

Nevada POLST Post

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National Survey Reports on Barriers to Advance Care Planning Discussions

A national survey found most physicians feel that discussing advance care planning with patients is important, but many are unsure of how to broach the subject and start the discussion. The survey, released on April 14, is timely with the growing interest in advance care planning, in part related to the new CPT codes for advance care planning and MOLST discussions. (Note, MOLST is the New York version of POLST)

The survey was conducted by telephone from February 18 to March 7, 2016. The survey included 470 internists or other primary care clinicians, 85 oncologists, 87 pulmonologists, and 94 cardiologists. Physicians were asked their opinion of the new CMS decision to reimburse clinicians for conversations about advance care planning, along with questions about motivations, barriers and billing practices. All of the surveyed

physicians saw Medicare patients and 74% said that they cared for patients who were likely to die within a year, a key screening question to identify persons appropriate for MOLST.

Of the physicians surveyed, 99% considered it important that clinicians discuss advance care planning with new Medicare benefit; 95% said they supported the new Medicare benefit; and 75% saying that the benefit made them more likely to have such conversations. In addition, 75% of respondents said they thought it was their responsibility to initiate advance care discussions.

Only 29% of the physicians surveyed reported formal training in end-of-life discussions with patients and families. Those who had formal training were more likely to report that end-of-life conversations were rewarding rather than challenging.

Key barriers included a lack of time (66%), a sense of disagreement between the patient and family members (64%), uncertainty about the right time to start a conversation (60%), and unsure of what to say during such conversations (46%.) In addition, physicians indicated that they did not want patients to feel that an advance care planning discussion meant that their physician was giving up on them (48%) or that they should give up hope (46%).

Physicians reported that their main motivations for starting advance care discussions were honoring their patients' values and wishes (92%), decreasing unnecessary or unwanted hospitalizations toward the end of life (87%), and increasing patients' and families' satisfaction with care (81%).

A press release and other materials are available [online](#).

Changes to Nevada POLST?

Although the Nevada Legislature will not meet until next year, Nevada POLST has been talking to legislators, explaining our program and desired changes to NRS 449.691-697 to more effectively honor the wishes of those at the end of life.

The changes we are proposing have been developed by a statewide task force and refined with the input of those familiar with the legislative process. The following is a summary of the proposed changes:

1. Honor the most recent EOL document. Currently, if a patient carries an out-of-hospital Do Not Resuscitate (DNR) card issued by the State (often referred to as "the salmon-colored card") that differs from a more recent POLST directing resuscitation be provided, the patient is *not* to be resuscitated. This is counter to most medical practice where, if there is any question, one errs on the side of life. We would like the document completed most recently to be honored.
2. Change "incompetence" to "lack of decisional capacity". Competence is

EMS Survey Available Soon

In a continuing effort to assure the POLST program is working for patients and their providers, we have developed a survey for Emergency Medical Services (EMS). Every service in Nevada should be receiving the survey. If you are an EMS responder and your service has not requested you complete the survey, please contact [Nevada POLST](#).

This survey will provide valuable information about the strengths and weaknesses of the program for EMS. EMS is a critical player in the program, so your responses will be seriously considered to improve Nevada POLST program.

widely understood to be a judicial determination; it is a legal term. "Capacity" is a medical term reflecting a patient's ability to manage different aspects of their lives. It is determined by their health care provider. In a review of states with POLST programs established in statute, only one, Iowa, requires "competence" rather than "capacity" as a determination for when a patient's representative may assume

The Conversation, Treatments and Resources

Modern medicine can now sustain biological life long after the quality and meaningful interactions that give purpose to being human are gone. However, though the technology and innovative advances in medicine are morally neutral, it is the how, why, and for what purpose we use these technologies and medical advances that attribute moral dimensions to them. If we use all of our medical resources to stave off biological death when death is imminent, we are not being good stewards of those resources. We also risk using the individual as a means to an end. - *Lisa Anderson-Shaw, DrPH, MA, MSN, ANP-BC*

decision-making authority for the patient. Changing to "lack of decisional capacity" from "incompetence" would also allow for the patient to regain decisional authority if their mental status changed, as happens frequently with the POLST population. Incompetence would require another adjudication to reverse.

