draft guideline to be reviewed by the medical directors' committee at one of their scheduled meetings. Priority is given to recommendations with [A] and [B] levels of evidence. (see the "Rating Scheme for the Strength of the Evidence" field).

The initial draft guideline is reviewed, evaluated, and revised by the committee resulting in draft two of the guideline. Additionally, the Michigan Academy of Family Physicians participates in guideline development at the onset of the process and throughout the guideline development procedure. The MQIC guideline feedback form and draft two of the guideline are distributed to the medical directors, as well as the MQIC measurement and implementation group members, for review and comments. Feedback from members is collected by the MQIC health care analyst and prepared for review by the medical directors' committee at their next scheduled meeting. The review, evaluation, and revision process with several iterations of the guideline may be repeated over several meetings before consensus is reached on a final draft guideline.

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

When consensus is reached on the final draft guideline, the medical directors approve the guideline for external distribution to practitioners with review and comments requested via the Michigan Quality Improvement Consortium (MQIC) health plans (health care analyst distributes final draft to medical directors' committee, measurement and implementation groups to solicit feedback).

The MQIC health care analyst also forwards the approved guideline draft to appropriate state medical specialty societies and physicians with expertise in the related field for their input. After all feedback is received from external reviews, it is presented for discussion at the next scheduled committee meeting. Based on feedback, subsequent guideline review, evaluation, and revision may be required prior to final guideline approval.

The MQIC Medical Directors approved this guideline in January 2012.

Recommendations

Major Recommendations

Education Topics

- The Advance Care Planning process
- The value of making one's wishes known both verbally and in writing
- The importance of early conversations with family in a non-crisis situation
- The value of identification of a surrogate decision-maker, with consent
- The value of cultural sensitivity
- For appropriate patients, the value of having a Physician's Orders for Life-Sustaining Treatment (POLST)
- Education should include family members, the surrogate decision-maker, and others who are close to the patient
- Any individual can start the conversation (including physicians, nurses, social workers, clergy, trained facilitator, etc.)
- These individuals are encouraged to seek training to improve their ability to handle the issues
- At the later stages, the facilitator should have experience with/knowledge of the patient's specific condition (e.g. congestive heart failure [CHF], end-stage renal disease [ESRD], cancer, etc.)

Completion of Advance Care Plan

Use an Advance Care Planning tool[1] to:

- Complete an Advance Directive[2]
- Help the patient identify a surrogate who would make decisions on their behalf if they did not have decision-making capacity
- Identify the patient's values and perspectives on end-of-life care and their general wishes for end-of-life care
- Encourage the patient to discuss their wishes with the surrogate, family member, spiritual counselor and others

[1]Respecting Choices Program (http://respectingchoices.org/); Five Wishes (http://fivewishes.org/)

[2]In Michigan, the only legally recognized advance directives are Durable Power of Attorney for Health Care (DPOA) and Do Not Resuscitate (DNR). Living wills are not legally recognized by the State of Michigan.

Revision of Advance Care Plan

- Review the patient's goals and preferences for end-of-life care and Advance Directives at least annually
- Work with the patient to update his/her Advance Directives, giving consideration to specific potential scenarios
- Discussions should occur with a significant change in prognosis (metastatic cancer, oxygen-dependent chronic obstructive pulmonary disease [COPD], progressive heart failure)
- If patient has limited life expectancy, consider using the POLST tool to address the patient's specific requests for end-of-life care.

Documentation

- Place a copy of the Advance Directive and other documentation of the patient's goals and preferences for end-of-life care in the patient's record
- Share the POLST throughout the health system as appropriate, including nursing homes, emergency medical services (EMS) companies, etc.

Clinical Algorithm(s)

None provided

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is not specifically stated for each recommendation.

