

It's Not About the Forms...

Melanie Phelps, JD

Senior Vice President, Health System Innovation

Deputy General Counsel

North Carolina Medical Society

Raleigh NC



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Opening Doors to Quality Health Care

SESSION OBJECTIVES

- Explain why it's not about the forms
- Describe the different types of forms
- Compare and contrast advance directives to portable medical orders
- Describe the benefits & limitations of the forms
- Explain how the forms are just one part of a process



It's Not About the Forms...

How many of you have had conversations
with your loved one about end-of life
treatment wishes?



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How many of you are familiar with Living
Wills?



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How many of you have executed a
Living Will?



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How many of you are familiar with a
Health Care Power of Attorney?



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How many of you have executed a
Health Care Power of Attorney?

It's Not About the Forms...

How many of you are familiar with The Portable DNR Form?

**STOP
DO NOT
Resuscitate**

Effective Date: _____
Expiration Date, if any _____
 Check box if no expiration

DO NOT RESUSCITATE ORDER

Patient's full name _____

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient SHOULD NOT be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.17(b) in the patient's records.


Signature of Attending Physician/Physician Assistant/Nurse Practitioner _____
Printed Name of Attending Physician _____
Address _____
City, State, Zip _____
Telephone Number (office) _____
Telephone Number (emergency) _____

Do Not Copy Do Not Alter

NC DHHS/DFCS/FORMS 1119 Rev. 4/04

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

It's Not About the Forms...

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY		
 <p>Medical Orders for Scope of Treatment (MOST)</p> <p>This is a Physician Order Sheet based on the patient's medical condition and wishes. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.</p>		Patient's Last Name: _____ Effective Date of Form: _____ Patient's First Name, Middle Initial: _____ Patient's Date of Birth: _____
Section A Check One Box Only	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing. <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/no CPR) When not in cardiopulmonary arrest, follow orders in B, C, and D.	
Section B Check One Box Only	MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing. <input type="checkbox"/> Full Scope of Treatment: Use intubation, advanced airway interventions, mechanical ventilation, cardioversion as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. Transfer to hospital if indicated. <input type="checkbox"/> Limited Additional Interventions: Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider use of less invasive airway support such as BIPAP or CPAP. Also provide comfort measures. Transfer to hospital if indicated. Avoid intensive care. <input type="checkbox"/> Comfort Measures: Keep clean, warm and dry. Use medication by appropriate 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 unless comfort needs cannot be met in current location. Other Instructions: _____	
Section C Check One Box Only	ANTIBIOTICS <input type="checkbox"/> Antibiotics if indicated <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs <input type="checkbox"/> No Antibiotics (use other measures to relieve symptoms) Other Instructions: _____	
Section D Check One Box Only in Each Column	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible. <input type="checkbox"/> IV fluids if indicated <input type="checkbox"/> Feeding tube long-term if indicated <input type="checkbox"/> IV fluids for a defined trial period <input type="checkbox"/> Feeding tube for a defined trial period <input type="checkbox"/> No IV fluids (provide other measures to ensure comfort) <input type="checkbox"/> No feeding tube. Other Instructions: _____	
Section E Check The Appropriate Box	DISCUSSED WITH AND AGREED TO BY: <input type="checkbox"/> Patient <input type="checkbox"/> Majority of patient's reasonably available parents and adult children <input type="checkbox"/> Parent or guardian if patient is a minor <input type="checkbox"/> Majority of patient's reasonably available adult siblings <input type="checkbox"/> Health care agent <input type="checkbox"/> Legal guardian of the patient <input type="checkbox"/> A proxy-in-fact with power to make health care decisions <input type="checkbox"/> An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient <input type="checkbox"/> Spouse	
MD/DO, PA, or NP Name (Print): _____		MD/DO, PA, or NP Signature and Date (Required): _____
Phone #: _____		
Signature of Patient, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative (Signature is required and must either be on this form or on file) I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent. If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form. You are not required to sign this form to receive treatment.		
Patient or Representative Name (print)	Patient or Representative Signature	Relationship (write "self" if patient)
SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED		

