

Incorporating advance care plans into the new Personally Controlled Electronic Health Record

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This presentation will report the results of a realist systematic review into models of electronic advance care planning.

Study aim: As life expectancy increases, so do the number of elderly people living with advanced life-limiting chronic illness. Advances in medical technology have greatly extended medicine's ability to prolong life through artificial or mechanical means. There is also an increasing awareness and debate around people having the right to choose what health care, and in what environment, including the level of aggressiveness of treatment and care they receive when dying. Recent research indicates that for many, their individual preferences are at odds with the health care models available to them. Research has shown that this results in people dying in greater distress, increased carer distress, increased bereavement problems and increased health provider stress. A proposed approach to communicating these wishes has been to include them as an advance care plan (ACP) in the Personally Controlled Electronic Health Record (PCEHR). An ACP is completed by a person while legally competent to do so. It communicates their values, preferences and choices for treatment or life-sustaining interventions to be initiated, should their condition deteriorate such that death is imminent.

Method: A realist systematic review has been conducted into the models of advance care planning for elderly people with life-limiting chronic illness living in the community. Data sources include PUBMED, CINAHL, and PsycINFO. Articles were then added through a snowball approach; hand searching the reference lists of relevant research articles and grey literature reports. Articles were included in the review if they reported original studies, models of advance care planning, and were about elderly community-dwelling people. Both qualitative and quantitative studies were included.

Results: The authors reviewed 18 articles, 10 of which were qualitative studies and 8 were experimental or quasi-experimental. Only one article reported a model for developing an eACP. The authors found common themes, including the expectation of elderly people with chronic conditions that their primary care clinician would initiate conversations about end-of-life decision making. The most effective intervention was found to be patient-focused education rather than clinician reminders and education.

Relevance: As the PCEHR rolls out across Australia and is being generated by GPs and others working in rural and remote primary health, the proposed inclusion of the electronic advance care plan requires careful consideration.