Positive Deviants in Advanced Care Planning

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Objectives

Our objective is to learn from top performing practices associated with UMMHC in the areas of Advanced Care Planning and Medical Wishes to develop a recommended standardized process, aiming towards a more proactive approach.

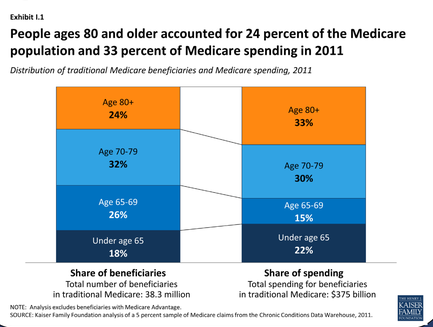
Background

Proactive Approach

•Honor patient autonomy
•Have conversations about Medical Wishes while healthy and outside of health crises
•Minimize stress on family with significant health changes

Cost

Medicare spending rises with age, and more than doubles between age 75 and 95. Additionally, Medicare per capita spending was nearly 4-times greater among beneficiaries who died in 2011, on average, than among those who lived the entire year, showing the high cost for the end of life care.



Note on Terms

- **Advanced Care Planning:** the process surrounding implementation of advance directives
- **Advance Directive (AD):** documentation stating patients' preferences and value choices; can consist of:
  - **Health Care Proxy (HCP):** legal document that allows a patient to name someone to make health care decisions for patient
  - **Medical Orders for Life-Sustaining Treatment (MOLST):** relays instructions regarding a patient's wishes about life-extending treatment, often in the context of serious advanced illness

Methods

1. Identify the 12 practices with highest percent of Medical Decision-Making folders in Allscripts
2. Examine a random sample of 5 patients Medical Decision-Making folder from each provider of each practice
3. Interview providers and staff at each practice to understand process.
4. Compile results and recommend process.

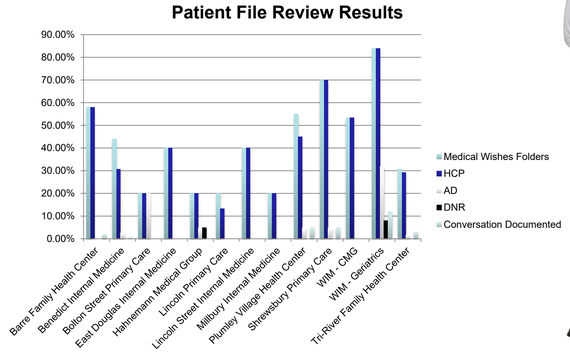
References

1. http://kff.org/medicare/report/the-rising-cost-of-living-longer-analysis-of-medicare-spending-by-age-for-beneficiaries-in-traditional-medicare/

Results

File Review:

Random file reviews of each practice showed the distribution of various aspects of the Medical Decision-Making folder



Problems from Practice Meetings

- Lack of time within appointment
- Feeling of urgency with other problems
- Lack of follow up process
- Reluctance to broach topic
- Fractured communication in medical system
- Addressing the idea of patient autonomy
- Documentation burden

Problems from Interpreter Services

- Lack of translated documents
- Confusion over permission to translate forms
- No "interpreter used" line on forms
- Explaining idea of autonomy to patients

Billing Code

- 99497 for first 30 minutes of discussion with patient about medical wishes within Medicare wellness visit (at least 15 minutes)
- 99498 for additional 30 minutes of discussion

Conclusions

Recommended Process

1. Begin discussion of medical wishes with every patient at age 18
2. Send packet of documents and information home to patient 1-2 weeks ahead of appointment (staff)
3. Provide written information on medical wishes in office waiting rooms and exam rooms to prompt patient questions
4. Ask patient about HCP and other medical decision making forms while rooming patient (by nurse or MA)
5. Address patient questions in office (provider)
6. Include Advanced Care Planning note with "philosophy of care" (provider)
7. Encourage patient to discuss wishes with family and physician
8. Contact nursing facility or hospital if forms are suspected but not present (staff)
9. Direct patient to additional resources online
10. If forms are sent home with patient, call patient within two weeks for follow up (staff)
11. Review forms every year at wellness visits (provider or nurse)
12. Review forms brought from outside source with patient (provider or nurse)
13. Refer back to ACP note when health status requires MOLST form

Acknowledgements

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