Efficacy of an Advance Care Planning and Goals of Care Designations Patient Video in Alberta

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BACKGROUND: Patient videos about Advance Care Planning (ACP) ("the Videos"), were developed to address the complexity of patients' decision-making process. We evaluate self-administered ACP videos; compare studies' choice of outcomes, population and methods; show correlations between patient's ACP actions; and discuss implications for healthcare policy. **OBJECTIVE**: To test the efficacy of Videos on patients' ACP/GCD conversations with a healthcare provider.

METHODS: This is a two-arm, 1:1 randomized, superiority trial of two videos developed for patients about ACP and GCD, respectively, compared with usual care (no Videos). We recruited outpatients with a diagnosis of kidney failure, heart failure, metastatic lung, gastrointestinal or gynecological cancer from 22 clinics/units in Alberta, Canada. Analysis followed the intention-to-treat principle.

INTERVENTION:

- The eight-minute ACP video describes five steps of the ACP process in Alberta (Think, Learn, Choose, Communicate, Document).
- The eight-minute GCD video illustrates the resuscitative, medical and comfort levels of care outlined in Alberta's GCD police.

RESULTS: Participant demographic and clinical characteristics were captured for patients recruited between June 2015 and August 2016 (Figure 1). The proportion of participants who had an ACP/GCD conversation with a healthcare provider by three months was significantly different between the intervention (48 of 104 (46.2%)) and control arms (36 of 113, 32% (AOR 1.83; p=0.032) (Table 1). When adjusted for the quality of conversations, there was no significant difference.

DISCUSSION: Using rigorous methods and comprehensive survey questions, our study illustrates the trend in RCTs of ACP patient videos toward "negative" or "mixed" results when. Videos as stand-alone tools do not engage individuals in high quality ACP. Pragmatic trials are necessary to evaluate their impact on downstream outcomes when integrated into intentional, comprehensive conversations with a healthcare provider.

Figure 1: CONSORT Diagram

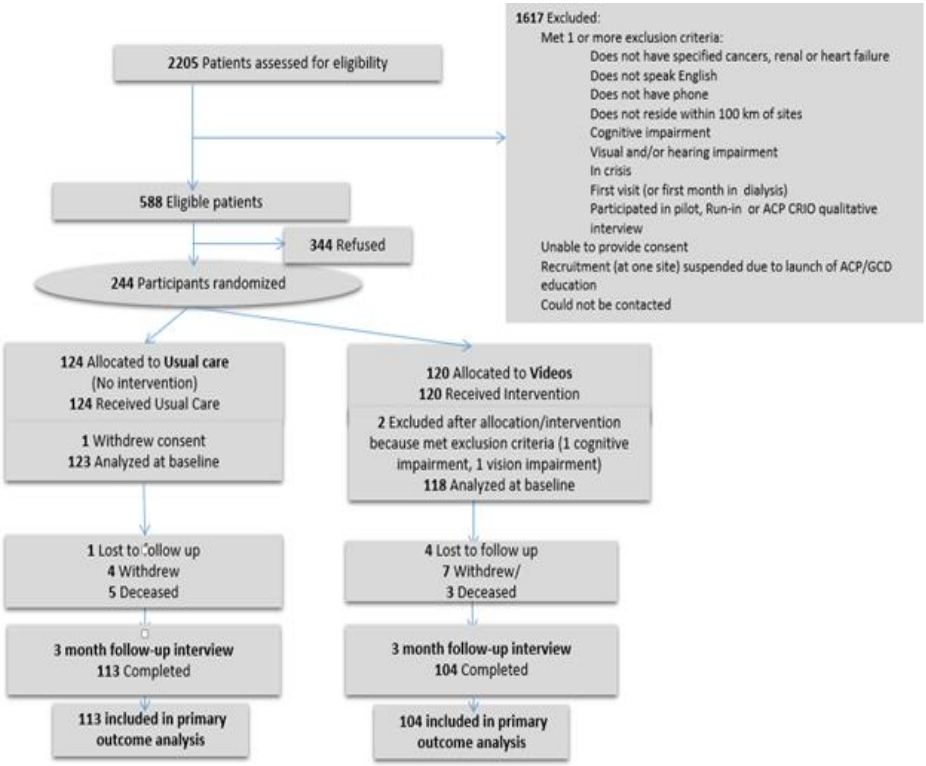

Table 1. Prevalence of Conversations with Health Care Provider about Patient's Wishes, Intervention vs. Control Arm

	Baseline		3 month	
Conversations	Intervention (n=118)	Control (n=123)	Intervention (n=104)	Control (n=113)
Told healthcare provider about type of health care would want, No. (%)	40 (33.9)	33 (26.8)	48 (46.2)	36 (31.9)
AOR (95% CI)	1.52 (0.87-2.66); p=0.1396		1.83 (1.06-3.19); p=0.032	

CONCLUSION: ACP policy and programs should focus on empowering patients to initiate ACP conversations. We encourage healthcare systems and clinicians to consider video decision-aids to be of limited utility if they are not integrated into the processes of patient care including readiness assessment, cueing both the patients and clinicians, patient-centred conversations, facilitated document creation and active patient and clinician follow-up.

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