

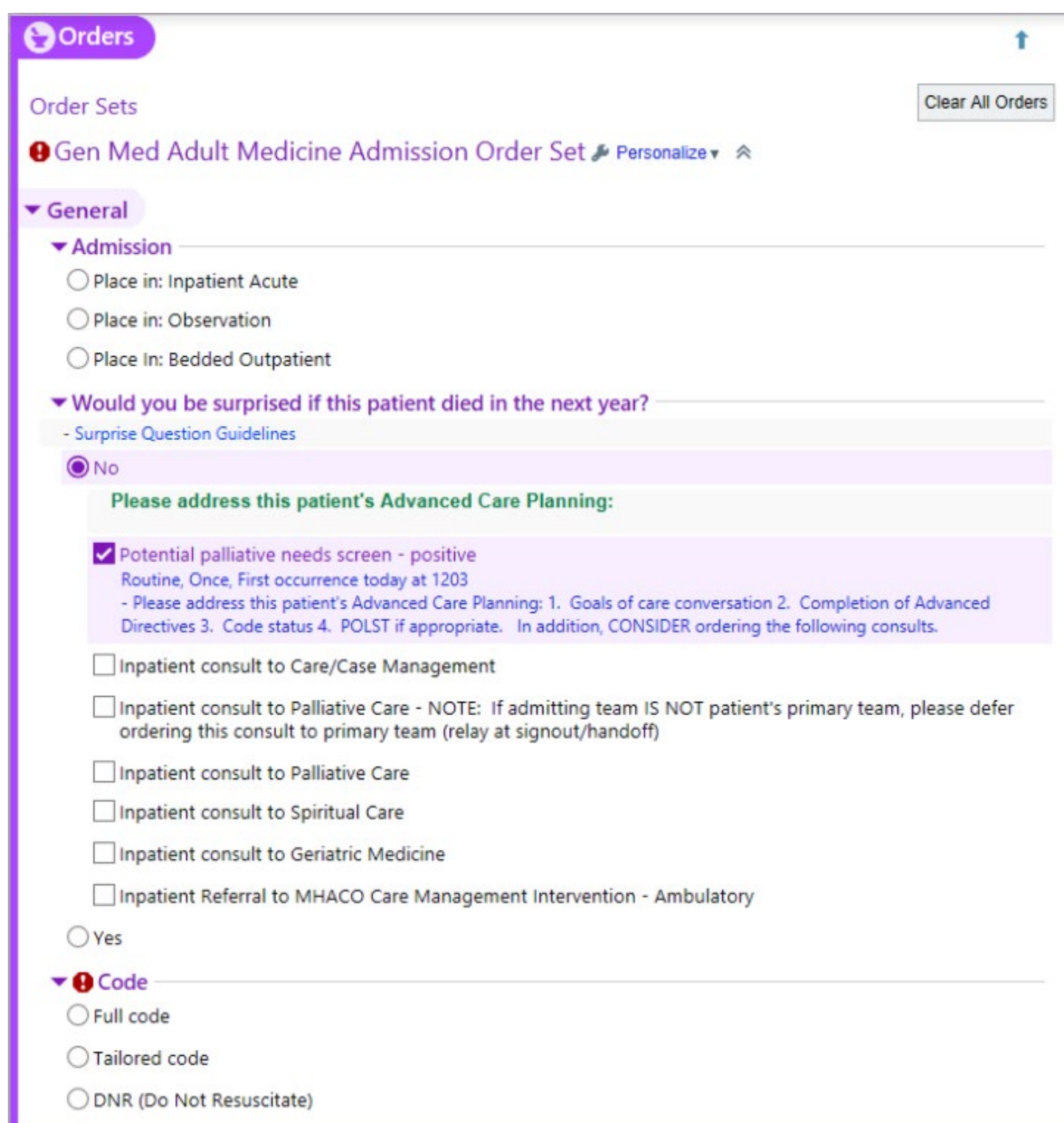
The Surprise Question is not Correlated with Increases in Advance Care Planning Documentation.

