How ePOLST will improve shared, informed medical decision-making:
Applying the eMOLST experience in New York

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Objectives

- Recognize the POLST Paradigm Program as the emerging national model to ensure patient preferences for care are honored
- List the key functionality of New York’s eMOLST application
- Describe how the eMOLST application guides the clinical process of shared, informed medical decision-making
- Explain how eMOLST improves provider satisfaction, clinical outcomes and legal outcomes
POLST is Spreading

National POLST Paradigm Programs

Paradigm of communication, documentation, and system responsiveness
POLST Paradigm Program May 2012 POLST.org

Sabatino, C & Karp, N. AARP Public Policy Institute Research Report, 2011
Advance Care Planning

Compassion, Support and Education along the Health-Illness Continuum

Advancing chronic illness

Chronic disease or functional decline

Multiple co-morbidities, with increasing frailty

Healthy and independent

Maintain & maximize health and independence

Death with dignity

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Advance Directives and Actionable Medical Orders

Traditional ADs
For All Adults
Community Conversations on Compassionate Care (CCCC)
- New York
  - Health Care Proxy
  - Living Will
- Organ Donation
- State-specific forms: e.g. Durable POA for Healthcare

Actionable Medical Orders
For Those Who Are Seriously Ill or Near the End of Their Lives
Medical Orders for Life-Sustaining Treatment (MOLST) Program
- Do Not Resuscitate (DNR) Order
- Medical Orders for Life Sustaining Treatment (MOLST)
- Physician Orders for Life Sustaining Treatment (POLST) Paradigm Programs

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Definitions

- **ePOLST**
  - Electronic POLST form that can be completed on a computer, printed for patient, stored in EMR and potentially transmitted to a Registry

- **POLST Registry**
  - An electronic database centrally housing POLST forms to allow 24/7 access in an emergency
ePOLST

- **Advantages**
  - Legible
  - Eliminate incomplete forms or incompatible orders (Resuscitate and Comfort Measures Only)
  - Electronic transfer to Registry
  - Quality and assurance and research

- **Disadvantages**
  - May not print in color
  - May be difficult to obtain patient signature
  - May take time to develop
Secure web-based application allows provider to:

- Complete an electronic MOLST form on a computer
- Print a copy for the patient
- Store the MOLST in an EMR
- Include the MOLST in the NYS eMOLST registry
- Record clinical steps & legal requirements for inclusion in the medical record
- MOLST Chart Documentation Form for adults, minors or individuals with developmental disabilities is also created, can be printed, stored in the EMR and transmitted to the registry
History of MOLST Program

- Work initiated Fall 2001
- Created November 2003
- Adapted from Oregon’s POLST
- Combines DNR, DNI, and other LST
- Incorporates NYS law
- Collaboration with NYSDOH – 3/04
- Revised 10/05; Approved Inpatient DNR form
- Legislation passed 2005; Community Pilot launched
- Chapter Amendment passed 2006
- Gov. Paterson signed bill 7/8/08
  - MOLST consistent with PHL§2977(3)
  - Permanent change in EMS scope of practice
  - MOLST permanent and statewide
- HEAL 5 grant includes eMOLST, 2008
- DOH-5003 NYSDOH MOLST form, 6/10
- FHCDA, effective June 1, 2010
- eMOLST Preview: October 19, 2010
- PCIA, effective February 9, 2011
- PCAA, effective September 27, 2011
- Hospice added to FHCDA, September 19, 2011
MOLST: End-of-life Care Transitions Program

Hospital  LTC  Office

A Project of the Community-Wide End-of-life/Palliative Care Initiative
eMOLST: Goals, Vision and Deployment

- Assure Accessibility
- Improve Quality Assurance
- Build Quality Metrics

http://www.compassionandsupport.org/index.php/for_professionals/molst_training_center/emolst
eMOLST: Goals and Vision

- **Assure Accessibility**
  - Create an electronic registry in the Rochester Community.
  - Long term vision - build a New York State eMOLST registry by leveraging interoperability between New York State RHIOs (a network called SHIN-NY) that will serve as a model for the nation.

