

Implementation of a Hospital Medicine Departmental Level Physician Incentive for Promoting Documentation of Advance Care Planning Conversations

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Background & Aim

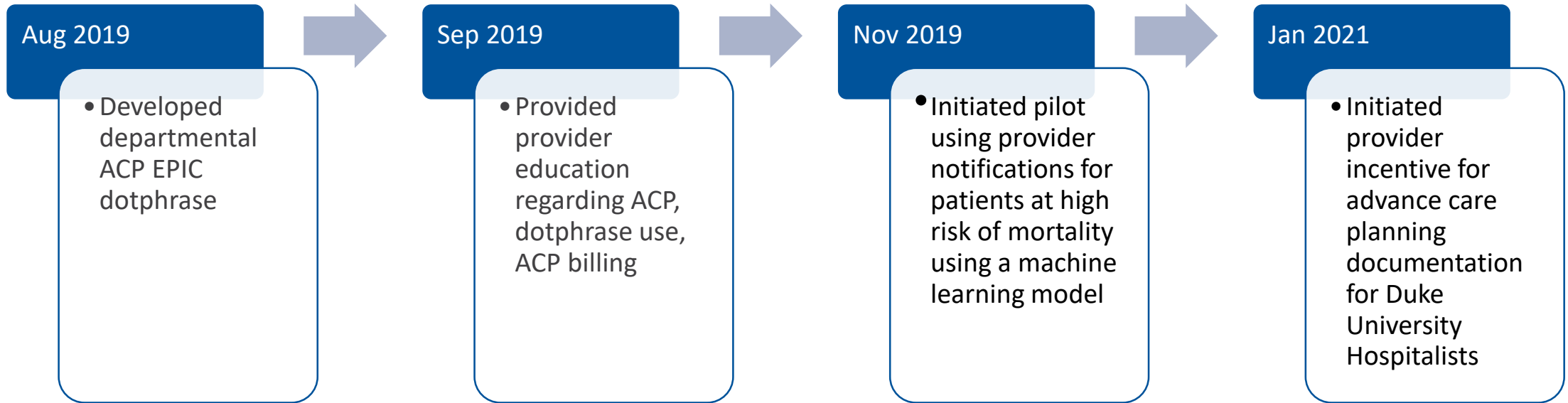


- Background
 - Advance Care Planning (ACP) is underutilized as less than 33% of patients at high risk of death with end-of-life preferences have shared their preferences with their physician¹
 - Incentives can serve as a way to impact provider behavior and signal organizational priorities²
- Problem
 - At Duke between 2017-2018 less than 5% of patients at our institution had a documented ACP conversation in the EHR within the last 6 months of life
- Aim:
 - To evaluate the implementation of a departmental level, individual physician incentive to improve the use of advance care planning discussions and documentation for Hospital Medicine patients

1. Heyland DK, et al. Failure to engage hospitalized elderly patients and their families in advance care planning. *JAMA internal medicine*. 2013 May 13;173(9):778-87.
2. Reid RO, et. al. Physician Compensation Arrangements and Financial Performance Incentives in US Health Systems. *JAMA Health Forum*. 2022 Jan 28;3(1):e214634..