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY			
Contact Information Patient Representative: _____ Relationship: _____ Phone #: _____ Cell Phone #: _____ Health Care Professional Preparing Form: _____ Preparer Title: _____ Preferred Phone #: _____ Date Prepared: _____			
Directions for Completing Form			
Completing MOST <ul style="list-style-type: none"> MOST must be reviewed and prepared by a health care professional in consultation with the patient or patient representative. MOST is a medical order and must be signed and dated by a licensed physician (MD/DO), physician assistant, or nurse practitioner to be valid. Be sure to document the basis for the order in the progress notes of the medical record. Mode of communication (e.g., in person, by telephone, etc.) also should be documented. The signature of the patient or his/her representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record and "on file" must be written in the appropriate signature field on the front of this form or in the review section below. Use of original form is required. Be sure to send the original form with the patient. MOST is part of advance care planning, which also may include a living will and health care power of attorney (HCPOA). If there is a HCPOA, living will, or other advance directive, a copy should be attached if available. MOST may suspend any conflicting directions in a patient's previously executed HCPOA, living will, or other advance directive. There is no requirement that a patient have a MOST. MOST is recognized under N. C. Gen. Stat. 90-21.17. 			
Reviewing MOST Review of the MOST form is recommended when: <ul style="list-style-type: none"> The patient is admitted to and/or discharged from a health care facility; or There is a substantial change in the patient's health status. This MOST must be reviewed if: <ul style="list-style-type: none"> The patient's treatment preferences change. If MOST is revised or becomes invalid, draw a line through Sections A – E and write "VOID" in large letters.			
Revocation of MOST A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.			
Review of MOST			
Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (required)	Signature of patient or representative (preferred)
			<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
			<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
			<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
			<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
			<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED			
DO NOT ALTER THIS FORM!			



It's Not About the Forms...

If it's not about the forms,
what is “it” about?



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It's Not About the Forms...

If it's not about the forms,
why am I asking about
forms?



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It's Not About the Forms...

- Putting the forms in context:
 - ▣ Guiding principal—to ensure the individual's wishes are known and honored
 - ▣ How do we do this? **ADVANCED CARE PLANNING**
 - ▣ Forms are a part of the **ADVANCED CARE PLANNING** process.



It's Not About the Forms...

- Putting the forms in context:
 - ▣ Advance Care Planning Process
 - Talk (Discuss and Decide)
 - Document
 - Share
 - Review the forms as warranted



It's Not About the Forms...

- ▣ Two types of forms
 - Advance directives—executed by individuals (with 2 witnesses and a notary)
 - Portable medical issued by physicians (and NPs and PAs)



It's Not About the Forms...

- Living Wills and Health Care Powers of Attorney are **advance directives**.
- Advance directives are legal documents that record your wishes in writing and help ensure your wishes are known and honored when you can no longer make or communicate decisions.
- **They become effective only when you can no longer make or communicate decisions.**



It's Not About the Forms...

Living Will a legal document that describes your preferences for medical treatment and life support.

[NC Statutory “Declaration of a Desire for a Natural Death” or “Living Will” form \(NC Gen Stat 90-321\)](#)



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It's Not About the Forms...

Health Care Power of Attorney a document that lets you name your "***Health Care Agent***"-- the individual(s) you would like to speak for you if you are unable to speak for yourself.

[NC Statutory Health Care Power of Attorney form](#)
(NC Gen Stat 32A-25.1)



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It's Not About the Forms...

- Advance Instruction for Mental Health Treatment (NC Gen Stat 122C-77)
- Statutory Short Form of General Power of Attorney (NC Gen Stat 32A-1)
 - ▣ Does it include power over health or “personal relationships and affairs”
 - ▣ Is it durable? And what does that mean?



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Why are advance directives
important?



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It's Not About the Forms...

- As part of the advance care planning process, advance directives are an important part of communicating your wishes regarding end-of-life treatment
- Advance directives help ensure that you get the level of care you want at the end-of-life



It's Not About the Forms...

- When you are no longer able to make or communicate decisions, advance directives help your loved ones and your providers ensure your wishes are known. (and hopefully you've had the conversations)
- They help your loved ones and your providers with difficult decisions.
- Other?



It's Not About the Forms...

- In 2011, Medicare spending reached close to \$554 billion, which amounted to **21 percent** of the total spent on U.S. health care in that year.
- Of that \$554 billion, Medicare spent **28 percent**, or about \$170 billion, on patients' last six months of life. [Kaiser Health News](#)



It's Not About the Forms...

- As our health care system moves from a payment system based on volume to one based on value, we should see a greater emphasis on advance care planning (ACP)
- ACP speaks directly to 2 prongs of the triple aim
 - ▣ Better experience of care (patient-centric) because it focuses on identifying goals of care as circumstances change
 - ▣ Smarter spending (reduction in unwanted treatment)



CMS Pays for Advance Care Planning

CPT Codes

Billing Code Descriptors

- 99497
 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; **first 30 minutes**, face-to-face with the patient, family member(s), and/or surrogate
 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; **each additional 30 minutes** (list separately in addition to code for primary procedure)
- 99498

BCBSNC

- Also pays for advance care planning
- CPT codes 99497 and 99498
 - ▣ 2016—1,654 claims
 - ▣ 2017—3,568 claims
 - ▣ 2018—4,445 claims



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- Who should and may make an advance directive?
- ***Any person having understanding and capacity to make and communicate health care decisions, who is 18 years of age or older.***

[NC Gen Stat 32A-17](#)



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It's Not About the Forms...