- **Improve Quality Assurance**
  - Built-in quality controls ensure accuracy of form completion.
  - Designed to upgrade the workflow around completing the information for a legal medical order with automated user feedback for quality review, notification of missing information and training tools for users.

- **Build Quality Metrics**
  - Integrate outcome measurement and trend reporting.
eMOLST Deployment

- **Phase One** – Deploy eMOLST without Rochester RHIO integration.
- **Phase Two** – Deploy eMOLST with Rochester RHIO integration.
- **Phase Three** – Exchange and view eMOLST forms through the Rochester RHIO and integrated systems, including EMS.
- **Phase Four** – Replicate with other RHIOs
Framework for the Conversation
8-Step MOLST Protocol*

1. Prepare for discussion
   • Understand patient’s health status, prognosis & ability to consent
   • Retrieve completed Advance Directives
   • Determine decision-maker and NYSPHL legal requirements, based on who makes decision and setting
2. Determine what the patient and family know
   • re: condition, prognosis
3. Explore goals, hopes and expectations
4. Suggest realistic goals
5. Respond empathetically
6. Use MOLST to guide choices and finalize patient wishes
   • Shared, informed medical decision-making
   • Conflict resolution
7. Complete and sign MOLST
   ▪ Follow NYSPHL and document conversation
8. Review and revise periodically

*Developed for NYS MOLST, Bomba, 2005; revised 2011
MOLST Instructions and Checklists

- **Checklist #1** - Adult patients with medical decision-making capacity (any setting)
- **Checklist #2** - Adult patients without medical decision-making capacity who have a health care proxy (any setting)
- **Checklist #3** - Adult hospital or nursing home patients without medical decision-making capacity who do **not** have a health care proxy, and decision-maker **is** a Public Health Law Surrogate (surrogate selected from the surrogate list)
- **Checklist #4** - Adult hospital or nursing home patients without medical decision-making capacity who do **not** have a health care proxy **or** a Public Health Law Surrogate
- **Checklist #5** - Adult patients without medical decision-making capacity who do not have a health care proxy, and the MOLST form is being completed in the community.
- **Checklist for Minor Patients** - (any setting)
- **Checklist for Developmentally Disabled who lack capacity** – (any setting) **must** travel with the patient’s MOLST

http://www.nyhealth.gov/professionals/patients/patient_rights/molst/
- Resuscitation instructions when the patient has no pulse and/or is not breathing (CPR or DNR)
- Instructions for intubation and mechanical ventilation when the patient has a pulse and the patient is breathing (DNI/trial/long-term)
- Treatment guidelines
- Future hospitalization/transfer
- Artificially administered fluids and nutrition
- Antibiotics
- Other instructions re: time-limited trial and other treatments (e.g. dialysis, transfusions, etc.)
Why eMOLST?

- **Improves Quality Outcomes**
  - *Safe* – built-in quality controls for correct orders; does not allow for incongruous medical orders
  - *Effective* – enables providers to follow clinical steps and meet legal requirements
  - *Patient-centered* – goals for care guide choice of interventions
  - *Timely* – web-based; assures accessibility across care transitions, including documentation of discussion
  - *Efficient* – more time for discussion; less time for documentation, while ensuring accuracy
  - *Equitable* – integrates needs of adults, minors, developmentally disabled who lack medical decision-making capacity; can be used in all clinical care settings
Why eMOLST?

- Improves Legal Outcomes
  - Improves compliance with NYS Public Health Law (FHCDA, §1750-b)
  - Ensures accurate documentation
  - Reduces potential liability
  - Reduces potential for DOH deficiencies
Why eMOLST?

- Improves Provider Satisfaction
  - Easy to learn, easy to use
  - DOH-approved process for conversion of paper MOLST to eMOLST
  - Creates MOLST and MOLST Chart Documentation Form
  - Helps providers learn complexities of NYSPHL
  - Tracks when “Review and Renewal” is needed
  - Opportunity to link eMOLST training and training for enhanced reimbursement model for thoughtful MOLST discussions