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3. Allow APRNs and PAs to validate a POLST order. Many potential POLST patients do not have timely, if at all, access to a physician and are cared for by APRNs and PAs. It is reasonable that their medical expertise and experience and familiarity with the patient should be able to complete or review with the patient, their POLST and provide the required provider signature that currently only a physician may do.
4. Health Care Surrogates to Complete a POLST for patient's without capacity, DPOA or guardian. Patients who lack decisional capacity and have no other representative should be able to have their family or other loved one complete a POLST for them. Without this ability, patients may not be admitted to hospice, long-term acute care facility and receive other care that may align with their values and wishes, which only their loved ones would know.
5. Allow electronic completion and signature of a POLST form. Enter the 21st century and medical records. This process should be automated, if desired. This would reduce loss and completion errors.
6. Request for sustainability of Nevada POLST. Our organization has one volunteer who is responsible for 98% of the operations. She is "retired" and hoping to realize the reality of that status. Funding is necessary to provide a sustainable staff to Nevada POLST.

Please let us know what you think about these proposals.

As the legislature begins legislative review they will want to hear from stakeholders and their constituents. Please register your support with your representatives to support us so we can support you and your patients.

Questions Corner

Send your questions to Nevada POLST. We will share the answer to assure this program is a success for patients, their loved ones and providers.

Should a facility charge patients for a POLST form? There is a \$5.00 fee for a patient to obtain a Nevada State issued out-of-hospital Do Not Resuscitation identification. This is a fee imposed by the State of Nevada for the processing of the application and provision of the identification. However, the Nevada POLST is provided without charge (albeit a very nominal shipping fee, \$10 for 400 forms) to health care providers. The POLST is a medical order. Patients should not be charged for a medical order. Medical orders are a normal medical process for which a physician may receive compensation from Medicare. Any charge to the patient may be regarded as a Medicare violation. The conversation to complete a POLST, however, may be reimbursed through Medicare. Please see our [website](#) for more details regarding reimbursement.

Quality Measures are Needed

Excerpted from "Improving Advanced Illness Care: The Evolution of State POLST Programs"-AARP Public Policy Institute.

The research literature on POLST provides an encouraging evidence base, indicating that it effectively documents critical treatment goals of seriously ill patients and enhances compliance with those goals of care across health care settings. However, this efficacy rests on the premise that these patients or their surrogates understand their current medical circumstances and options and that the orders agreed to on POLST accurately reflect their goals of care. The process to make that happen is a complex multifaceted intervention, requiring a high level of skill in educating patients and their surrogates, counseling them on their options, and working through the POLST form in an understandable way, both initially and whenever the orders require review. This process additionally occurs within a larger set of palliative and care management issues for these patients. For example, if POLST calls for comfort care only, what does that comfort care consist of and how good is it? These questions are not unique to POLST, but the options provided by POLST unavoidably depend upon the broader quality of care given in the health systems caring for the patient.

Validated, practical quality measures for the POLST patient-provider interaction do not exist yet. Informal periodic qualitative feedback solicited from providers has been valuable in mature POLST states, leading to revisions to the form or process. Oregon, which began using POLST in early 1990s, has revised its form and process seven times based upon this kind of qualitative review. New York developed detailed provider checklists for completing and documenting its version of POLST. These examples could provide the basis for POLST process measures. California has used nursing home chart spot audits in selected locales and is also working on a tool to elicit patient and family feedback on the POLST process. The latter may provide a step toward a patient-centered POLST quality measure.

The adoption of the Nevada POLST program throughout Nevada has been impressive and encouraging. Nevada POLST, however, does not have the current resources to develop quality assurance of the Nevada POLST program. There are anecdotal reports of forms without signatures, conflicting or confusing orders, cross-outs, etc. It is important that the program is not only adopted, but that the forms are completed in a manner that assures the orders can and will be honored.

We look forward to an opportunity to develop quality measures in the future. In the meantime, we will depend on our providers to conscientiously complete and astutely review forms.

Our website provides:

- [Paypal or invoice purchasing of Nevada POLST forms](#)
- [Sample POLST forms](#)
- [Starting "The Conversation" tips](#)
- [Links to POLST research](#)
- [Decision guides to explain treatment options](#)

And MUCH more. Visit our site at www.nevadapolst.org