Commentary:
An RCT of an Advance Care Planning Video Decision Support Tool for Patients with Advanced Heart Failure

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Patient Survival With Stage D Heart Failure

As HF progresses, mode of death moves from SCA to pump failure/metabolic death

Less than 50% of pts with severe illness have Advance Directives (AD)

Only 12% of pts with AD had input from their MD

AD are often invoked at critical threshold / active dying

MD only 65% accurate in predicting patient preference → tendency to err/undertreat

AHQR 2014
Shared decision making is not just patient education

1. Knowledge Transfer

Patient

Provider

Decision Aid

Charles, et al. Social Science and Medicine 1999;
<table>
<thead>
<tr>
<th>Nature of this type of study</th>
<th>Selection Bias, Performance Bias, Detection Bias, Loss to f/u Provider/Facilitator Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Decision Aid Bias- content and display</td>
</tr>
</tbody>
</table>
Meta-Analysis:

Effect of video decision aids on patient preferences for cardiopulmonary resuscitation.

<table>
<thead>
<tr>
<th>Study</th>
<th>Video decision-aid Events</th>
<th>Total</th>
<th>Control Events</th>
<th>Total</th>
<th>Weight</th>
<th>Risk Ratio Random, 95% CI Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yamada 1999</td>
<td>31</td>
<td>47</td>
<td>30</td>
<td>42</td>
<td>25.4%</td>
<td>0.92 [0.70, 1.22] 1999</td>
</tr>
<tr>
<td>Volandes 2009</td>
<td>2</td>
<td>84</td>
<td>4</td>
<td>94</td>
<td>9.4%</td>
<td>0.56 [0.11, 2.98] 2009</td>
</tr>
<tr>
<td>El-Jawahri 2010</td>
<td>2</td>
<td>23</td>
<td>11</td>
<td>27</td>
<td>11.6%</td>
<td>0.21 [0.05, 0.87] 2010</td>
</tr>
<tr>
<td>Volandes 2011</td>
<td>0</td>
<td>33</td>
<td>7</td>
<td>43</td>
<td>4.2%</td>
<td>0.09 [0.01, 1.46] 2011</td>
</tr>
<tr>
<td>Volandes 2012</td>
<td>6</td>
<td>50</td>
<td>17</td>
<td>51</td>
<td>18.1%</td>
<td>0.36 [0.15, 0.84] 2012</td>
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<tr>
<td>Volandes 2013</td>
<td>5</td>
<td>30</td>
<td>15</td>
<td>37</td>
<td>17.5%</td>
<td>0.41 [0.17, 1.00] 2013</td>
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<tr>
<td>Epstein 2013</td>
<td>5</td>
<td>29</td>
<td>4</td>
<td>25</td>
<td>13.7%</td>
<td>1.08 [0.32, 3.58] 2013</td>
</tr>
<tr>
<td><strong>Total (95% CI)</strong></td>
<td><strong>296</strong></td>
<td><strong>319</strong></td>
<td><strong>100.0%</strong></td>
<td></td>
<td></td>
<td><strong>0.50 [0.27, 0.95]</strong></td>
</tr>
<tr>
<td><strong>Total events</strong></td>
<td><strong>51</strong></td>
<td><strong>88</strong></td>
<td></td>
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</tr>
</tbody>
</table>

Ashu Jain et al. BMJ Open 2015
Study Observations

Key Points- Large Study, Representative Population, Multi-center

• Disease with more difficult-to-determine prognosis and time course
• Video intervention changed pt decision intensity of treatment
• Increased conversations of goals of care on subsequent follow up

Questions

• What was the definition of “Advanced HF?”
• Were patients aware of their prognosis and was this recorded?
• Who delivered verbal interventions scripted across programs?
• Better informed decision, but is it the right decision?
Future Direction

• Improve Confidence in Decision Making → Deal with Uncertainty
• Capture actual use of life sustaining interventions at EOL
• Congruence of life sustaining interventions with pt preferences
• Integrating into clinical practice as a process

ADVANCE CARE PLANNING
The rule also finalizes a proposal that will better enable seniors and other Medicare beneficiaries to make important decisions that give them control over the type of care they receive and when they receive it. Consistent with recommendations from the American Medical Association (AMA) and a wide array of stakeholders, CMS is establishing separate payment and a payment rate for two advance care planning services provided to Medicare beneficiaries by physicians and other practitioners.

October 30, 2015