Karen Ann Quinlin



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It's Not About the Forms...

Nancy Cruzan



North Carolina Medical Society
FOUNDATION
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It's Not About the Forms...

Terry Shiavo



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- In NC, these document must be signed by 2 qualified witness and notarized.
- Copies are acceptable.
- In NC, military and advance directives executed in other states are generally acceptable.



It's Not About the Forms...

In NC, what if someone executes both a Living Will and a HCPOA, and they conflict, which trumps?

- ▣ The person can choose which prevails in the form.
- ▣ If there is no indication, the Living Will trumps ([NC Gen Stat 32A-15 \(C\)](#))



It's Not About the Forms...

NC Portable Medical Orders



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Effective Date: _____

Expiration Date, if any _____

Check box if no expiration

DO NOT RESUSCITATE ORDER

Patient's full name _____

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient SHOULD NOT be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.17(b) in the patient's records.

Signature of Attending Physician/Physician Assistant/Nurse Practitioner _____

Printed Name of Attending Physician _____

Address _____

City, State, Zip _____

Telephone Number (office) _____

Telephone Number (emergency) _____

Do Not Copy

Do Not Alter



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



Medical Orders

for Scope of Treatment (MOST)

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

Patient's Last Name:	Effective Date of Form:
Patient's First Name, Middle Initial:	Patient's Date of Birth:

Section A
Check One Box Only

CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.

Attempt Resuscitation (CPR) Do Not Attempt Resuscitation (DNR/no CPR)

When not in cardiopulmonary arrest, follow orders in B, C, and D.

Section B
Check One Box Only

MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing.

Full Scope of Treatment: Use intubation, advanced airway interventions, mechanical ventilation, cardioversion as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. **Transfer to hospital if indicated.**

Limited Additional Interventions: Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider use of less invasive airway support such as BiPAP or CPAP. Also provide comfort measures. **Transfer to hospital if indicated. Avoid intensive care.**

Comfort Measures: 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 unless comfort needs cannot be met in current location.**

Other Instructions: _____

Section C
Check One Box Only

ANTIBIOTICS

Antibiotics if indicated

Determine use or limitation of antibiotics when infection occurs

No Antibiotics (use other measures to relieve symptoms)

Other Instructions: _____

Section D
Check One Box Only in Each Column

MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible.

<input type="checkbox"/> IV fluids if indicated	<input type="checkbox"/> Feeding tube long-term if indicated
<input type="checkbox"/> IV fluids for a defined trial period	<input type="checkbox"/> Feeding tube for a defined trial period
<input type="checkbox"/> No IV fluids (provide other measures to ensure comfort)	<input type="checkbox"/> No feeding tube

Other Instructions: _____

Section E
Check The Appropriate Box

DISCUSSED WITH AND AGREED TO BY:

<input type="checkbox"/> Patient	<input type="checkbox"/> Majority of patient's reasonably available parents and adult children
<input type="checkbox"/> Parent or guardian if patient is a minor	<input type="checkbox"/> Majority of patient's reasonably available adult siblings
<input type="checkbox"/> Health care agent	<input type="checkbox"/> An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient
<input type="checkbox"/> Legal guardian of the patient	
<input type="checkbox"/> A proxy-in-fact with power to make health care decisions	
<input type="checkbox"/> Spouse	

Boxes for order must be documented in medical record

MD/DO, PA, or NP Name (Print): _____ MD/DO, PA, or NP Signature and Date (Required): _____ Phone #: _____

Signature of Patient, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative
(Signature is required and must either be on this form or on file)

I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent.

If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form.

You are not required to sign this form to receive treatment.

Patient or Representative Name (print)	Patient or Representative Signature	Relationship (write "self" if patient)
--	-------------------------------------	--

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

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

Contact Information			
Patient Representative:	Relationship:	Phone #:	
		Cell Phone #:	
Health Care Professional Preparing Form:	Preparer Title:	Preferred Phone #:	Date Prepared:

Directions for Completing Form

- Completing MOST**
- MOST must be reviewed and prepared by a health care professional in consultation with the patient or patient representative.
 - MOST is a medical order and must be signed and dated by a licensed physician (MD/DO), physician assistant, or nurse practitioner to be valid. **Be sure to document the basis for the order in the progress notes of the medical record.** Mode of communication (e.g., in person, by telephone, etc.) also should be documented.
 - The signature of the patient or his/her representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record and "on file" must be written in the appropriate signature field on the front of this form or in the review section below.
 - Use of original form is required. **Be sure to send the original form with the patient.**
 - MOST is part of advance care planning, which also may include a living will and health care power of attorney (HCPOA). If there is a HCPOA, living will, or other advance directive, a copy should be attached if available. **MOST may suspend any conflicting directions in a patient's previously executed HCPOA, living will, or other advance directive.**
 - There is no requirement that a patient have a MOST.**
 - MOST is recognized under N. C. G. en. Stat. 90-21.17.