The guideline is based on The Joint Commission: 2011 Comprehensive Accreditation Manual for Hospitals; The American Medical Association: E-2.225 Optimal Use of Orders - Not - To - Intervene and Advance Directives (https://ssl3.ama-assn.org/apps/ecomm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=/ama1/pub/upload/mm/PolicyFinder/policyfiles/HnE/E-2.225.HTM); NCCN Clinical Practice Guidelines in Oncology: Palliative Care, Version 2.2011 (http://www.nccn.org/index.asp); Physician Orders for Life-Sustaining Treatment Paradigm (http://www.ohsu.edu/polst/); and The National Committee for Quality Assurance: 2010 Special Needs Plan (http://ncqa.org/tabid/1138/default.aspx); Palliative Care Guideline, Institute for Clinical Systems Improvement, 2011 (http://www.icsi.org/palliative_care/palliative_care_11918.html); Advance Care Planning Decisions (http://www.acpdecisions.org).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for advance care planning, Michigan health plans will achieve consistent delivery of evidence-based services and better outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This guideline lists core management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Implementation of the Guideline

Description of Implementation Strategy

Approved Michigan Quality Improvement Consortium (MQIC) guidelines are disseminated through email, U.S. mail, and websites.

The MQIC health care analyst prepares approved guidelines for distribution. Portable Document Format (PDF) versions of the guidelines are used for distribution.

The MQIC health care analyst distributes approved guidelines to MQIC membership via email.

The MQIC health care analyst submits request to website vendor to post approved guidelines to MQIC website (www.mqic.org).

The MQIC health care analyst completes an annual statewide postcard mailing to physicians in all areas of medicine including primary care and specialties. The postcard provides the complete list of MQIC guidelines and includes which guidelines have been recently revised, which are coming up for revision, and any new published guidelines.

The statewide mailing list is derived from the Blue Cross Blue Shield of Michigan (BCBSM) provider database. Approximately 95% of the state's M.D.'s and 96% of the state's D.O.'s are included in the database.

The MQIC health care analyst submits request to the National Guidelines Clearinghouse (NGC) to post approved guidelines to NGC website (www.guideline.gov).

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

End of Life Care

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

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Consortium; 2012 Jan. 1 p.

Adaptation

The guideline is based on The Joint Commission: 2011 Comprehensive Accreditation Manual for Hospitals; The American Medical Association: E-2.225 Optimal Use of Orders - Not - To - Intervene and Advance Directives (https://ssl3.ama-assn.org/apps/ecomm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=/ama1/pub/upload/mm/PolicyFinder/policyfiles/HnE/E-2.225.HTM); NCCN Clinical Practice Guidelines in Oncology: Palliative Care, Version 2.2011 (http://www.nccn.org/index.asp); Physician Orders for Life-Sustaining Treatment Paradigm (http://www.ohsu.edu/polst/); and The National Committee for Quality Assurance: 2010 Special Needs Plan (http://ncqa.org/tabid/1138/default.aspx); Palliative Care Guideline, Institute for Clinical Systems Improvement, 2011 (http://www.icsi.org/palliative_care/palliative_care_11918.html); Advance Care Planning Decisions (http://www.acpdecisions.org).

Date Released

2012 Jan

Guideline Developer(s)

Michigan Quality Improvement Consortium - Professional Association

Source(s) of Funding

Michigan Quality Improvement Consortium

Guideline Committee

Michigan Quality Improvement Consortium Medical Directors' Committee

Composition of Group That Authored the Guideline

Physician representatives from the 13 participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health, Michigan Peer Review Organization, and the University of Michigan Health System

Financial Disclosures/Conflicts of Interest

Standard disclosure is requested from all individuals participating in the Michigan Quality Improvement Consortium (MQIC) guideline development process, including those parties who are solicited for guideline feedback (e.g., health plans, medical specialty societies). Additionally, members of the MQIC Medical Directors' Committee are asked to disclose all commercial relationships as well.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

Availability of Companion Documents

None available

Patient Resources

None available

NGC Status

This NGC summary was completed by ECRI Institute on May 29, 2012. The information was verified by the guideline developer on July 2, 2012.

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