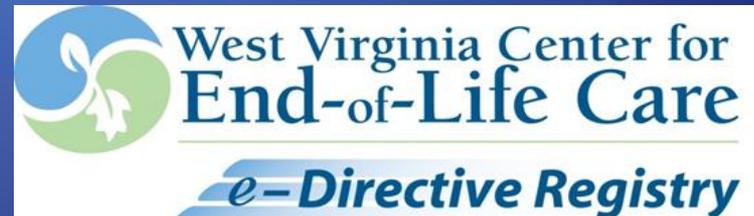




West Virginia Center for End-of-Life Care

Alvin H. Moss, MD, FACP, FAAHPM
State Panel
Health IT Policy Committee
September 26, 2013



High Quality, Individualized Patient-Centered Medical Care

- Inform & identify patients' wishes (conversation)
- Complete AD and POLST & submit to the Registry
- Access AD and POLST online in an emergency
- Respect patients' wishes across health care settings
 - Smooth transitions of care

www.wvhin.org

www.wvendlifecare.org



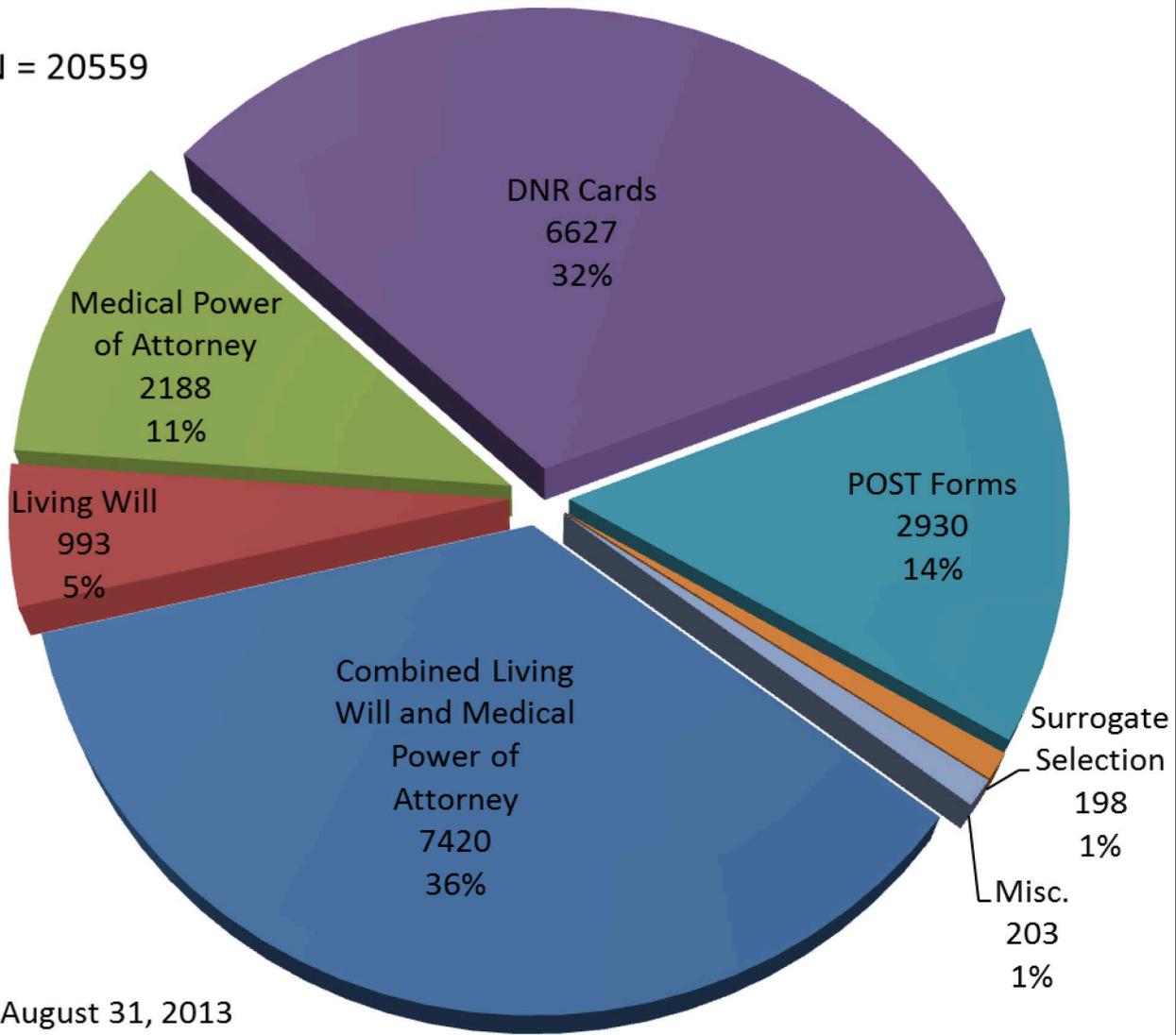
Time to Abandon the “Silo” Mentality in Health Care