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Introduction

- The **Surprise Question (SQ)** asks a provider
 - “Would you be surprised if your patient died within the next 12 months?”
- A **positive SQ (SQ+)** indicates
 - “No, I would not be surprised if my patient dies within the next 12 months”
- A **negative SQ (SQ-)** indicates
 - “Yes, I would be surprised if my patient dies within the next 12 months”
- While its prognostic utility has been called into question¹, it is generally accepted that the SQ should be used to:
 - Identify patients at risk of unmet primary or specialty palliative care needs
 - Promote advance care planning (ACP)²⁻⁴
- It is unclear if the SQ is in fact leading to increased ACP.



Methods



For Primary Aim:

- Design:** retrospective chart review
- Population:** patients cared for by 1 of 7 primary care practices in Southern Maine who were hospitalized at Maine Medical Center (our major affiliate hospital) in their last year of life and thus had an answered SQ.
- Variables:** presence/absence of ACP documentation
 - ACP documentation definition:** advance directive or POLST form completion

For Secondary Aim:

- Design:** electronic survey
- Population:** PCPs working at 1 of 7 primary care practices in Southern Maine

Results

Table 1: Demographics of Deceased Patients (n = 226)

	SQ+		SQ-		P-value
	N	% (row)	N	% (row)	
Total	158	70	68	30	
Age					0.5
<50	6	60	4	40	
50-69	38	66	20	35	
70-79	36	68	17	32	
≥80	78	74	27	26	
Insurance					0.07
Medicare	137	73	51	27	
Medicaid	3	38	5	63	
Other	18	60	12	40	
Race					1.0
White/Caucasian	150	70	63	30	
BIPOC	5	71	2	29	
Gender					1.0
Female	74	70	32	30	
Male	84	70	36	30	
#Hospitalizations					0.008
1	44	58	32	42	
2 to 4	97	74	34	26	
≥5	17	90	2	10	

Table 1: there were no significant differences in patient characteristics between SQ+ and SQ- patients