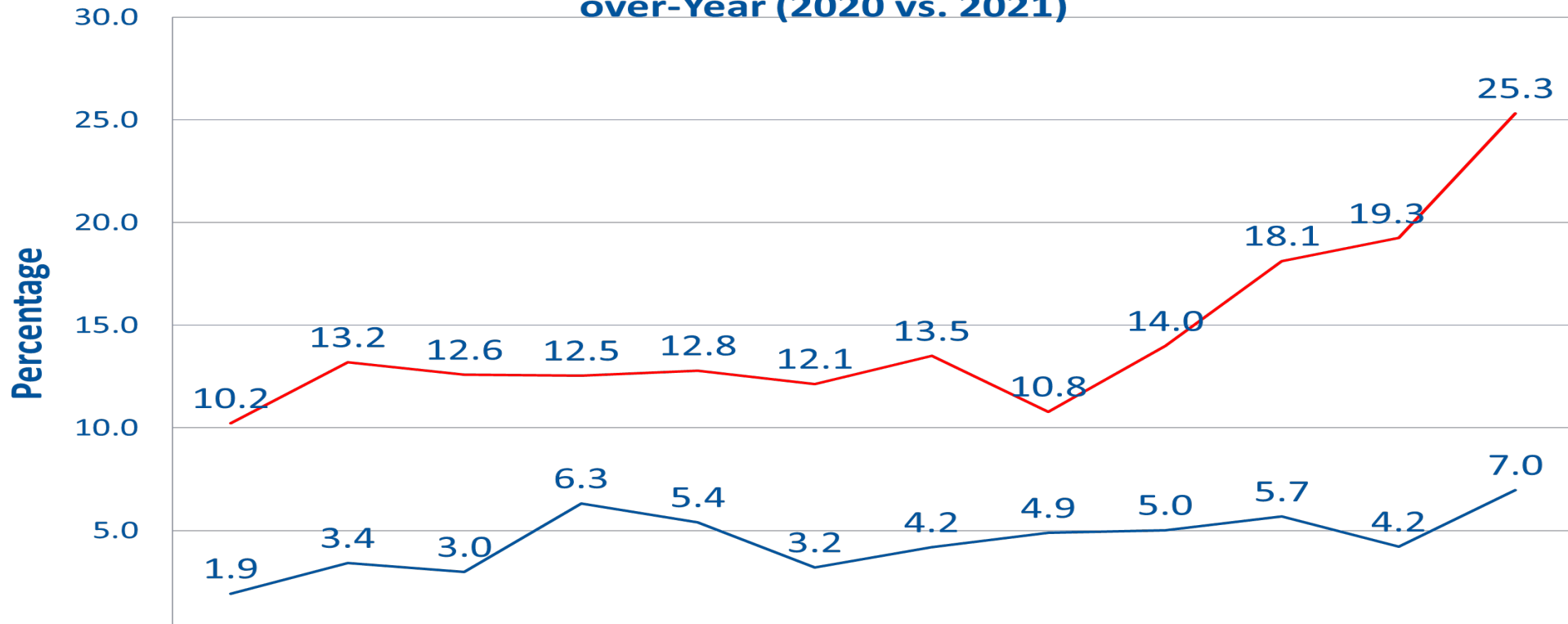
Timeline



Results- ACP Documentation



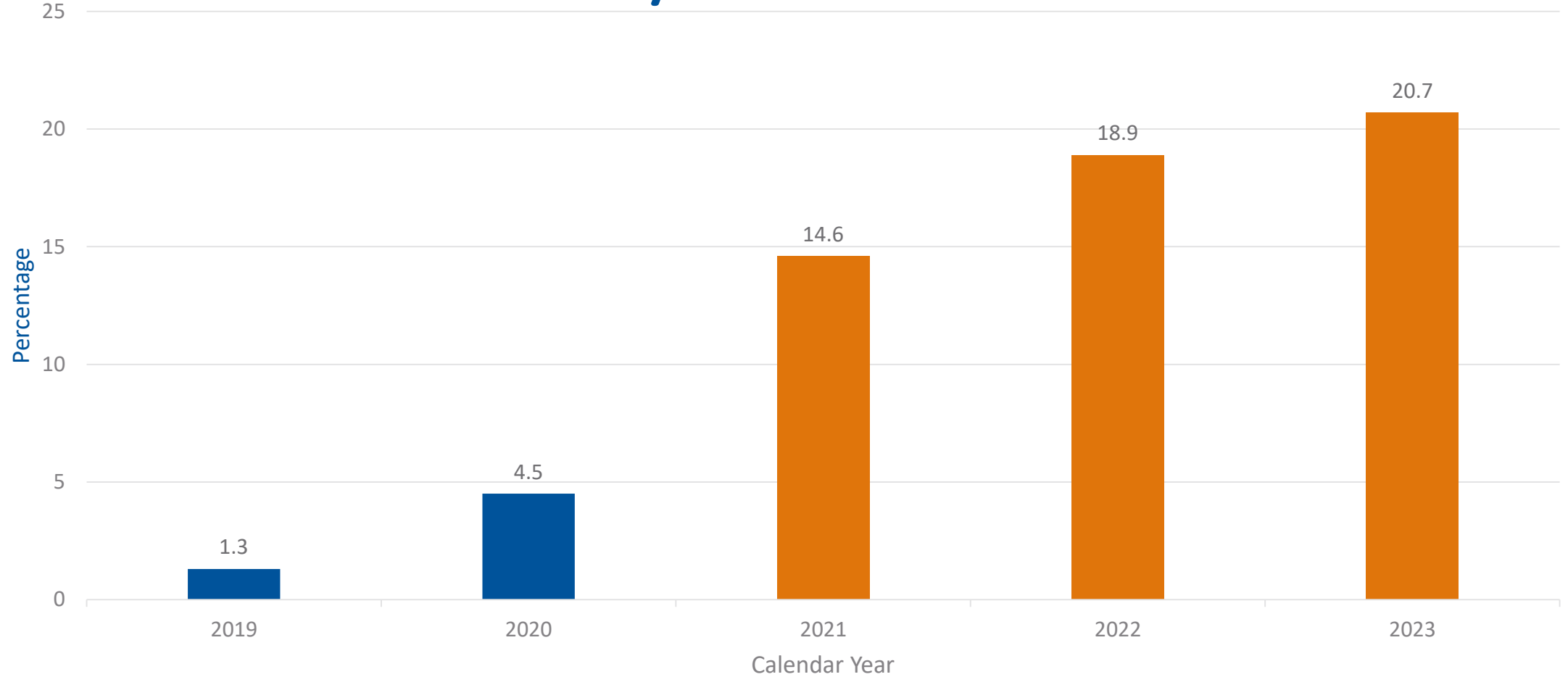
Percent of Hospital Medicine Encounters with ACP Note Year-over-Year (2020 vs. 2021)



