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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



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



How many of you are familiar with Living Wills?



How many of you have executed a Living Will?



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



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

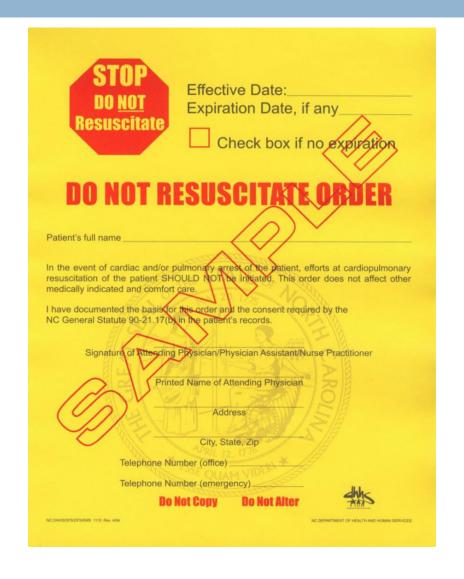


How many of you are

familiar with

The Portable DNR

Form?



	Medical Orde Scope of Treatment cian Order Sheet based on	(MOST)	Patient's Last Name:		Effective Date of Form
condition and variation to the	wishes. Any section not co nat section. When the nee hen contact physician.	impleted indicates full	Patient's First Name, N	Aiddle Initial:	Patient's Date of Birth
Section A Check One Box Only	CARDIOPULMONAR Attempt Resuscitati When not in cardiopulmon	ion (CPR)	Do Not Attempt		
Section B Check One Bax Only	indicated, medical treat Limited Additional Do not use intubations CPAP. Also preside or Comfort Measures other measures to cele	ment: Use intubation, advancent IV fluids, over also participated to media to make the participated in the	unced airway interventions reverse comfort measures ical treatment. Its fluids an Lay consider use of less into to hospital if indicated	mechanical ver fransfer to be deardiac monitor asive airway su f. Avoid inten- oute, positioning threatment of air	espital if indicated, sing as indicated, piport such as BiPAP or sive care g, waind care and rway obstruction as neede
Section C Check One Box Only		d itation of antibiotics when her magnines to schere syn		15	
Section D Check One Box Only in Each Column	MEDICALLY ADMIN physically (casible IV fluids if indicated IV fluids for a define) No IV fluids (provide Other bestrie feats	Trial period other measures to ensure or	Feedin	g tube long-ter	
Check The Appropriate Box	DISCUSSED WITH AND AGREED TO BY: Basis for order must be documented in medical record.	Patient Parent or guardian if Healthcode agent Legal guardian of the A floring-in-fact will healthcode decisions Spouse	pottent is a minor pure May pottent and	ents and adult of ority of patient's tablings individual with a the patient who	s reasonably available ildren s reasonably available an established relationship o is acting in good faith an the wishes of the patient
MD/DO, PA,	or NP Name (Print):	MD/DO, PA, or N	P Signature and Date	(Required):	Phone #:
(Signature is re I agree that add Treatment pref document refle If signed by a p representative.	ratient, Parent of Minor, equired and must either be equate information has been ereness have been expressed to those treatment preferentient representative, prejured to sign this form	on this form or on file in provided and signifi- sed to the physician (Mences and indicates infe- ferences expressed mus- personal representation	cant thought has been g D/DO), physician assistented consent, a reflect patient's wish	iven to life-potant, or nurse	rolonging measures, practitioner, This lerstood by that
	sentative Name (print)	Patient or Representativ	To the state of th	of a large day of the same	ite "self" if putient)