Results

Advance Care Planning Documentation

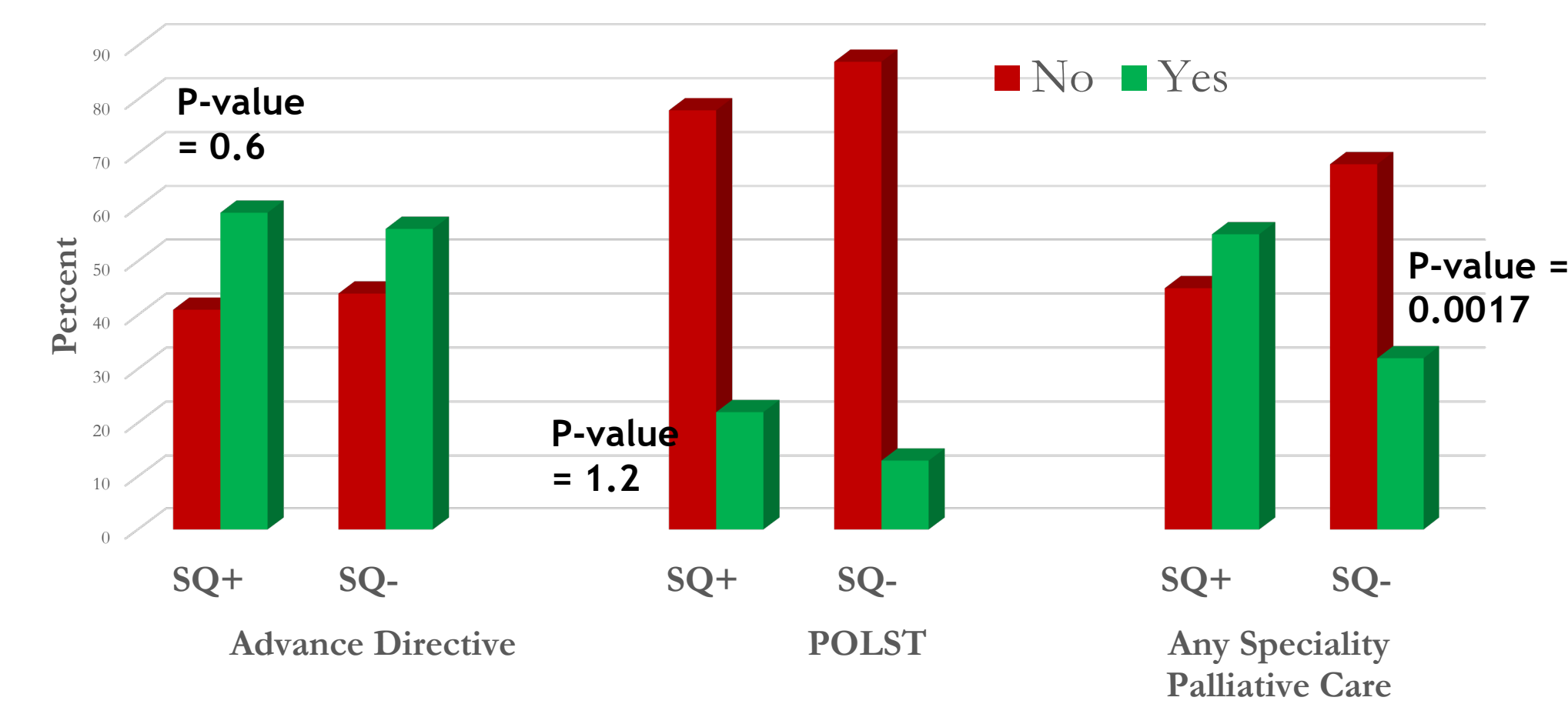


Figure 1: SQ+ is NOT associated with an increase in advance directive or POLST form documentation but is associated with statistically significant increase in palliative care consultation.

