



Advance Care Planning for Older Adults

Advance care planning is a process of planning for future healthcare decisions in case we are no longer able to make those decisions on our own. Advance care planning involves early and ongoing discussions with our healthcare professionals, family members, friends, caregivers, or other designated decision-makers. These discussions can help those involved in our care understand our treatment preferences should we need someone else to make decisions on our behalf. Advance care planning conversations that document care preferences using advance directives have been shown to result in care that reflects personal preferences. Also, research has shown that advance care planning improves care and quality of life, while increasing satisfaction with the healthcare system and reducing stress, anxiety, and depression for older adults, family caregivers, and other relatives. In the case of the planning improves care and quality of life, while increasing satisfaction with the healthcare system and reducing stress, anxiety, and depression for older adults, family caregivers, and other relatives.

The American Geriatrics Society (AGS) believes that advance care planning is a critical tool for helping individuals articulate and document their care values and preferences as they age, to ensure that the care they receive matches their wishes, particularly near the end of life. Therefore, the AGS supports:

- Access to the advance care planning services provided through Medicare payment to healthcare professionals.
- National and state policies that encourage older adults and those who care for them to have confidential, voluntary advance care planning discussions before the onset of a serious illness or medical crisis. These discussions play a vital role in developing legal advance directives and appointing surrogate decision-makers before older people are no longer able to make their care preferences known.

Recent data from the Centers for Medicare and Medicaid Services (CMS) shows that people are interested in having advance care planning conversations. In 2016, nearly 23,000 providers billed for advance care planning services, covering conversations with about 575,000 patients.⁴ Given that the use of advance care planning billing codes requires patients' permission to proceed with these conversations, this data shows that patients want to have these discussions. Improving data collection and reporting about advance care planning services can enhance the quality of care healthcare professionals provide. To that end, the AGS continues to advocate for:

- Inclusion of advance care planning in all electronic health records and in applicable quality registries, and:
- Continued refinement of what data is collected, so the resulting data set supports continuous quality improvement in the provision of advance care planning services.

<u>Additional Resources:</u>

- Health in Aging Foundation
- Conversation Project
- Prepare for Your Care

About the American Geriatrics Society

Founded in 1942, the American Geriatrics Society (AGS) is a nationwide, not-for-profit society of geriatrics healthcare professionals that has—for 75 years—worked to improve the health, independence, and quality of life of older people. Its nearly 6,000 members include geriatricians, geriatric nurses, social workers, family practitioners, physician assistants, pharmacists, and internists. The Society provides leadership to healthcare professionals, policymakers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy. For more information, visit <u>AmericanGeriatrics.org</u>.

Issued August 2017

¹ Silveira, M.J., Kim, S.Y., & Langa, K.M. (2010). Advance directives and outcomes of surrogate decision making before death. *New England Journal of Medicine, 362*(13),1211-1218. doi: 10.1056/NEJMsa0907901

ii Detering, K.M., Hancock, A.D., Reade, M.C., & Silvester W. (2010). The impact of Advance Care Planning on end of life care in elderly patients: Randomised controlled trial. *British Medical Journal*, 340, c1345. doi:10.1136/bmj.c1345

^{III} Schwartz, C.E., Wheeler, H.B., Hammes, B., Basque, N., Edmunds, J., Reed, G., ..., & the UMass End-of-Life Working Group. (2002). Early intervention in planning end-of-life care with ambulatory geriatric patients: Results of a pilot trial. *Archives of Internal Medicine*, *162*(14), 1611-1618.

⁴ Allecia, J. (2017, August 14). End-of-life advice: More than 500,000 chat on Medicare's dime. *USA Today (National)*. Retrieved from www.usatoday.com.