Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Care Planning Hearing

Certification and Adoption Workgroup
Marc Probst, Co-Chair
Larry Wolf, Co-Chair

November 6, 2013

Certification and Adoption Workgroup

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Member	Organization
Marc Probst, Co-Chair	**Intermountain Healthcare**
Larry Wolf, Co-Chair	**Kindred Healthcare**
Joan Ash	Oregon Health & Science University
John Derr	Golden Living, LLC
Carl Dvorak	Epic Systems Corporation
Paul Egerman	Businessman/Entrepreneur
Joseph Heyman	Whittier IPA
George Hripcsak	Columbia University
Stanley Huff	Intermountain Healthcare
Elizabeth Johnson	Tenet Healthcare Corporation
Charles Kennedy	Aetna
Donald Rucker	Siemens Corp.
Paul Tang	Palo Alto Medical Foundation
Micky Tripathi	MA eHealth Collaborative

Meaningful Use

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Paul Tang, Chair	**Palo Alto Medical Foundation**
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David Bates	Brigham and Women’s Hospital & Partners
Christine Bechtel	National Partnership for Women & Families
Neil Calman	The Institute for Family Health
Arthur Davidson	Denver Public Health Department
Paul Egerman	Businessman/Entrepreneur
Marty Fattig	Nemaha County Hospital Auburn, Nebraska (NCHNET)
Leslie Kelly Hall	Healthwise
David Lansky	Pacific Business Group on Health
Deven McGraw	Center for Democracy & Technology
J. Marc Overhage	Siemens Healthcare
Charlene Underwood	Siemens
Michael Zaroukian	Sparrow Health System
Amy Zimmerman	Rhode Island Office of Health & Human Services

Consumer Technology Workgroup

Member	Organization
Leslie Kelly Hall, Chair	**Healthwise**
Brian Ahier	Advanced HIE Resources
Christine Bechtel	National Partnership for Women & Families
Brian Carter	Cerner
AJ Chen	HHS NPA Region IX Health Equity Council
John Derr	Golden Living, LLC
Tonya Dorsey	BCBS/South Carolina
David Harlow	The Harlow Group LLC
Arthur Henderson	Affinity Networks, Inc.
Susan Hull	Wellspring Consulting
Elizabeth Johnson	Tenet Healthcare Corporation
Tom Jones	Tolven Health
Mohit Kaushal	Aberdare Ventures/National Venture Capital Association
Russ Leftwich	State of Tennessee Office of eHealth
Holly Miller	MedAllies, Inc.
Marcia Nizzari	PatientsLikeMe
Yair Rajwan	Visual Science Informatics, LLC

Hearing Agenda: September 23, 2013

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- Presentation from Senator Mark Warner's Office
  - Maureen Henry
- Legal Perspective
  - Charlie Sabatino, American Bar Association Commission on Law and Aging
  - Elisabeth Belmont, Attorney [on Sept 27, 2013]
- State Perspective
  - Patricia Bomba, Excellus BlueCross BlueShield
  - Christie North, HealthInsights
  - Alvin Moss, WV Health Information Network
  - Brian Yeaman, Oklahoma Health Information Exchange
- Hospitals and Providers
  - Carol Wilson, Riverside Health System
  - B. Lachlan Forrow, Beth Israel Deaconess Medical Center
  - Jeff Beane, Geriatrician
  - Ferdinando L. Mirarchi, University of Pittsburgh Medical Center
  - Bernard Hammes, Respecting Choices and Humanities
- Implementers
  - Paul Malley, Aging with Dignity
  - Jeff Zucker, MyDirectives
  - Doug Winesett, Epic
- Patient Perspective
  - Amy Berman, The John A. Hartford Foundation
  - Mark Savage, National Partnership for Women & Families
  - Karen Wyatt, Physician, Author
- Public Comment

Highlights

- Congressional Initiatives
- Important conversations, roles and artifacts
- Important documents
- State and Consumer-Controlled Registries

Proposed Federal Legislation

- Care Planning Act of 2013, S. 1439, Senator Mark Warner, Senator Johnny Isakson

  "The Care Planning Act of 2013 creates a Medicare and Medicaid benefit for patient-centered care planning for people with serious illness. It will reimburse a team of healthcare professionals for providing a voluntary, structured discussion about the patient's goals, illness, and treatment options. A written plan will reflect the informed choices made by patients in consultation with their health care team, faith leaders, family members and friends. The Care Planning Act also provides resources for public and professional education materials about care planning."

