Letter

Differences in Goals of Care and Advance Care Planning Note Templates

To the editor,

Clinicians document conversations that clarify and align patient serious illness care goals with medical treatment options in electronic healthcare record (EHR) notes.[1–3] These documented conversations among clinicians, patients or surrogates may be used in inpatient and outpatient settings to describe discussions about current medical decisions (goals of care [GOC] conversations) and/or future medical decisions (advance care planning [ACP] conversations).[4] Documenting these conversations promotes awareness of patient values across the multidisciplinary teams that care for seriously ill patients and are associated with positive patient, family and health system outcomes.[5–8] There is limited understanding about how documented GOC and ACP conversation notes are templated across diverse health systems.

Although the American College of Physicians High Value Task Force provides best practice recommendations for elements to address during discussions about serious illness care goals (e.g., decision-making and information preferences), limited guidance exists for specific elements that should be documented within notes describing GOC and ACP conversations.[9] The Centers for Medicare & Medicaid Services does provide guidance regarding required elements that must be documented in the EHR in order to use advance care planning codes to bill for GOC and ACP conversations (e.g., who was present at the conversation).[10] In this setting, some health systems have created note templates with prompts to guide clinicians to document specific elements within these notes.[11] Data suggest that EHR note templates change clinician practice, increasing documentation of specific elements to address template prompts compared with no template use.[12] It is unclear how note templates to document GOC and ACP conversations are formatted across health systems and how these templates compare to one another. This is important to assess as differences in note templates may promote differences in documentation across hospitals, which has the potential to affect patient, family and health system outcomes.[13]

The primary aim of this study was to assess the elements of note templates to document GOC and ACP conversations used at a subset of geographically diverse US health systems. The secondary aims were to compare how elements within these templates align with 1) best practice recommendations for elements that should be addressed during discussions about serious illness care goals and 2) elements that must be documented to use advance care planning billing codes.

Methods

Study Design and Setting

We conducted a cross-sectional study of note templates to document conversations that clarify and align patient serious illness care goals with medical treatment options (e.g., GOC and ACP conversations) in inpatient and outpatient settings in November 2025. We used purposive sampling to select templates from diverse geographic health systems across the US identified following a review of published literature describing health system GOC and ACP documentation processes. This study did not meet the definition of human subjects' research per the Common Rule.

Data Collection and Analysis

We assessed note templates available for general use by clinicians within each study health system. We excluded note templates that were not intended for general use (e.g., templates for surgical patients only, templates for social workers only) and templates specifically created for brief documentation only. Content analysis was performed to assess elements within each note template. All templates were double-coded by two authors (GP and NS), with discrepancies resolved through discussion to consensus. A mixed inductive and deductive approach was used for code development. We created an initial codebook based on elements recommended to address during discussions about serious illness care goals.[9] We then expanded this codebook as new insights arose from our

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assessment of the note templates. Next, codes were organized into groups signifying elements identified within note templates.

We then compared elements in note templates with best practice recommendations for elements to address during discussions about serious illness care goals, as defined by the American College of Physicians High Value Task Force.[9] These included 1) understanding of prognosis; 2) decision making and information preferences; 3) prognostic disclosure; 4) patient goals; 5) fears; 6) acceptable function (e.g., cognitive ability); 7) tradeoffs; and 8) family involvement (e.g., patient preferences for family involvement in decision-making). In addition to these eight elements, this task force also recommended EHR documentation of 1) health care proxy; 2) medical orders for life-sustaining treatments; and 3) code status in a unified section of the EHR. We additionally assessed for elements that must always be documented in the EHR to bill for advance care planning services per the Centers for Medicare & Medicaid.[10] These included 1) a description of the voluntary nature of the conversation; 2) an explanation of advance directives; 3) who was present at the conversation; and 4) the time spent in the conversation.

Results

We assessed note templates from six geographically diverse health systems located in the Northeast (16%), Southeast (16%), Midwest (16%), and West (50%) US. These systems together encompassed a total of 116 hospitals with over 26,000 beds. The number of hospitals within each health system ranged from 2 to 52 (median 8.5). Five of six systems were affiliated with academic medical centers (Table 1).

We assessed six note templates, one from each health system. Five note templates were created for use within the EHR Epic, and one within the EHR Cerner. Drop-down lists were present in two-thirds of note templates. These drop-down lists provided specific responses to template prompts and were hidden unless a clinician clicked the field to view the drop-down menu. Check boxes or radio buttons that were freely visible within the note template were used in the other one-third of assessed notes. The option to use free-text was available in all note templates.

A prompt to describe who attended the conversation was the only common element identified across all note templates. Two-thirds of templates included a prompt to document the patient's health care proxy and patient goals and values. Half prompted clinicians to document patient hopes, or patient concerns, fears or worries. Regarding prognosis, half prompted clinicians to document patients' or surrogates' understanding of their prognosis, and clinicians' disclosure of prognosis. One note template prompted clinicians to document patient treatment options (Table 2).

