

## PRACTICE ALERT

### COVID-19 Advance Care Planning in Health Care Practice

April 2020

On April 16<sup>th</sup> each year, NASW celebrates [National Healthcare Decisions Day](#) to empower individuals to engage in advance care planning (ACP). As individuals, families, and communities face the COVID-19 pandemic, the importance of conversations about health care treatment preferences comes into new focus. Social workers play a vital role in facilitating ACP. ACP is not only about end-of-life care. At any time in your life, if you are not able to make health care decisions for yourself, who will speak on your behalf?

#### ACP in Health Care Settings

In recent years, more health care practices are including ACP in their routine services. Primary care practices in particular have been initiating ACP conversations at various stages of care and illness. Developing advance directives is a process and usually occurs over a series of conversations at different points in time, such as an annual wellness visit, other outpatient visits, before a medical procedure, or during a hospitalization. Discussions can happen between a provider and an individual and include family members and loved ones. The specific forms and legal requirements of advance directives vary by state, and they contain documentation of preferences for medical treatment (a living will) and designation of a representative to make decisions if one is not able to (health care power of attorney).

One driver of ACP conversations in health care settings has been the [Patient Self-Determination Act of 1990](#). This law requires health care agencies that receive Medicare and Medicaid funding, such as hospitals, skilled nursing facilities, and hospice programs, to inform patients about ACP and their right to determine or refuse medical treatment. The law protects individuals from discrimination and is intended to ensure that health care teams comply with a patient's documented wishes.

Beginning in 2016, the availability of Medicare billing codes for ACP served as another incentive for health care facilities to schedule these conversations. A [Medicare Learning Network Factsheet](#) outlines the requirements for physicians and non-physician practitioners to bill for this service. Though social workers cannot be reimbursed independently for ACP, within integrated teams, social workers may initiate conversations to elicit patient goals of care and preferences in a culturally sensitive manner. In hospitals, hospice, and palliative care settings,

social workers often take the lead in developing advance care plans with patients and completing advance directives. Social work skills in assessing each patient's values and beliefs, strengths, and psychosocial needs are assets to interdisciplinary teams as they expand the availability of ACP. A 2019 [article](#) by Otis-Green et al., examines clinical social work leadership in ACP conversations.

Health care practices have also been addressing the topic of advance directives in group settings, which can promote engagement and documentation of ACP. The U.S. Department of Veterans Affairs has expanded use of [ACP group visits](#) over the past several years. ACP group discussions for Veterans are led by a social worker, chaplain, behavioral health provider, or other health care provider, and create a space for Veterans and their loved ones to discuss relevant issues around ACP. Through facilitated discussion with providers and peers, these groups enable participants to give consideration to important factors that help determine their advance directives.

### **Adapting Practice During COVID-19 Pandemic**

During the COVID-19 crisis, organizations are adapting their experiences with ACP and implementing creative ways to reach clients and staff through online resources and virtual forums. With routine appointments no longer taking place in person, social workers and health care providers can support individual and group discussions via telehealth. Material is being delivered remotely on Skype, Zoom, GoToMeeting, and other platforms. The Conversation Project has compiled examples of [Community Activities to Keep Advance Care Planning Conversations Flowing](#).

For individuals and their family members who are facing sudden illness due to COVID-19, ACP has taken on a new urgency. At the same time, the requirements of the Patient Self Determination Act requiring hospitals to provide information to patients about advance directive policies, are being waived. These changes underscore the importance of a proactive approach to communicating health care preferences.

Patients who are hospitalized with COVID-19 are not able to have in-person visitors during the current public health emergency period, and conversations must take place by phone or video. These barriers also may prevent advance directive forms from being signed by witnesses or notarized, which is required in some states. Nevertheless, it remains important to encourage these conversations and documentation of the care that individuals would like to receive if they are unable to make medical decisions for themselves. Health care social workers are playing a crucial role in communicating pertinent health information to family members and loved ones in these moments of crisis and advocating on behalf of patients in health settings. Clarifying a person's values and treatment preferences can help people avoid unnecessary medical care and promote interventions that are consistent with their wishes. It can ease burdens on caregivers and provide comfort to family members and loved ones, especially during this time when support must be provided from afar.

## Resources

To provide support during this challenging time, organizations are offering conversation guides at no cost to health care providers and to the public.

National Association of Social Workers

- [Social Work Response to the Coronavirus Pandemic](#)
- [NASW Standards for Social Work Practice in Health Care Settings](#)

Cake

- [Cake COVID-19 Resources](#)

National Hospice and Palliative Care Organization (NHPCO)

- [COVID-19 Shared-Decision Making Tool](#)

Respecting Choices

- [Proactive care planning conversation with HC Agents COVID-19](#)
- [COVID-19 Resources](#)
- [Virtual Office Hours via GoToMeeting](#)

The Conversation Project

- [National Healthcare Decisions Day](#)
- [Being Prepared in the Time of COVID-19](#)
- [Your Conversation Starter Kit](#)

U.S. Department of Veterans Affairs

- [A Workbook for Advance Care Planning](#)
- [Advance Care Planning via Group Visits Facilitation Video](#)

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