- All of the following health care settings can be part of a statewide WV system to respect patients’ wishes connected through WVHIN and the Registry
 - Emergency Medical Services/ambulances
 - Every office and clinic
 - Every nursing home
 - Every hospital
 - Every inpatient hospice
 - Every assisted living facility/personal care home
 - Potentially every home/apartment/private residence

- Accurate, relevant information available in a crisis
 - Care Summary of ADs and POLST online
- 24/7 online access by providers through WVHIN
- Patients' wishes respected across care settings
- Annual mailing to ensure accuracy of Registry
- Deceased patients' documents archived
- Password-protected – HIPAA compliant

Total Registry Forms Received by Type

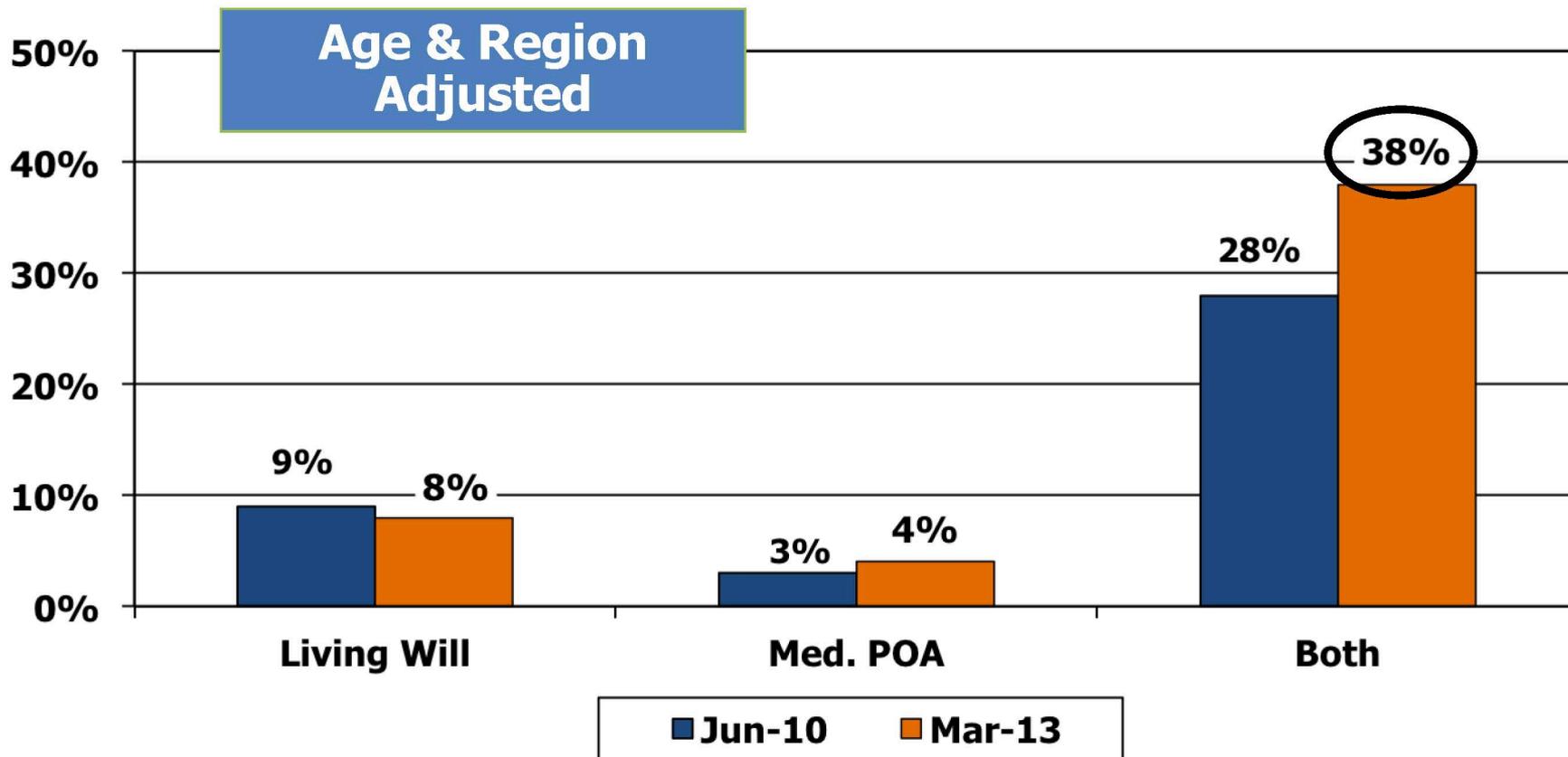
N = 20559



As of August 31, 2013

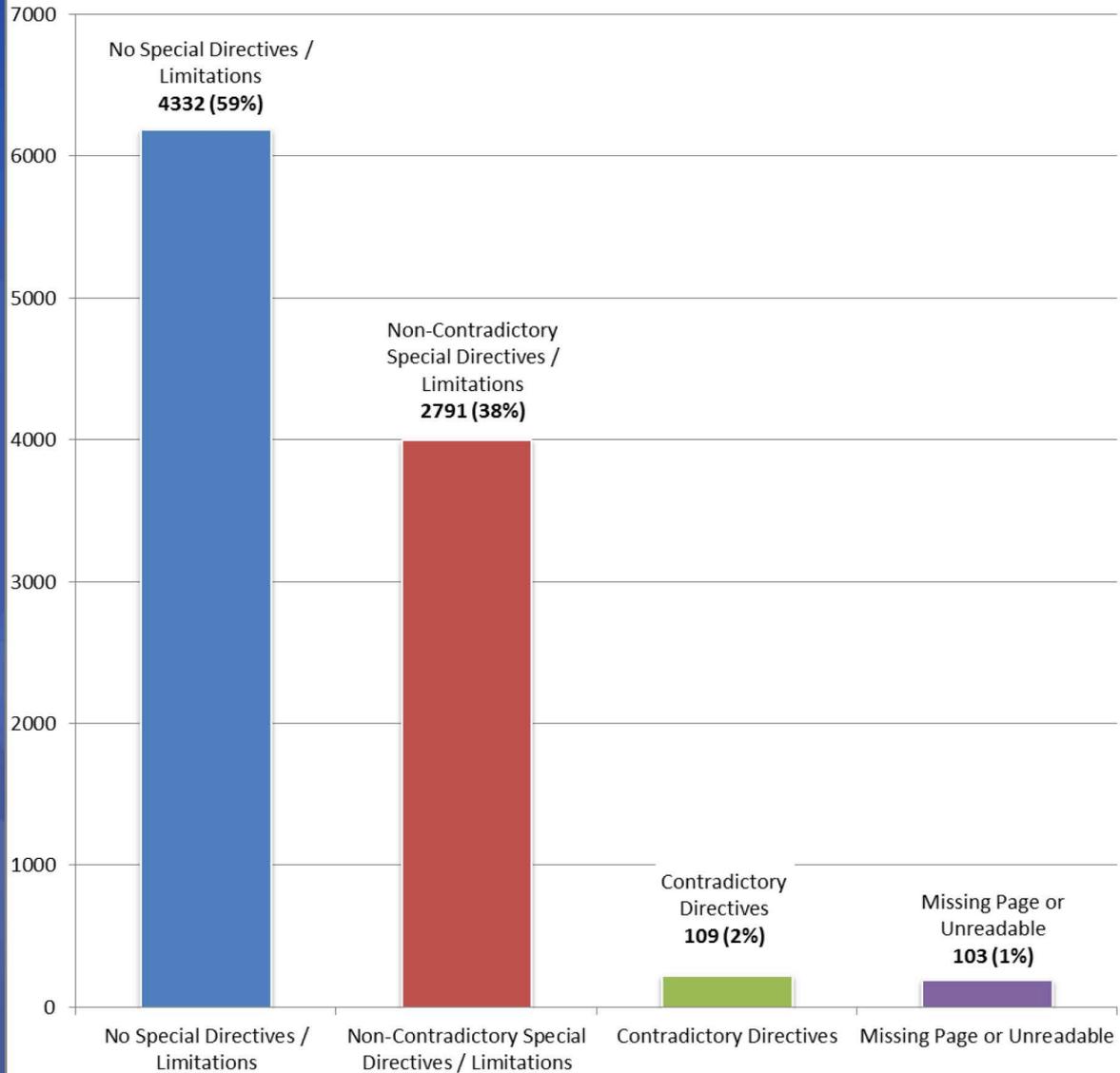
Living Will/Power of Attorney

Do you...have a Living Will or Medical Power of Attorney?