Table 1
Health System Characteristics

Characteristics	BJC Health	Duke Health	Providence	University of California San Francisco Health	University of Pittsburgh Medical Center	UW Medicine
Setting	Academic, Community, Urban, Rural	Academic, Community, Urban	Community, Urban, Suburban, Rural, Critical Access	Academic, Urban	Academic, Community, Urban	Academic, Urban
Number of beds	3044	1,400	11,000	1,100	8700	1400
Number of hospitals	14	3	52	2	42	3
Location of hospitals	Missouri, Illinois	North Carolina	Alaska, Washington, Montana, Oregon, California, New Mexico, Texas	California	Pennsylvania	Washington
Admissions per year	141,800	67,600	444,500	44,500	350,000	46,900
Outpatient visits per year	2.7 million	4.9 million	27.7 million	2.9 million	6.7 million	1.5 million
Electronic health record	Epic	Epic	Epic	Epic	Cerner	Epic

Table 2
Elements Included Within Goals of Care or Advance Care Planning Note Templates

Element	BJC Health	Duke Health	Providence	University of California San Francisco Health	University of Pittsburgh Medical Center	UW Medicine
Title of Note	Advance Care Planning Conversation	Advance Care Planning Conversation	Goals of Care	Advance Care Planning	Goals of Care	Advance Care Planning/ Goals of Care
Best Practice Recommendations for Elements to Address During Discussions About Serious Illness Care Goals, as Defined by the American College of Physicians High Value Task Force[9]						
Understanding of prognosis			X	X		X
Decision making and information preferences			X			X
Prognostic disclosure			X	X	X	
Patient goals (including patient values)			X	X	X	X
Fears (including worries and concerns)			X	X	X	
Acceptable function (e.g., cognitive abilities)			X			X
Trade-offs			X			
Family involvement (e.g., patient preferences for family involvement in decision-making)			X			
Best Practice Recommendations for Additional Elements That Should be Documented in a Single Location in the Electronic Health Record, as Defined by the American College of Physicians High Value Task Force[9]						
Health care proxy	X			X	X	X
Medical orders for life-sustaining treatments	X					
Code status	X	X		X	X	
Elements That Must Always be Documented in the Electronic Health Record to Bill for Advance Care Planning Services as Defined by the Centers for Medicare & Medicaid[10]						
Patient or family consented to a voluntary conversation	X	X				
Advance directives were explained		X				
Discussed with/who was at goals of care discussion	X	X	X	X	X	X
Time spent in advance care planning	X	X				X
Other Elements						
Pertinent diagnoses	X	X				
Documentation of patient decision-making capacity			X			
Hopes			X	X	X	
Sources of strength			X	X		
Treatment options				X		
Decisions/plans made about medical treatments	X	X	X		X	X
Decision to change or maintain code status following conversation	X	X			X	
Referral/decision to pursue hospice care	X	X			X	

(*Continued*)

Table 2
Continued

Element	BJC Health	Duke Health	Providence	University of California San Francisco Health	University of Pittsburgh Medical Center	UW Medicine
Next steps	X				X	X
Summary/details of conversation	X	X		X	X	
Encouragement to use direct quotes				X		
Hidden drop down lists responding to prompts	X	X		X		X
Check boxes or radio buttons responding to prompts			X		X	
Free text response responding to prompts	X	X	X	X	X	X

This table only assessed content within goals of care or advance care planning template notes. It did not assess content that may be templated in the electronic healthcare record outside of goals of care or advance care planning template notes.

Only one template included prompts for all eight recommended elements to address during conversations about serious illness care goals. Two templates did not include prompts that directly addressed any of these eight recommended elements. One template included prompts for all required documented elements to use advance care planning billing codes, while half included only one required element (Table 2).

Comment

Our study of GOC and ACP note templates across six health systems identified differences in the elements included within each template. Only one health system's template included prompts for all eight recommended elements to address during conversations about serious illness care goals. Additionally, only one health system included all four components required to bill for advance care planning. Our results may suggest that a lack of consensus exists regarding elements that should be prioritized for documented conversations about patient serious illness care goals. They may also indicate that implementation barriers exist in designing note templates that are flexible for use across care settings (e.g., inpatient vs. outpatient, general vs. specialty care).[14] While our study is strengthened by its assessment of templates across six geographically diverse US health systems, it is limited in that it assessed only templates used by select health systems for GOC and ACP documentation, which may not reflect notes used at other health systems. Future research should explore ways to develop consistency in content included within GOC and ACP note templates, as differences in note templates may affect patient, family and health system outcomes.

Data Sharing Statement

Data will be made available upon request by contacting the corresponding author.

Institutional Review Board Information

This study does not meet the criteria of human subjects research per the common rule as it only assessed the content of template notes and did not study human subjects.

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