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Heath IT Policy Committee Advance Directive Virtual Hearing

Hearing Date: September 23, 2013 at 9:00 am Eastern Time

Name and Address of Submitting Organization:

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Ladies and Gentlemen:

Thank you for inviting ADVault to participate today. We are honored to appear with our colleagues who care so much about the role quality advance care plans play in the healthcare continuum.

We know advance directives are vastly underutilized – both in improving care outcomes and in controlling costs. We believe real time access to high-quality advance medical directives is an effective tool to empower consumers – the heart of "patient-centered" healthcare. Technology exists today that allows people to document their medical treatment preferences and make that information accessible to medical professionals and others if there is an emergency and the person cannot communicate with caregivers.

In order to maximize the value that new technologies bring to advance directives, we recommend standardizing the requirements of advance directives and clarifying the confusion surrounding the 20th century, state-centered, paper-based systems. We also believe it is critical to shift the time/place of the conversation about advance directives from the operating table to the kitchen table. Documentation about emergency and advance care medical treatment preferences should benefit from the same technology advances being mandated and applied to every other aspect of the US healthcare system. Every American citizen should have the confidence to know that his or her medical treatment wishes are accessible anywhere, at any time. This Committee has the power to make that happen.

The burden should not be on doctors to document a patient's advance care preferences. People – before they become patients – can establish baseline advance directives themselves. The technology exists today to do so, and we see people doing it every day. Cloud-based technologies enable consumers to securely create, change or even revoke an advance directive long before they ever become patients. **[NEXT SLIDE]** Last year, after years of R&D, we went live with MyDirectives.com – the first HIPAA-compliant, web-based system for creating, storing

and retrieving advance directives. Today, people in over 40 states, Canada, most of Western Europe, Russia, Israel, Japan, Singapore, Australia and other countries are using MyDirectives.

[NEXT SLIDE] The HL7 Consolidated Clinical Document Architecture (C-CDA) Standard and the continuity of care document recommended by the S&I Framework as the "document of choice" for meeting the certification requirements of Meaningful Use Stage 2 have already addressed some of the obstacles to the adoption, implementation and widespread use of high-quality digital advance directives. For example, a limited standard vocabulary has been established for encoding preferences regarding intubation, tube feedings, life support, CPR, and other directives. The Committee should take those standards to the next level and require the full integration of a person's wishes for medical treatment into electronic medical records (EMR) and electronic health records (EHR) systems.

We believe the Committee should strongly recommend advance directives as a core requirement of Meaningful Use. Furthermore, we believe that EMRs and EHRs should be required to incorporate the specific medical treatment preferences of the individual into the C-CDA.

Requirements for the inclusion of directives in C-CDA documents should also be expanded. Currently, the new Care Plan document does not require or even recommend inclusion of advance directive information, nor do the Discharge Summary, Operative Note or Procedure Note. Documentation of a person's advance directives should be communicated as a part of these medical records. **[NEXT SLIDE]** In the future, a richer, more comprehensive vocabulary to express the different types of treatment instructions found in the variety of advance directives, POLST/MOLST forms and other types of more personal preferences, will also be needed. Adoption of a richer standard vocabulary will expand the ability of EMR systems to record and share the right information with the right people at the right time.

We also applaud the Committee for considering a change to the age threshold. While "65" seems to be a key milestone in the aging process, it is not as significant a demarcation when it comes to understanding the value of advance care planning. Improvements in healthcare outcomes made possible by advance directives often occur when people are younger than 65. In fact, many of the landmark cases establishing and confirming the value of advance directives have involved people in their 20s and 30s. If the full benefit of advance directives is to be realized, the age criteria constraining this Meaningful Use objective should be lowered, if not completely removed.

As recently as a few years ago, cloud technology was not robust enough to offer such a comprehensive, scalable solution for society. But today, the worlds of technology, healthcare, security and consumer engagement have converged. Much of the pace of change we owe to the leadership and focused determination of all of you and Dr. Mostashari. As I understand this is your last meeting, we thank you for your courage to push – often "upstream" – for what is right. The result of all of that hard work is that the changes we are recommending to this Committee are now fairly simple, but the impact on our healthcare system – for all Americans – can be sweeping. We thank you for your time, and we look forward to your questions.