

## **Utilizing the Care Assessment Need score to identify vulnerable male veterans who would benefit from advance directives in a resident primary care clinic at the Northport Veteran Affairs Medical Center**

Kalyani Dhar MD<sup>1</sup>, Lisa Fisher MD<sup>2</sup>

<sup>1</sup>Stony Brook University Hospital, Stony Brook, USA. <sup>2</sup>Northport Veteran Affairs, Northport, USA

### **Abstract**

It has been shown that the Advanced Care Planning (ACP) discussion is better suited for the outpatient setting compared to the emergency department, acute hospital ward or intensive care unit. In a resident primary care clinic, it was noted that there were an overwhelming number of veterans without an advance directive so initiatives were taken to increase the number of ACP discussions/advance directives in the outpatient setting. The primary care clinic note template was updated to include a section regarding code status/health care proxy (HCP) with NYS Medical Orders for Life Sustaining Treatment (MOLST), HCP and Do Not Resuscitate (DNR) forms placed in every examination room to convenience. The Care Assessment Need (CAN) score was utilized, which reflects the estimated probability of hospital admission or death within 90 days or 1 year. The score ranges from 0 (low risk) to 99 (highest risk) and is generated using statistical prediction models using the patient's demographics, clinical information in the EMR, and socioeconomic status. High risk veterans with a CAN score of 90-99 were identified and contacted to discuss the importance of ACP and to schedule an appointment to complete the NYS forms, if agreeable.

A total of 497 veterans had a CAN score 90-99, of which 385 veterans did not have advance directives. For these 385 veterans, 42

completed goals of care (10.91%) after our outreach, 78 agreed to an appointment specifically to complete it (20.26%) and 64 wanted to complete it at their next PCP appointment (16.36%).

Unfortunately, 16 veterans no showed/cancelled their appointment for advance directives (4.16%), 113 couldn't be reached despite multiple attempts (29.35%), 32 refused (8.31%), and 15 had changed providers or moved (3.9%). Understanding that this is a difficult topic of conversation, 26 had opted to think about it more or discuss it with their family first (6.75%). These 26 veterans were reached out at a later time to discuss advanced care planning further. Given the current COVID-19 pandemic and uncertainty for even healthy individuals, it is important to continue this outreach and education of our vulnerable veterans to document their wishes while they can still provide them themselves.