Case study: Integration of ACP into primary care – the Canterbury experience

What: A cross-system approach to support the implementation and integration of ACP in primary care in Canterbury

Who: Canterbury DHB

Background:

In 2013 a project was developed and business case submitted for the provision of a formal ACP process in the Canterbury health system.

A key aspect of this project was facilitating general practice to engage with and support patients to undertake ACP conversations and develop advance care plans (plans). The business case included the provision of a subsidy to support practice teams in adopting ACP (recognising the complexity in practice/patient discussions around end-of-life-treatment). The vision being that plans would:

- help patients influence clinicians in the provision of end-of-life care
- prevent unnecessary hospital admissions
- if admitted, prevent wasteful and harmful interventions to prolong life without subsequent quality of life, ie, potential increased dependency on secondary care.

Resources:

Canterbury allocated 1.6 FTE of ACP facilitator + 0.4 FTE of administration support for the whole-of-district implementation (including the establishment of ACP in primary care).

Steps:

Integrating ACP into the primary care system in Canterbury required a multifaceted, cross-system approach, with each component supporting and enhancing the other. To illustrate the relationships between the different aspects of the process and how they relate to each other, see example – Integrating ACP into primary care diagram.

Consumer:

Engaging and educating the community was an important part of the process. Canterbury achieved this through a mixture of:

- consumer presentations
- stalls at health expo days
- active participation in Conversation that Count Day activities across the district (including radio interviews, poster promotion, articles in local community publications, etc)
- ACP pages on the CDHB consumer website
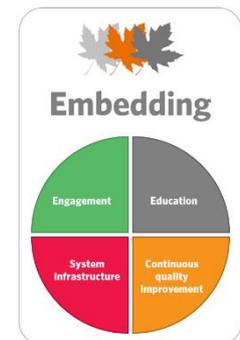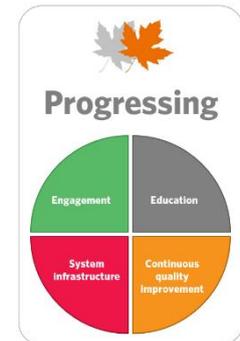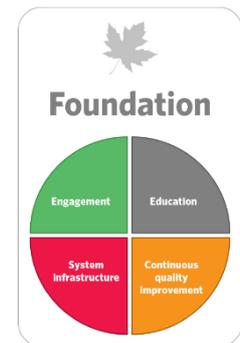
- [making ACP resources available for community groups to order](#)
- supporting community ACP champions.

Increasing the community's knowledge about ACP and stimulating a desire to create plans has been the impetus for many of the practices to engage with the ACP process. When patients ask for ACP, the practice team start to recognise the value of being able to offer the service.

General practice

Canterbury's approach to supporting and encouraging general practice teams to engage with ACP has evolved over time. It started by actively contacting and visiting practices to introduce the concept of ACP and the processes and subsidy that sat alongside. While some practices were early adopters and picked up and ran with ACP, many smiled and nodded but either did not see the value or, most often, did not see how they would find the time to fit ACP conversations, or the processes to create a plan, into their already-busy days.

As more practices began to have patients asking for ACP, Canterbury started fielding calls requesting a follow-up visit for more education or support to load their first advance care plan onto the electronic system. These consumers were considered 'the low hanging fruit'. They are a great opportunity for practices new to ACP to give it a go. The consumer is willing and engaged. Working together to create a plan allows the practice to gain confidence with the conversations and the processes that surround plan creation.

Now Canterbury has the majority of practices supporting ACP, it provides a lot more phone support. Generally, this involves a quick call from a practice wanting to 'run something past them' to check they are on the right track, either with an approach to a conversation or with steps in the loading/sharing process.

Each practice has taken a slightly different approach to how they manage the ACP process. Facilitating conversations between practices and creating opportunities for practices with less experience to chat with those who have ACP well established has been valuable.

Quality

Very early in the ACP evolution in Canterbury, decisions were made to establish a clinical review prior to plans being finalised on the electronic system (see example – [ACP clinical review of plans](#)). This was an important quality step and provided the basis for developing the quality systems to support the Canterbury process. It also helped patient's wishes to be enacted because clinicians had confidence in the content of the plan and felt more confident using it to guide care.

When plans do not meet the quality parameters, they are returned to the practice for follow up and clarification. This process is a good chance for the ACP team to re-engage with practice teams to offer support and/or further practice visits, and develop relationships.

