

Low-tech intervention increased participation in advanced care planning in outpatient setting

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A randomized trial found that an easy-to-implement, tailored intervention increased participation in advance care planning in an outpatient setting. This is important because advance care planning, a process where a person, their family, and their clinicians prepare for future treatment decisions at a time of intact decision-making capacity, remains underutilized in clinical practice. The findings are published in *Annals of Internal Medicine*.

Interventions with the potential for broad reach in ambulatory settings are necessary to achieve increased participation in [advance care planning](#). The STAMP (Sharing and Talking About My Preferences) program addresses gaps in existing programs and promotes engagement through a brief assessment followed by feedback reports tailored to the individual with supplementary brochures.

Researchers from the VA Connecticut Healthcare System randomly assigned 10 pairs of primary and selected specialty care practices to either usual care or the STAMP intervention to compare the effect on engagement in advanced care planning. The researchers compared completion of four [advance care planning](#) activities at 6 months (identifying and communicating with a trusted person about views on quality versus quantity of life, assignment of a health care agent, completion of a living will, and ensuring that the documents are in the medical record—assessed by a blinded interviewer) between the two

groups. They found that patients in the intervention group were more likely to participate in advanced care planning activities. And because the intervention can be delivered using the web and by telephone and mail, it is a feasible population-based approach to increasing engagement in advance care planning.

More information: Susan E. Hickman et al, Preparation Matters: What We Can Learn From an Olympic Swimmer About the Value of Advance Care Planning Interventions, *Annals of Internal Medicine* (2021). [DOI: 10.7326/M21-3294](https://doi.org/10.7326/M21-3294)

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