Congressional Letter of Support

Members of Congress

- Earl Blumenauer
- Tom Petri
- Allyson Schwartz
- Richard Hanna
- Jim McDermott
- Jan Schakowsky
- Lois Capps
- Scott Peters

… in support of advancing patient- and family-centered care planning in Stage 3 of the "meaningful use" Electronic Health Record incentive program…

… Care plans can serve as an important vehicle for identifying and communicating advance directives. Together they provide a process to inject patients' values, goals and preferences into medical care and wellness needs, as well as an opportunity for shared decision making and collaborative planning…

… The Meaningful Use program offers an immediate opportunity to advance the technological foundation for care planning including advance directives…

… foster the development and use of standards for a shared care plan including those for structured recording of other data elements, such as patient goals and preferences, related interventions, care team member list, and family caregiver status…

Important Conversations and Documentation

Conversations and Roles

- Individual (not just patients)
- Family
- Health Care Representative
- Health Care Providers

Documentation

- Advance Directive/ Advance Care Plan
- POLST/MOLST
- Provider Notes
- Provider Orders

Artifacts

- Hand Written
- Audio Recording
- Video Recording
- Narrative Text
- Structured Elements
- Metadata

Systems

- State Repository
- Non-Governmental Repository
- Provider EHR
- Other Applications

Advance Directive and Physician Orders for Life-Sustaining Treatment

Advance Directive	POLST
For anyone 18 and older	For persons with serious illness — at any age
Provides instructions for future treatment	Provides medical orders for current treatment
Appoints a Health Care Representative	
Does not guide Emergency Medical Personnel	Guides actions by Emergency Medical Personnel when made available
Guides inpatient treatment decisions when made available	Guides inpatient treatment decisions when made available

POLST http://www.polst.org/advance-care-planning/polst-and-advance-directives/

POLST State Activity

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Mature (2)
- **Oregon***
- **West Virginia***

Endorsed (14)
- Colorado
- California
- Georgia
- Hawaii
- **Idaho***
- Louisiana
- Montana
- **New York***
- North Carolina
- Pennsylvania
- Tennessee
- Utah
- Washington
- Wisconsin

Developing (27)
- Arizona
- Connecticut
- Delaware
- Florida
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- North Dakota
- Ohio
- Rhode Island
- South Carolina
- Texas
- Vermont
- Virginia
- Wyoming

No Program (7)
- Alabama
- Alaska
- Arkansas
- Mississippi
- Nebraska
- Oklahoma
- South Dakota

***States with POLST registries**

http://www.polst.org/programs-in-your-state/

POLST http://www.polst.org/develop-a-program/electronic-registry-development/

West Virginia

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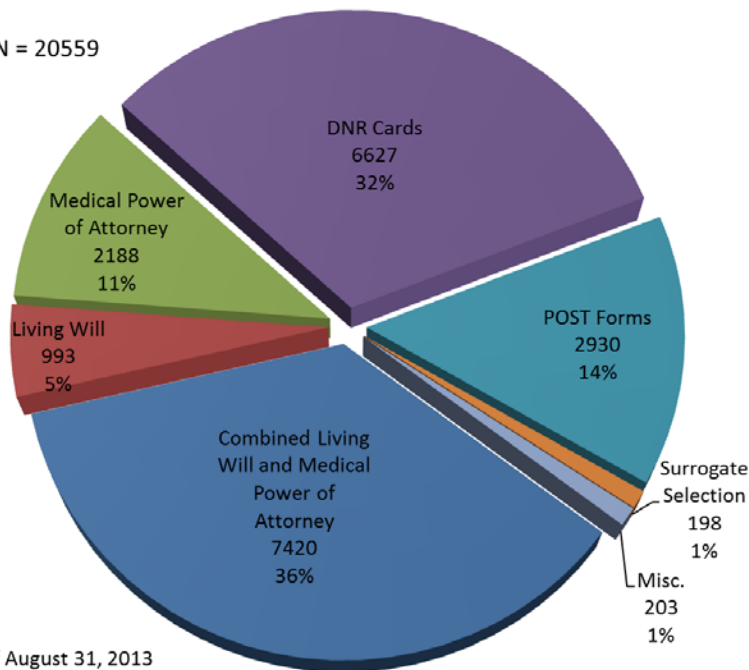
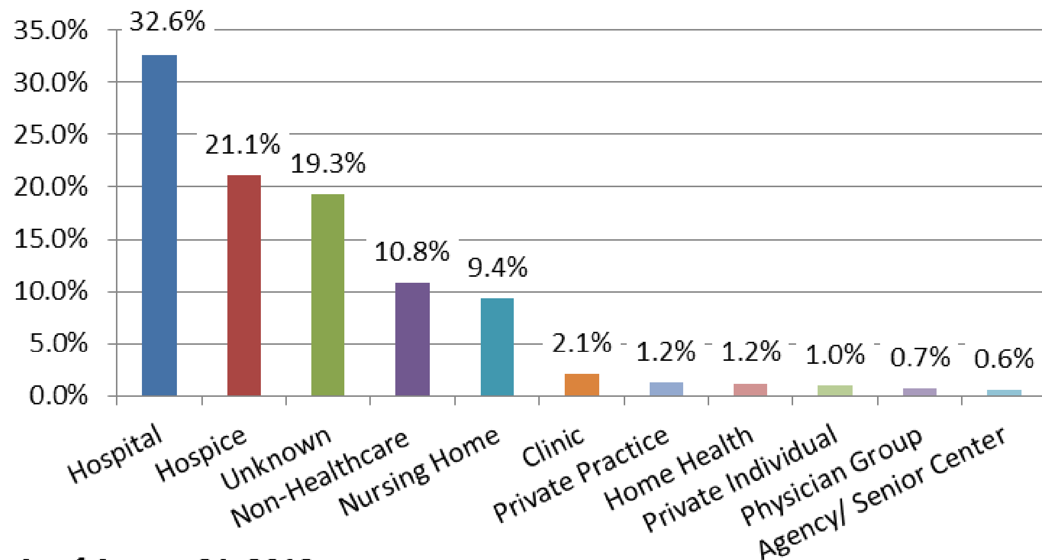
West Virginia Center for End-of-Life Care
e-Directive Registry





