

The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



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PRESENTED BY:

Barry J. Jacobs, Psy.D
Jean Glossa, MD, MBA, FACP
Corey Main, MBA
Nathaniel Curry

THE BASIC BASICS OF ADVANCE CARE PLANNING

Wednesday,
September 7, 2022
12:00 pm – 1:00 pm EST

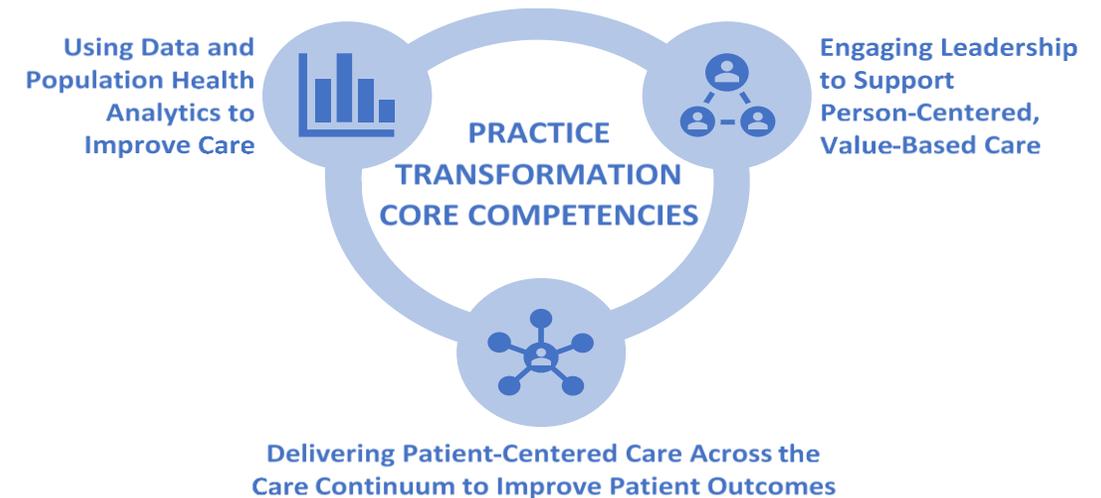
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS INTEGRATED CARE DC?



- » Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- » Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



>> Are you receiving our Integrated Care DC Newsletters?

Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.



>> Got ideas?

Take this short survey to share suggestions and requests for trainings.

<https://www.integratedcaredc.com/survey/>



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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

- ❖ Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2025. Social workers completing this course receive 1 continuing education credits.
- ❖ To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- ❖ Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.
- ❖ **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- ❖ Certificates of completion will be emailed within 10-12 business days of course completion.

The Basic Basics of Advance Care Planning

- » Welcome and Program Announcements
- » What is Advanced Care Planning (ACP) and Why it Matters
 - For patients and providers
 - Business case for ACP
 - Barriers to ACP
- » Providers' Roles in ACP
- » Types of Advance Directives
- » Introduction to CRISP DC's MyDirectives
- » Closing Remarks/Q&A

OBJECTIVES

1. Define Advance Care Planning and Advance Directives
2. Outline patient- and provider-level barriers to ACP
3. List four specific roles each for physical health and mental health providers for conducting ACP
4. Describe CRISP DC's MyDirectives initiative to enable Advance Directives to be uploaded to and downloaded from a Health Information Exchange



Image permitted by DC Department of Health Care Finance

THE BASIC BASICS OF ADVANCE CARE PLANNING

What is your professional discipline?

- » Primary care provider
- » Medical specialist
- » Behavioral health provider
- » Social worker/care manager
- » Clergy
- » Medical director
- » Behavioral health director
- » Practice manager
- » Other administrator
- » Other

>> On a 1-10 scale in which “1” is not comfortable at all and “10” is very comfortable, how comfortable are you with Advance Care Planning?

>> Do you have your own Advance Directives?

- Yes
- No



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- » 55-year-old woman with DM and hypertension whose long-time PCP recently retired
- » Meeting today for first time with another doctor in practice who notices she doesn't have an Advance Directive
- » Doctor raises topic of Advance Care Planning to Ines and her husband
- » They agree to read the information provided and to think about it



Stock Image

- » 30-year-old man diagnosed with paranoid schizophrenia
- » His care manager suggests that the two of them work on helping him fill out a Psychiatric Advance Directive so that his family and care team understand his wishes for treatment during periods of time when he is psychotic and unable to make clear and prudent decisions



