Project Snapshot

Pilot Grants Program

NIA IMPACT COLLABORATORY
TRANSFORMING DEMENTIA CARE

A Pragmatic Advance Care Planning Intervention for People Living with Dementia



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"This pilot embedded pragmatic clinical trial (ePCT) will evaluate feasibility of conducting a full scale ePCT to evaluate the effectiveness to the UC Health Care Planning-Dementia intervention to improve rates of advance care planning (ACP) for people with living with dementia (PLWD) who are patients in the UCLA in the primary care clinics"

RATIONALE: There is a substantial unmet need for ACP among PLWD and their care partners/legally authorized representatives (CP-LAR). The nature and trajectory of cognitive decline in dementia make early involvement of care partners and legally authorized representatives particularly important, including for PLWD who do not have access to specialized dementia care teams.

OBJECTIVE: To conduct a pilot ePCT to establish the feasibility of conducting a full-scale, clinic-level, two-arm cluster randomized ePCT that will evaluate the effectiveness of the UC Health Care Planning-Dementia intervention to improve ACP in PLWD.

SETTING: 20 UCLA primary care clinics

POPULATION: Patients seen at 20 UCLA primary care clinics with a diagnosis of dementia that are identified using a previously validated electronic health record (EHR) registry.

INTERVENTION: The UC Health Care Planning-Dementia intervention is adapted from the UC Health Care Planning Intervention which has been shown to improve rates of ACP for patients with serious illnesses other than dementia. The intervention involves the pragmatic delivery of an ACP message with PREPARE for Your Care resources through the EHR as well as the support of an ACP navigator.

FEASIBILITY ENDPOINTS AND CLINICAL OUTCOMES: Selected key feasibility endpoints include: Enrollment: Establish the feasibility of identifying 400 eligible PLWD using the EHR; Implementation: % of eligible PLWD who receive navigator triage and outreach (>75% indicates feasibility); Outcome ascertainment: % of enrolled participants for whom the clinical outcomes are ascertained from EHR data. The primary outcome for the future scale ePCT is anticipated to be formal ACP documentation (i.e. AD or POLST), with secondary outcomes including CP-LAR documentation, and goals of care communication.

IMPACT: This pilot ePCT will inform the feasibility of conducting a fully powered Stage IV ePCT evaluating the effectiveness of the UC Health Care Planning-Dementia intervention to increase ACP among PLWD and their CP-LARs in the primary care setting.