- Reviewing MOST**
- Review of the MOST form is recommended when:
- The patient is admitted to and/or discharged from a health care facility; or
 - There is a substantial change in the patient's health status.
- This MOST must be reviewed if:
- The patient's treatment preferences change.
- If MOST is revised or becomes invalid, draw a line through Sections A – E and write "VOID" in large letters.

Revocation of MOST

A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.

Review of MOST				
Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (required)	Signature of patient or representative (preferred)	Outcome of Review
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

DO NOT ALTER THIS FORM!

It's Not About the Forms...

What is the difference between an advance directive and portable medical order?



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It's Not About the Forms...

- An advance directive helps inform the making of medical order but by themselves are not actionable by other providers
- Medical orders direct care and are actionable by other providers such as EMS.



It's Not About the Forms...

But forms have limitations

- ▣ Might be too complicated (statutory forms)
- ▣ Forms are often completed without the family or health care agent's knowledge (and without that crucial conversation)
- ▣ Not accessible when needed
- ▣ SOS directory is onerous and not well known
- ▣ Frequently misplaced (if paper only)



It's Not About the Forms...

- But forms have limitations
 - ▣ Not uniform (advance directives)
 - ▣ Advance directives are informative but they are not actionable...a medical order is needed
 - ▣ Portable Medical orders are actionable
 - ▣ But not all institutions recognize orders issued outside of its medical staff....



It's Not About the Forms...

- Informed consent is turned on its head in emergent end-of-life situations
- In the absence of an advance directive or a health care power of attorney, patients are more likely to get full scope of treatment (CPR, ventilators, intubation, cardioversion, etc) even if the patient never wanted it in the first place.
- The default is to do everything, which is often costly and contrary to patient wishes.



It's Not About the Forms...

If you are unable to make or communicate health care decisions, who will be able to make decisions for you?



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It's Not About the Forms...

- Health Care Agent generally has first priority
 - ▣ Exception—a *guardian of the patient's person* or a *general guardian with powers over the patient's person* can trump the Health Care Agent if the Clerk of Court has suspended the authority of that health care agent
- Legal guardian
- Attorney-in-fact with powers to make health care decisions.
- Spouse



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- A majority of the patient's reasonably available parents and children who are at least 18 years of age;
- A majority of the patient's reasonably available siblings who are at least 18 years of age; or
- An individual who has an established relationship with the patient, who is acting in good faith on behalf of the patient, and who can reliably convey the patient's wishes.



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If none of the above is reasonably available then **at the discretion of the attending physician** the life-prolonging measures may be withheld or discontinued upon the direction and under the supervision of the attending physician

[NC Gen Stat. 90-322](#)



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REVIEW

- Advance care planning is a process of deciding, discussing and documenting your wishes
- Advance directives help communicate the care you wish to receive when you can't communicate
- Medical orders direct care



REVIEW

- As our health care system moves from a payment system based on volume to one based on value, we should see a greater emphasis on advance care planning (ACP)
- ACP helps ensure 2 prongs of the triple aim
 - ▣ Better experience of care (patient-centric) because it focuses on identifying goals of care as circumstances change
 - ▣ Smarter spending (reduction in unwanted treatment)





[Join NCPCC](#)

NC Partnership for Compassionate Care

The mission of the NC Partnership for Compassionate Care is to ensure that patients' end-of-life care choices are openly discussed, documented, and honored. Our aim is to provide educational resources to the community and health care professionals to improve the quality of care at the end of life.

Community & Patients

Health Care Professionals





"I'M GOING TO TAKE A NAP... WATCH MY PLUGS, WILL YOU?"



"Sorry I'm late, but they had me on a life support system for two months."

QUESTIONS



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THANK YOU!

Melanie Phelps

mphelps@ncmedsoc.org



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RESOURCES

□ Advance Care Planning Resources

- NC Partnership for Compassionate Care: www.compassionatecarenc.org
- Got Plans 123? www.gotplan123.org
- National Healthcare Decisions Day: www.nhdd.org
- The Conversation Project: www.theconversationproject.org

□ NC Statutory References

- N.C. Gen. Stat. Articles 1, 2, 3, Chapter 32A
- N.C. Gen. Stat. Articles 1B, 23, Chapter 90
- N.C. Gen. Stat. Article 3, Chapter 122C