N = 10601

Characteristics of Advance Directives Submitted to the WV e-Directive Registry



As of August 31, 2013

The Failure of Advance Directives: 7 Reasons

1. Most people do not complete advance directives (ADs).
2. ADs are often not readily available when needed.
3. Even if completed, providers may not aware of them.
4. Advance directive language is often too vague to be applicable to particular clinical circumstances.
5. ADs are often invoked too late in the dying process.
6. There is no system to ensure that patients' wishes in ADs are discussed with families and providers in advance.
7. At times ADs are overridden by providers and families.

A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices Versus the Physician Orders for Life-Sustaining Treatment Program

Susan E. Hickman, PhD,† Christine A. Nelson, PhD, RN,† Nancy A. Perrin, PhD,‡ Alvin H. Moss, MD,§ Bernard J. Hammes, PhD,|| and Susan W. Tolle, MD#*

CONCLUSION: Residents with POLST forms were more likely to have treatment preferences documented as medical orders than those who did not, but there were no differences in symptom management or assessment. POLST orders restricting medical interventions were associated with less use of life-sustaining treatments. Findings suggest that the POLST program offers significant advantages over traditional methods to communicate preferences about life-sustaining treatments. *J Am Geriatr Soc 58:1241–1248, 2010.*

HIPAA PERMITS DISCLOSURE OF POST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

**West Virginia Physician Orders
for Scope of Treatment (POST)**

This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed indicates full treatment for that section. When need occurs, first follow these orders, then contact physician.

Last Name/First/Middle Initial		
Address		
City/State/Zip		
Date of Birth (mm/dd/yyyy)	Last 4 SSN	Gender
_____	□□□□	□ M □ F

A Check One Box Only	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing.
	<input type="checkbox"/> Resuscitate (CPR) <input type="checkbox"/> Do <u>Not</u> Attempt Resuscitation (DNR/no CPR)
When not in cardiopulmonary arrest, follow orders in B, C, and D.	

B Check One Box Only	MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.
	<input type="checkbox"/> Comfort Measures Treat with dignity and respect. Keep clean, warm, and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer <u>only</u> if comfort needs cannot be met in current location.
<input type="checkbox"/> Limited Additional Interventions Includes care described above. Use medical treatment, antibiotics, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care unit.	
<input type="checkbox"/> Full Interventions Includes care above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Include intensive care unit.	
Other Orders: _____	

