Key Enhancements in an EMR to Improve the Outcomes of Advance Care Planning

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Documenting and communicating a patient's preferences and goals regarding future medical care are essential functions of an EMR!

Documenting and communicating a patient's future treatment preferences and goals is as important as documenting and communicating the patient's problem list, medication list, and the list of allergies.

If we believe in patient-centered care, it becomes a medical error when we fail to…

1. ask patients, especially those who are at risk of major medical complications, to talk with us about their preferences and goals;
2. document these known preferences and goals;
3. transmit or communicate preferences or goals to the next provider;
4. incorporate these documented preferences and goals into critical medical decisions.

Success of Advance Care Planning (ACP) in La Crosse, Wisconsin

A key element to ACP success is:

- A well-designed, organized medical record that allows health professionals to document and communicate a patient's care plan through time and across settings.*

  A well-organized medical records process for ACP has been an essential design element in La Crosse healthcare since the early '90s.**

  Gundersen Health System built the first comprehensive EMR ACP application in the early 2000s.*

*Hammes BJ, Briggs L. *Building A Systems Approach to Advance Care Planning.* Gundersen Lutheran Medical Foundation, La Crosse; 2011.

**Hammes BJ, Rooney BL, Gundrum JD. A comparative, retrospective, observational study of the prevalence, availability, and utility of advance care planning in a county that implemented an advance care planning microsystem. *JAGS*. 2010;58:1249-1255.

Four essential ACP tasks of the EMR

I. Easy navigation to ACP information

- A single navigator button that takes the user to a organized view of all existing ACP information.
- This information and navigation needs to be available in all settings of care.

Four essential ACP tasks of the EMR

II. The ACP page must allow an easy, organized view of existing ACP information.

What ACP information?

- All types of formal and informal written advance directives/care plans.
- Provider notes that describe a care plan.
- Names and telephone numbers of legal surrogates.
- Notes that describe previous care planning encounters and conversations.
- Documentation of assessment of a patient's ACP status and interest in ACP assistance.
- Medical orders that provide for a specific care plan…including the POLST paradigm form.
- Referral process to ACP facilitators where available.

Four essential ACP tasks of the EMR

III. Alerts to health professionals about:
  - The existence of any type of care plan;
  - The need/time to review or update a patient's care plan;
  - A patient's loss of capacity and the need for a legally appointed surrogate to make decisions for the patient.

Four essential ACP tasks of the EMR

IV. ACP planning information documented in an individual's EMR must be uploaded into any existing Regional Health Information Organization (RHIO) so that it is available to other providers at other settings when needed.

What happens if we don't have this well-designed EMR?

- Clinicians have little incentive to engage in good ACP discussions because if the patient's preferences and goals cannot be communicated, the discussion has little or no impact on future care.
- Patient's preferences remain unclear or unknown.
- Patients run a high risk of over- or under treatment when critical care decisions are made.
- Families are forced into impossible moral decisions that can result later in behavioral health problems.
- Society pays for acute care services that have little benefit and are not desired by many patients.