Contact Info	rmation				
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			C	ell Phone #:	
lealth Care Pro	ofessional Preparing Form:	Preparer	Title: P	referred Phone #:	Date Prepar
	*OOM	Directions for Co	ompleting Form		
MOST mi representa	ist be reviewed and prep	ared by a health care pro	ofessional in consultation	with the patient or	patient
MOST is	a medical order and mus		a licensed physician (Mi		
Mode of o	ommunication (e.g., in p	erson, by telephone, etc	.) also should be docume	nted.	
			uired; however, if the pat		
			e completed form with the in file" must be written in		
	of this form or in the revi		ii iiie iiiust be written ii	the appropriate sig	nature field
			inal form with the patie	nt.	
MOST is	part of advance care plan	ning, which also may in	clude a living will and h	ealth care power of	
			nce directive, a copy shou		
may susp directive.		ections in a patient's pr	reviously executed HCP	OA, living will, or	other advan
	o requirement that a p	atient have a MOST.			
	recognized under N. C. (
There This MOST m The p MOST is re tevocation of patient with	f MOST capacity or the patient's	n the patient's health sta ences change. I, draw a line through Se representative (if the pa		revoke the MOST	at any time a
equest attern	nive treatment based on	Review o	Property of the second	wn, me panem s be:	st interests.
Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (required)	Signature of patient or representative (preferr		e of Review
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If it's not about the forms, what is "it" about?



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



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



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



- 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.



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)



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)



- 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?



Why are advance directives important?



- 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 endof-life



- 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?



- 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



- 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

99498

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)

BCBSNC

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

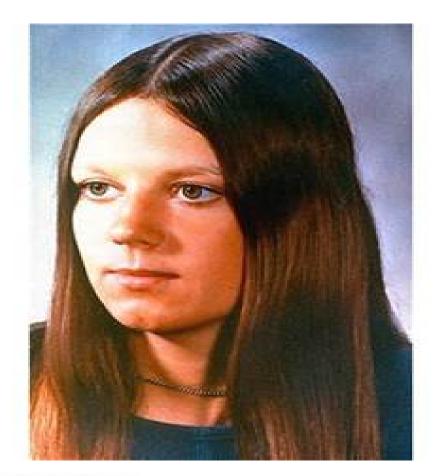


- Who should and may make an advance directive?
 - Any person having understanding and capacity to make and communicate health care decisions, who is 18 years of age or older.

NC Gen Stat 32A-17



Karen Ann Quinlin





Nancy Cruzan





Terry Shiavo





- In NC, these document must be signed by2 qualified witness and notarized.
- Copies are acceptable.
- In NC, military and advance directives executed in other states are generally acceptable.



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))



NC Portable Medical Orders





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

DO NOT RESUSCITATE OF DER

Patient's full name		/		/ ,	
		/	\checkmark		

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 PER	RMITS DISCLOSURE OF MOST TO OTHER H	HEALTH CARE PROFESSIONAL	S AS NECESSARY
This is a Physic condition and v treatment for th	Medical Orders Scope of Treatment (MOST) cian Order Sheet based on the patient's medical vishes. Any section not completed indicates full tal section. When the need occurs, first follow	Patient's Last Name: Patient's First Name, Middle Initial:	Effective Date of Form. Patient's Date of Barth:
	hen contact physician.		
Section A Check One Box Only	CARDIOPULMONARY RESUSCITATION Attempt Resuscitation (CPR) When not in cardiopulmonary arrest, follow orders in	Do Not Attempt Resuscitation B, C, and D.	
Section B Check One Box Only	MEDICAL INTERVENTIONS: Patient has Full Scope of Treatment: Use intubation; adva indicated, medical treatment. Use intubation; adva indicated, medical treatment, P. Dands, over above Limited Additional Interventions: Use hash Do not use intubation of mechanical ventilation. N CPAP Also provide conflot necessive. Transfer Comfort Measures Keep clear warm and dy other measures to relieve pain and affering. Use of for comfort. Do not transfer to hospital unless Other bastrictions.	meed any my interventions, mechanical ver- rownic gondor measures. Transfer to he coll treatment, W. haids and cardiac monite left cornidor use of less invasive arrays as to hospital findicated. Avoid inten- t vermedication by any gonde, positioning syspen-system and manual recompeter of a	espital if indicated. In a indicated as BiPAP or sive care g, wand care and rway obstruction as needed
Section C Check One Box Only	ANTIBIOTICS Antibiotics if indicated Determine use or limitation of antibiotics when No Antibiotics usee other measures to reacter sym Other Instructions		
Section D Check One Box Only in Each Column	MEDICALEY ADMINISTERED FLUIDS A physically Teasible. It fluids if indicated It fluids for a defined trial period No IV fluids (provide other measures foreigne co- Other bistriction).	Feeding tube long-ter Feeding tube for a det	ni if indicated
Section E Check The Appropriate Box	DISCUSSED WITH AND AGREED TO BY: Parent or guardian if p Readificing agent Legal guardian of the Basic for order man be A floring-in-fact with documented in medical record Response	parents and adult of Majority of princing parents and adult of princing power to make Artingly dual with the parient who	s reasonably available ildren s reasonably available an established relationship o is acting in good faith and the wishes of the patient
MD/DO, PA, 6	or NP Name (Print): MD/DO, PA, or NI	P Signature and Date (Required):	Phone #:
	atient, Parent of Minor, Guardian, Health Car quired and must either be on this form or on file)		nal Representative
I agree that ade Treatment prefe document refle if signed by a p representative. You are not re	quate information has been provided and signific erences have been expressed to the physician (MI cts those treatment preferences and indicates info adient representative, preferences expressed must Contact information for personal representative equired to sign this form to receive treatment.	ant thought has been given to life-pt D-DO), physician assistant, or nurse trued consent, t reflect patient's wishes as best und should be provided on the back of t	practitioner. This lerstood by that his form.
Patient or Repres	Patient or Representative SEND FORM WITH PATIENT/RESIDENT WH		ite "self" if putient)