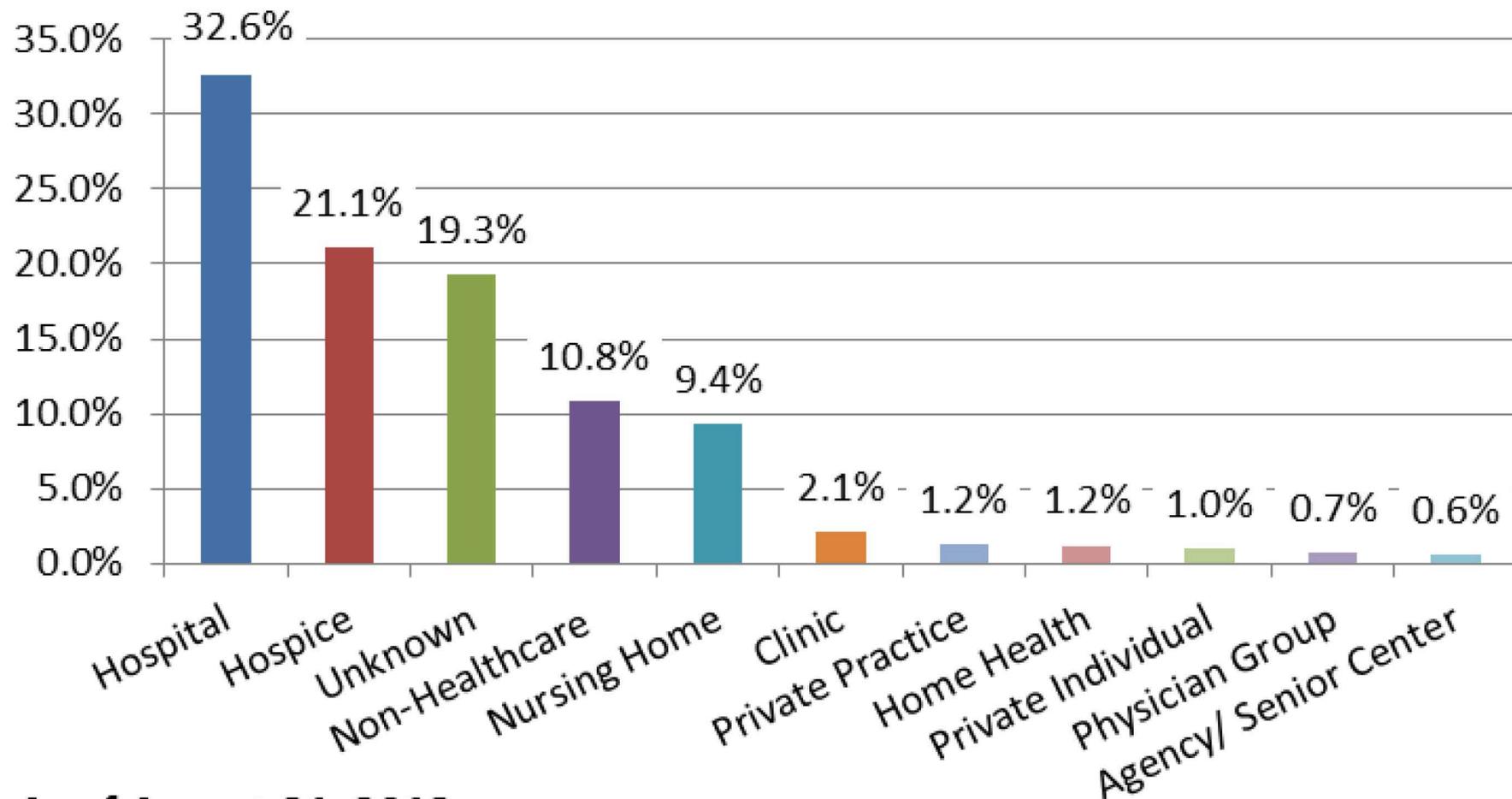
C Check One Box Only in Each Column	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Oral fluids and nutrition must be offered as tolerated.
	<input type="checkbox"/> No IV fluids (provide other measures to assure comfort) <input type="checkbox"/> No feeding tube <input type="checkbox"/> IV fluids for a trial period of no longer than _____ <input type="checkbox"/> Feeding tube for a trial period of no longer than _____ <input type="checkbox"/> IV fluids long-term if indicated <input type="checkbox"/> Feeding tube long-term
Other Orders: _____	

D	Discussed with: <input type="checkbox"/> Patient/Resident <input type="checkbox"/> Health care surrogate <input type="checkbox"/> MPOA representative <input type="checkbox"/> Spouse <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Other: _____ (Specify)
	Authorization INITIAL BOX if you agree with the following statement: If I lose decision making capacity and my condition significantly deteriorates, I give permission to my MPOA representative/surrogate to make decisions and to complete a new form with my physician in accordance with my expressed wishes for such a condition or, if these wishes are unknown or not reasonably ascertainable, my best interests. <input type="checkbox"/>
Registry Opt-In INITIAL BOX if you agree to have your POST form, do not resuscitate card, living will and medical power of attorney form (if completed) submitted to the WV e-Directive Registry and released to treating health care providers. REGISTRY FAX - 304-293-7442 <input type="checkbox"/>	
Signature of Patient/Resident, Parent of Minor, or Guardian/MPOA Representative/Surrogate (Mandatory) Date	
Signature of Physician	
Physician Name (Print Full Name)	Physician Phone Number
Physician Signature (Mandatory)	Date and Time

FORM SHALL ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

Percent of Total Forms Submitted by Facility Type

N = 20559



As of August 31, 2013

Conclusions

- West Virginia has a system to ensure that patients' wishes are respected across Transitions of Care.
 - Advance care planning with forms sent to Registry
 - 24/7 online access to Registry by treating clinicians
- Use of POST form to ensure consistency between patients' wishes and treatment received.
- Implementation of an effective statewide system to respect patients' wishes requires communication and coordination across health care settings and with the e-Directive Registry through WVHIN.