

# Costs and effects of Advance Care Planning in elderly care

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End-of-life care involves high costs, but frequently fails in providing optimal patient centred care and quality of life. In the US, Advance Care Planning (ACP), a formalised process of communication about care preferences, has resulted in better...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON39007

### Source

ToetsingOnline

### Brief title

Advance Care Planning

### Condition

- Other condition

### Synonym

frail elderly, older persons

### Health condition

Wilsbekwame ouderen.

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Zorgonderzoek Nederland (ZON)

**Source(s) of monetary or material Support:** ZonMw, Laurens / Innovatiefonds van Laurens

## Intervention

**Keyword:** Advance Care Planning, Elderly care

## Outcome measures

### Primary outcome

Primary: Patient Activation (PAM), quality of life (SF-12), costs and cost-effectiveness of ACP.

### Secondary outcome

Secondary: Satisfaction with care, use of medical care during 12 months, assignment of proxy decision-maker and advance directive.

## Study description

### Background summary

Currently, health care and medical decision-making for older people are often insufficiently patient-centred. Communication about people's needs and preferences is typically postponed until acute events necessitate short-term medical decision-making. At that stage, patients are often unprepared or unable to make decisions while relatives and professional caregivers are unaware of their wishes and preferences, which may result in overtreatment and a suboptimal quality of the last phase of life.

### Study objective

End-of-life care involves high costs, but frequently fails in providing optimal patient centred care and quality of life. In the US, Advance Care Planning (ACP), a formalised process of communication about care preferences, has resulted in better patient outcomes and significant cost savings. In the Netherlands, interest in ACP is increasing, but data on cost-effectiveness are

lacking. We aim to assess cost-effectiveness of ACP in elderly people.

## **Study design**

The study design will be a cluster RCT, with randomisation based on the postal code of the area (4 numbers). Both people living in residents and people living at home receiving home care will participate in this study. An advantage of this design is that participants in the control group do not have contact with individuals in the intervention group and vice versa. Before randomisation takes place, all participating neighbourhoods will be classified in more rich and more poor neighbourhoods based on average income from 2006. Within this subgroups randomisation will take place.

## **Intervention**

The Respecting Choices Model involves a coordinated approach to ACP. Trained facilitators empower individuals to reflect on their care preferences, to discuss these with relatives and professionals, to appoint a surrogate decision-maker, and to document care wishes.

## **Study burden and risks**

A disadvantage is that participants have to talk about topics where they might not feel comfortable with. Furthermore there are no burdens and risks.

## **Contacts**

### **Public**

Zorgonderzoek Nederland (ZON)

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NL

### **Scientific**

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## **Trial sites**

## Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

- > 75 years of age;
- Mentally competent, as measured by a Mini-Mental State Examination (MMSE score > 16) and subsequently by judgement of caregiver;
- Fluent in Dutch;
- Living in a care home or at home receiving home care;
- Being frail, as measured by the Tilburg Frailty Index (TFI score of 5 or more)

### Exclusion criteria

Not fulfilling the inclusion criteria

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)

**Primary purpose:** Health services research

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	05-03-2014

Enrollment:	196
Type:	Actual

## Ethics review

Approved WMO	
Date:	14-01-2014
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL46444.078.13