Systems and processes

While probably the least exciting part of integrating ACP, developing the required systems and processes is a vital aspect of success. Using the quality parameters, the ACP team has developed a number of systems and processes to manage the receipt of plans, electronic

sharing and reporting requirements. This includes processes to follow up on plans that have been in draft for more than three months and/or that have had a subsidy claim but no plan has been received.

ACP pages on HealthPathways provide a consistent and recognised location for sharing ACP processes.

Learnings

- Establishing ACP in primary care is a process. Implementation takes time, requires a whole-of-system approach and that system needs to be managed.
- Successful ACP implementation is complex and requires dedicated resourcing.
- The dedicated ACP FTE will not be effective in isolation. They need the support of a wider team (including corporate, administrative and clinical champions) as well as access to infrastructure.
- Community engagement is vital. Canterbury did a lot of education with primary care teams but only started gaining traction when consumers began approaching their practice teams and asking to create an advance care plan.
- IT is important:
    o The initial IT platform Canterbury introduced had a number of issues. When IT was not working well and/or was not intuitive/user friendly, it negatively impacted on practices perception of ACP as a whole process. Changing the IT has a significant impact on practice uptake of ACP.
    o Canterbury's new system provides a single, consistent location for plans to be created, stored and accessed across the primary/secondary interface.
- Framing ACP as a process the practice team can support is useful. Canterbury saw a definite correlation between plan numbers rising and increased practice nurse involvement after emphasising at GP education sessions that a plan did not need to be a doctor-led process.
- The subsidy was a great incentive to encourage practices to take the time to 'try out' ACP. Once they became confident with the processes, the subsidy encouraged and supported innovative approaches to deployment. A number of practice are now using the subsidy to fund dedicated staff to support the ACP process.

Impact

- Eighty percent (99/124) of general practice teams in Canterbury have supported patients to create an electronic plan.
- General practice teams create 80 percent of Canterbury's electronic plans.
- Canterbury is seeing an increasingly multidisciplinary approach to plan creation. The year 2017 saw more registered nurses supporting patients to complete plans than doctors. The vast majority of these nurses are working in general practice.

Advance care plan creation by discipline
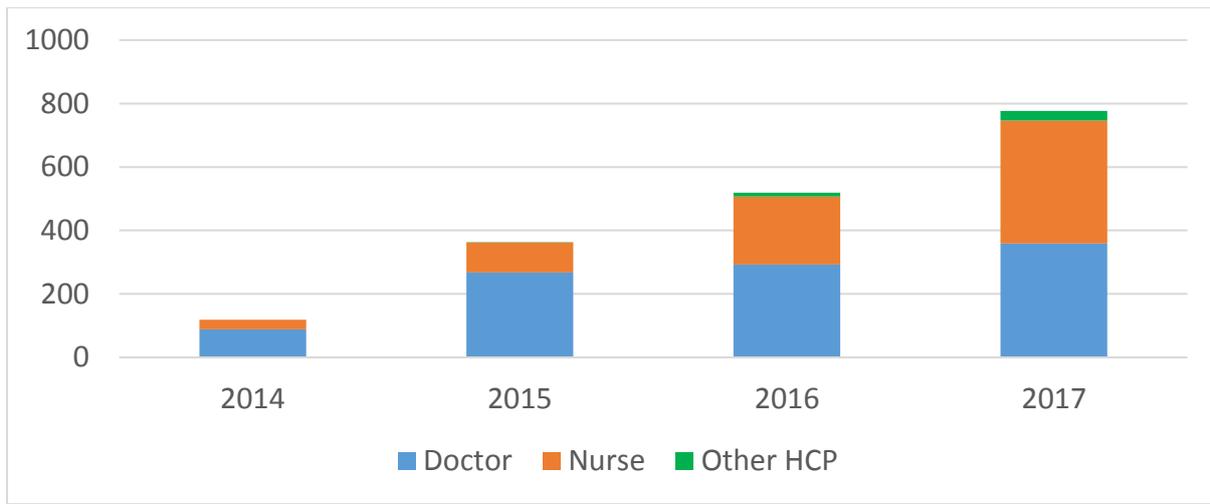
Other considerations:

Implementation and integration across primary care does not happen in isolation. It requires other systems and processes to be developed concurrently. Patients and practice teams will quickly become discouraged if the advance care plans they are creating in the primary setting are not recognised on admission to hospital and, where appropriate, used to guide care in the acute setting. Similarly important are education and understanding in aged residential care and by key organisations who link settings, such as the ambulance service, etc.