New York State MOLST

MOLST
MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT
A POLST Paradigm Program

Medical Orders for Life-Sustaining Treatment

"The medical orders on the form need not be re-issued by the patient's new health care provider, but should be reviewed and may be revised by a physician, when the patient transitions to a different setting and when the patient's preferences and/or medical conditions change."

NY Department of Health

http://www.health.ny.gov/professionals/patients/patient_rights/molst

NY State eMOLST and eMOLST Registry

- eMOLST
  - Secure web-based application allows enrolled users to complete the eMOLST form and document the discussion in the correct MOLST Chart Documentation Form (CDF) and/or mandated OPWDD Checklist for Persons with Developmental Disabilities who lack capacity
  - CDFs document goals for care, discussion, ethical/legal requirements
  - Forms are created as pdf documents that can be printed for the patient and a paper-based medical record, stored in an EMR via link to eMOLST, and become part of the NYS eMOLST registry
- eMOLST Registry
  - Electronic database centrally housing MOLST forms and CDFs to allow 24/7 access in an emergency

MyDirectives

"MyDirectives® is a web-based service that helps consumers create, store, update and retrieve their advance care plans at no charge. MyDirectives' Universal Advance Digital Directive (uADD)™ combines the elements of a living will and a medical power of attorney with a person's preferences on resuscitation, organ donation and autopsy. MyDirectives lets users upload audio and video, and it allows upload and storage of POLST/MOLST. It operates as a standalone website or integrated into EMRs/EHRs/PHRs/HIEs. MyDirectives is meaningful use certified and Blue Button® compatible. It is currently being used nationwide and internationally."

http://www.mydirectives.com/

Meaningful Use Stage 2

ID #	Stage 2 Final Rule
SGRP112	**EH MENU Objective: R**ecord whether a patient 65 years old or older has an advance directive **EH MENU Measure:** More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.

Summary from Hearing

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- Congressional Initiatives
  - Senate Bill S.1439: patient-centered care planning for serious illness
  - House Letter of Support: care planning and HIT standards
- Important Conversations, Roles and Artifacts
  - Personal statements that clarify intent and anchor emotions
  - Healthcare Representative/Agent/Medical Power of Attorney
- Important Documents
  - Advance Care Plan/Advance Directive
  - POLST (Physician Orders for Life-Sustaining Treatment)
- State and Consumer-Controlled Registries
  - A single place provide access and to manage versions
  - West Virginia
  - New York
  - MyDirectives

Areas for Recommendations

- Broadly about care planning and individual decisions
- Not just critically ill, not just those 65 and older
- Repositories: 24x7 access to the latest version
  - Use of “live” links
  - Use of “static” documents
- Learn from what’s working, pilot to learn more
  - Existing Repositories
  - Stage 2, Vendor Capabilities, Provider Implementation
  - How EHRs handle the orders coming from Advance Care Planning and POLST
  - S&I Framework/updated C-CDA to support care planning
  - InfoButton as an example of accessing outside resources
  - Opportunities for partnership and “convening”