Goals of care conversations (GOCC) can promote care that is concordant with patients’ values and medical realities. GOCC can include hopes and fears, priorities and goals, discussion of medical proxies and advance directives, and/or specific treatment decisions. GOCC are specific to the individual patient.

**RESEARCH AIM:**
Identify provider-perceived barriers to implementing GOCC to develop future targeted interventions to improve frequency and quality.

**INTRODUCTION**

- Goals of care conversations (GOCC) can promote care that is concordant with patients’ values and medical realities.
- GOCC can include hopes and fears, priorities and goals, discussion of medical proxies and advance directives, and/or specific treatment decisions. GOCC are specific to the individual patient.

**METHODOLOGY**

**STEP 1**
Interview Palliative Care Providers

**STEP 2**
Conduct Focus Groups of 12 Providers

**STEP 3**
Collaborative Thematic Analysis from Transcripts

**STEP 4**
Literature Review of Policy Changes

**SOLUTIONS**

**BARRIERS TO GOALS OF CARE CONVERSATIONS**

**Time Constraints**
- Rapport building between patient and provider is difficult due to limited time in each visit
- Balancing treatment and physical care with GOCC
- Advanced progression of illness doesn’t allow time for GOCC

**Electronic Health Records (EHR)**
- Documentation of GOCC in EHR: often only the first conversation is documented in Epic even if subsequent conversations are more substantial
- Advanced Care Planning (ACP) tab in Epic: templates for GOCC can be restrictive, rigid

**Social Determinants of Health**
- Language barriers
- Bias/discrimination
- Lack of resources restricts multiple visits for GOCC

**Ineffective Communication**
- Lack of space for silence
- Convincing the patient instead of empowering patient agency
- Poor patient education of the medical situation
- Excessive medical terminology

**Coordinating Care**
- Independent, fragmented interdisciplinary teams
- EHR conversations not always communicated quickly and effectively across care teams
- Difficulties with ensuring that a knowledgeable and appropriate provider is leading the GOCC

**Emotional Burden**
- Negative connotations associated with GOCC
- Not addressing familial conflict and/or disagreements

**Lack of Formal Training**
- Accessibility of formal training
- Learning to navigate emotionally charged situations and recognize underlying emotions

**RECOMMENDATIONS**

- Improve ACP templates
- Identify patients who might benefit most from GOCC
- Better inter-provider communication platform
- Improve accessibility of training materials
- Initiate GOC-related discourse in communities
- Provide better social support (chaplain, translator etc.) in health settings

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