

## OUTER SETTING

- Critical incidents (e.g., pandemics)
- Local attitudes: Norms about ACP, systemic and structural racism
- Local conditions: State politics and policies, EHR infrastructure, Health information exchanges, emergency response systems
- Partnerships: Professional organizations, insurers, health systems

- Policies and laws: Legislation, guidelines, accreditation
- Financing: CMS/insurance reimbursement, granting agencies
- Societal pressure: Media campaigns, advocacy groups
- Market pressure: Competitors offer ACP
- Performance measurement pressure: Quality metrics



## INNER SETTING

- Structural characteristics to support ACP
  - Physical space, staff, clinical time
  - EMR IT infrastructure (documentation, storage, retrieval)
  - Defined ACP policies, workflows, roles/responsibilities
- Relational connections/communication
  - Between leadership, disciplines, clinical settings, the community
- Culture
  - Readiness to implement ACP
  - Support for patient-centered care
  - Anti-racism policies and practices
  - Learning-centeredness, use of data for quality improvement
- Mission alignment with current workflows, systems, and priorities
- Available resources (e.g., reimbursement rates, incentives, materials, training)



## INDIVIDUAL CHARACTERISTICS

- Leaders: Key decision makers about ACP policies
- Community, patient, caregiver opinion leaders + key informants
- Implementation facilitators/leads/ team members (e.g., clinical champions, community collaborators)
- Innovation deliverer (e.g., interdisciplinary clinicians, settings, beliefs, attitudes, training)
- Innovation recipient (e.g., patients, caregivers, clinicians): Capability, Opportunity, Motivation (COM-B)\*
  - Health literacy, language proficiency, digital literacy, cognitive impairment
  - Access to understandable health education materials
  - Patient and caregiver readiness to engage in ACP
  - Type of illness (e.g., cancer, frailty, organ failure)
  - Life and/or disease trajectory
  - Unique and differing cultural and family backgrounds and experiences
  - Experiential racism and justified mistrust in the health system

## ACP INNOVATION

- Design: How assembled and presented

### For patients and caregivers:

- Education modalities (e.g., written, online, groups)
- Outreach materials, technologies, legal forms
- Navigators (clinical, community), dedicated ACP teams
- Community events and engagement
- Medical-legal partnerships

### For clinicians and staff:

- Training materials, protocols, guides, templates

- Other important considerations: reliable source, evidence base, relative advantages, adaptability, trialability, complexity, cost

## ACP IMPLEMENTATION PROCESS



- Teaming: Coordinating, collaborating, securing resources for ACP
- Assessing Needs: Collecting priorities, preferences of innovation recipients and deliverers
- Assessing Context: Identifying barriers and facilitators to ACP
- Tailoring Strategies: Addressing identified barriers and facilitators to ACP
- Engaging in quality improvement to optimize ACP delivery
- Doing: Quality improvement to optimize delivery
- Reflecting and evaluating: Patient, caregiver, clinician feedback about implementation
- Adapting: Modifying the ACP innovation/inner setting to optimize it and integration