Palliative Care Consultation

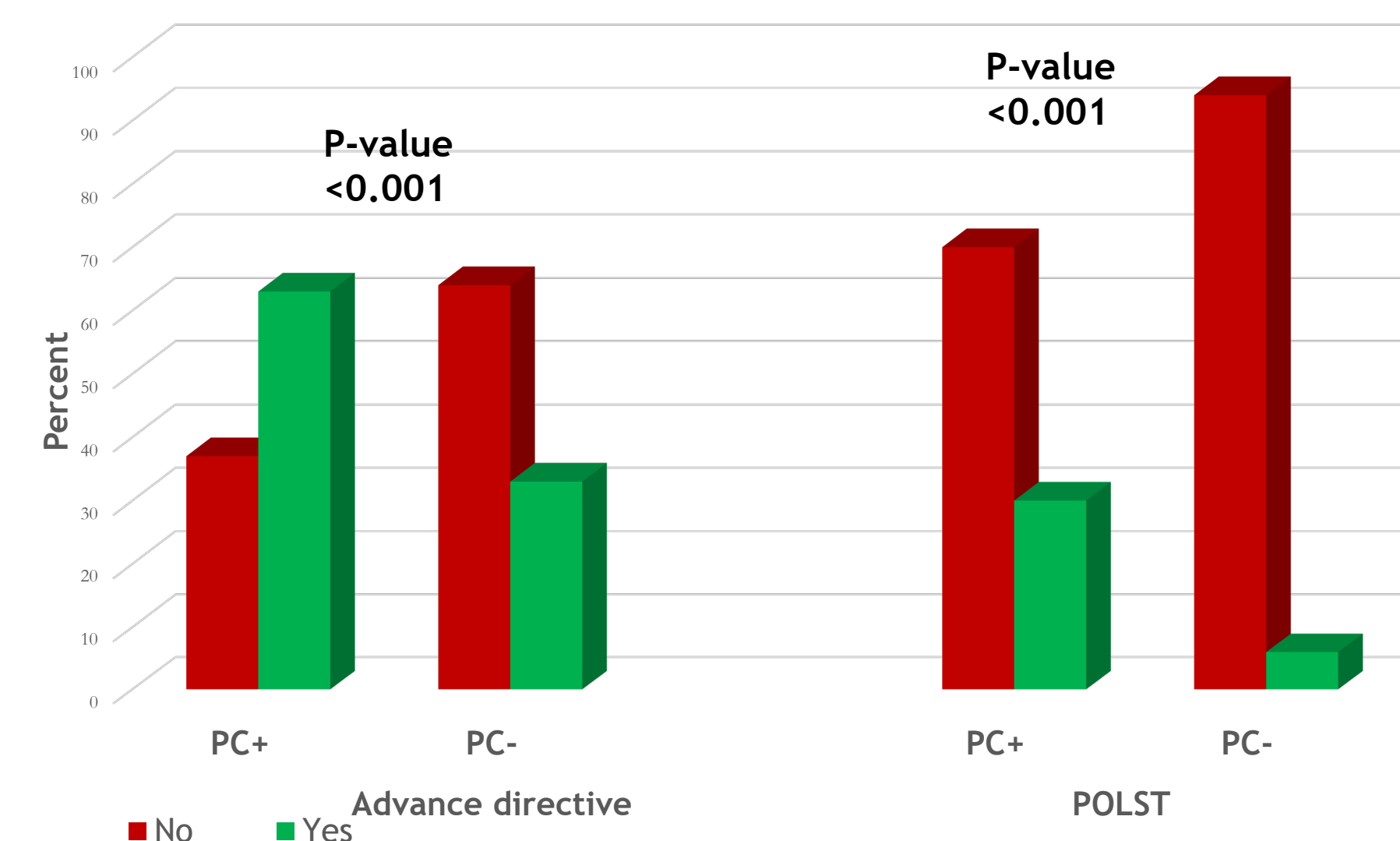


Figure 2: Palliative care (PC) consultation is associated with an increase in ACP documentation, a difference that persisted after adjustment for demographic factors and SQ answer (OR 3.891, 95% CI 2.055- 7.368).

Table 2: Basic Demographics of Surveyed PCPs

37% response rate (61/165)
60% female
53% attending physicians
55% work in both inpatient and outpatient settings

Table 3: Select Responses from Surveyed PCPs

96.7% at least <i>moderately</i> comfortable leading goals of care discussions
88.3% at least <i>moderately</i> comfortable leading advance directive or POLST form discussions
87% felt the SQ should trigger ACP discussion and documentation
74% felt inpatient providers could accurately answer the SQ about their patients when they are hospitalized
79% at least <i>somewhat concerned</i> that their personal responses to the SQ <i>could be inaccurate</i>

Discussion



- There was a lack of correlation between the SQ and ACP, possibly due to:
 - Provider discomfort leading ACP conversations
 - Perceived time constraint holding and documenting ACP discussions
 - The perceived inaccuracy of the SQ
 - The lack of continuity between the admitting provider who answers the SQ and the provider who is responsible for subsequent care
 - The answer to the SQ is not clearly documented in the EMR
- However, most PCP survey responders, many of whom work in both inpatient and outpatient settings, felt comfortable leading ACP discussion/documentation and felt the SQ should trigger ACP.
- Limitations: small cohort in both components of the study, not randomized so cannot infer causation

Conclusions

- PCPs believe the SQ is accurate and should prompt ACP
- We did NOT find an association between SQ and ACP in hospitalized patients
- Patients seen by any palliative care specialist were more likely to have ACP documentation
- Further research is needed to determine if the SQ should continue to be used as a prompt for ACP

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Study Aims

- Primary:** to evaluate whether a positive SQ correlates with increased ACP
- Secondary:** to understand how primary care providers (PCPs) think about the SQ.