Contact Information	(t)	No.	
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.

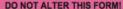
If MOST is revised or becomes invalid, draw a line through Sections A - E and write "VOID" in large letters.

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	
				□ No Change □ FORM VOIDED, new form completed □ FORM VOIDED, ne new form	
				□ No Change □ FORM VOIDED, new form completed □ FORM VOIDED, no new form	
				□ No Change □ FORM VOIDED, new form completed □ FORM VOIDED, no new form	
				□ No Change □ FORM VOIDED, new form completed □ FORM VOIDED, no new form	
				□ No Change □ FORM VOIDED, new form completed □ FORM VOIDED, no new form	

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED





North Carolina Department of Health and Human Services - Division of Health Service Regulation - Office of Emergency Medical Services area modifies governorthis governorms.



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



- 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.



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)



- 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....



- 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.



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



- 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



- 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.



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



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)





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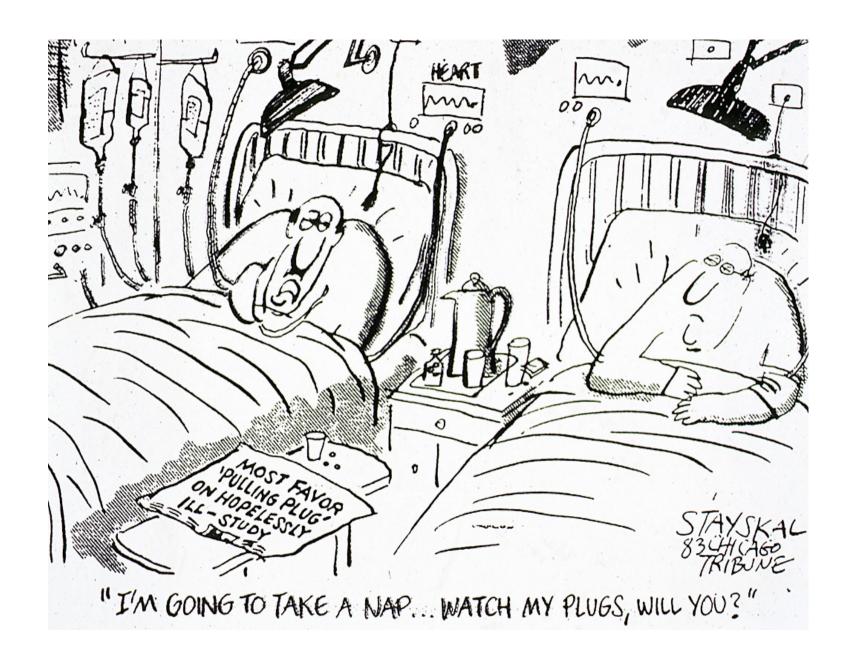
NC Partnership for Compassionate Care

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.











QUESTIONS





THANK YOU!

Melanie Phelps

mphelps@ncmedsoc.org



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: <u>www.theconversationproject.org</u>

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