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
—Pre	1.9	3.4	3.0	6.3	5.4	3.2	4.2	4.9	5.0	5.7	4.2	7.0
—Post	10.2	13.2	12.6	12.5	12.8	12.1	13.5	10.8	14.0	18.1	19.3	25.3



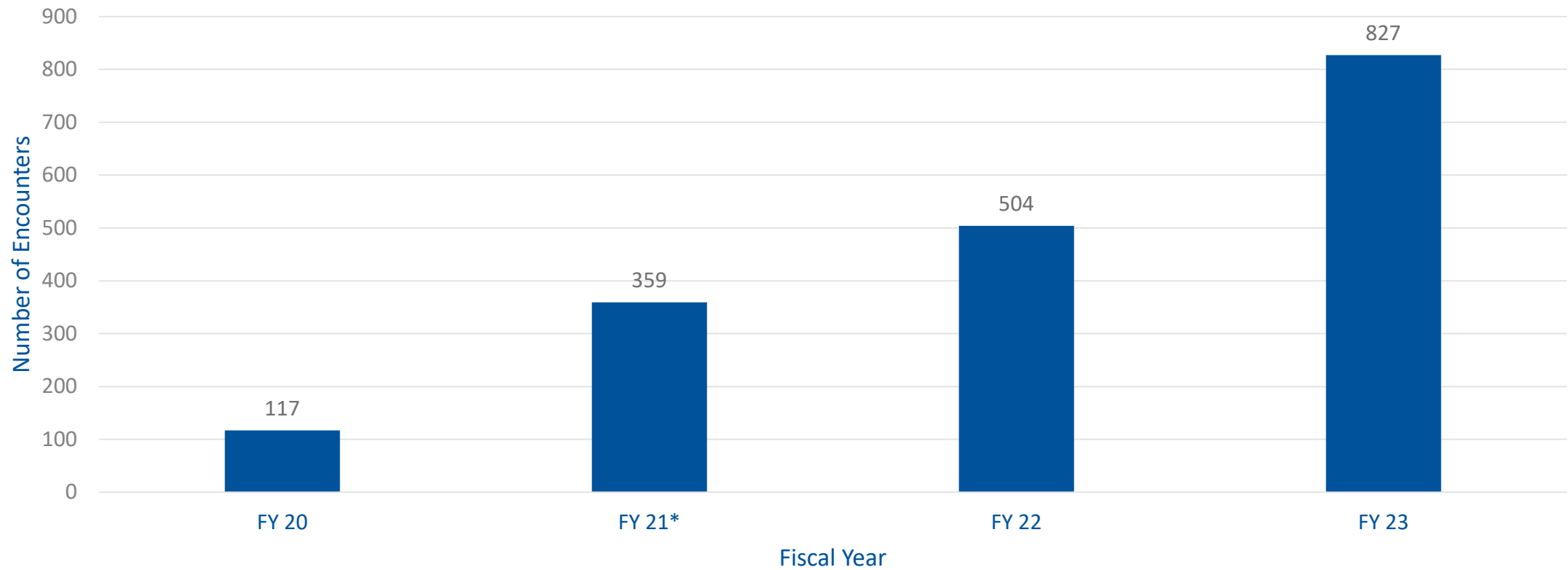
Percentage of Hospital Medicine Encounters with an ACP Note by Calendar Year



Results-Increase in ACP Billing



Hospital Medicine Encounters with ACP Billing Codes



* Incentive started month 7 (January) of FY 21





Reflection & Next Steps

Conclusions

- Physician incentives at the departmental level can impact provider behavior
- Physician incentives for ACP conversations and documentation can increase ACP note documentation in the EHR
- After initiating the incentive, encounters with specific ACP billing increased leading to increased departmental billing and receipts

Next Steps

- Assess patient centered outcomes at departmental level (code status change, ICU transfers, palliative care and hospice utilization)

