

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Claire Lupini-Gohl Medical Student

Priority 1 (Research Category)

Education and training

Presenters

Claire Lupini

Abstract

Context: When it comes to advanced directives, research has shown that providers should initiate the conversation for their patients, however completion rates for these conversations are very low. Family medicine providers may not know how to chart or bill for these conversations which decreases their incentive to complete these tasks among the many things they need to keep track of. It is important to decrease these barriers for providers, so that patients are able to benefit from these conversations.

Objective: Create a tool that will increase provider education about advanced directives and increase the amount of conversations being had around advanced directives.

Study Design: A provider mini teach was created in order to highlight the importance of advanced directives and how to chart completion of those conversations, with a pre and post survey to test for understanding. A T-test was completed to assess the mean difference in advanced directive conversation charting between month 0 and month 4.

Setting: Spartan Family Medicine Clinic

Population: Patients over the Age of 65 & Providers in the Clinic.

Intervention: A provider mini teach that was created to educate the providers on how to chart and bill for advanced directive conversations.

Outcome Measures: The percent of providers that charted an advanced directive conversation was used to determine the effectiveness of the intervention and an increase in the mean difference of completion indicated a successful intervention.

Results: The mean percentage of charting for advanced directive conversations in month 0 of the study was 13% and at the end of month 4 was 20%, showing a significant improvement in charting for advanced directive conversations ($p=.00154$). The educational intervention was successful as the pre-

test showed 80% of providers didn't know how to chart for advanced directive conversations, after the educational intervention, this decreased to 20% of providers. When surveyed four months later, there was a 50% retention rate for how to chart and bill for those conversations.

Expected Outcomes: This project demonstrates the effectiveness of a mini educational session in improving quality measure completion in a family medicine office. This project could serve to be a model for other family medicine offices to implement a mini-teach. Further directions include surveying the providers on how effective the presentation was in order to provide the best mini-teaches possible.

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