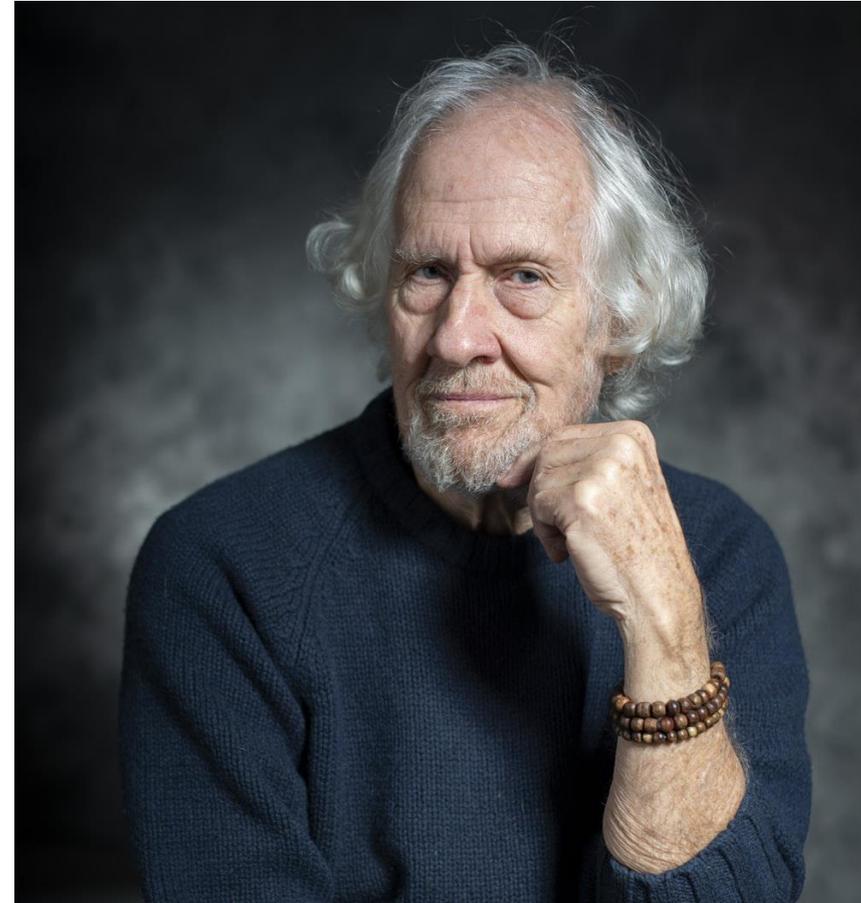
Stock Image

- » My brother's 59-year-old wife had a brainstem cerebral bleed 12 years ago and underwent emergency neurosurgery
- » She had filled out Advance Directives with her attorney a year before and said she did not want to be on life support
- » Those documents enabled my brother to make the excruciating decision to follow her wishes and take her off life support

» *“Advance care planning involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know—both your family and your health care providers—about your preferences. These preferences are often put into an advance directive, a legal document that goes into effect only if you are incapacitated and unable to speak for yourself.”*

(NIH: <https://www.nia.nih.gov/health/advance-care-planning-health-care-directives#what>)

- » Continual process of examining values and weighing choices
- » Preparing for making the best possible in-the-moment decisions
- » Codifying those choices through documentation to be shared
- » Making those decisions available to providers across settings



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- » Living Will (e.g., Physician Orders for Life-Sustaining Treatment [POLST], DC Medical Orders for Scope of Treatment [MOST])
- » Durable Power of Attorney for Health Care
- » Advance Instructions (i.e., Psychiatric Advance Directive)

DC HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 MURIEL BOWSER, MAYOR

HIPAA PERMITS DISCLOSURE OF THIS DOCUMENT TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

DC Medical Orders for Scope of Treatment (MOST)

Patient Last Name / First Name / Middle Initial _____

Address _____

City/State/Zip Code _____ Medical Conditions/Patient Goals: _____

Date of Birth (MM/DD/YYYY) _____ Last 4 Digits of SSN (optional) _____ Male Female Transgender Other

Instructions for Responding Providers:
 FIRST follow these orders, THEN contact physician or nurse practitioner. The MOST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a MOST form is always voluntary. Everyone shall be treated with dignity and respect. PLEASE keep the original or a copy of this MOST form in the patient's medical record. To print the DC MOST form, go to: dchealth.dc.gov/most

A Cardio-Pulmonary Resuscitation (CPR): Person has no pulse and is not breathing.

Check One Attempt Resuscitation/CPR When not in cardiopulmonary arrest, go to part B.

Do Not Attempt Resuscitation (DNR) / Allow Natural Death (AND)
 Choosing DNR will include appropriate comfort measures.

B Medical Interventions: Person has pulse and/or is breathing.

Check One FULL TREATMENT - primary goal of prolonging life by all medically effective means.
 Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures. Includes care described below. Use medical treatment, IV fluids and cardiac care as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care if possible.

COMFORT FOCUSED TREATMENT - primary goal of maximizing comfort.
 Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no hospital transfer. EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.

Additional Orders: (e.g. dialysis) _____

C Medical Treatment Preferences:

Check One **Medically-assisted Nutrition: (Always offer food and liquids by mouth if feasible.)** Trial period of medically-assisted nutrition by tube. (Goal: _____)

No medically-assisted nutrition by tube. Long-term medically-assisted nutrition by tube.

Antibiotics:

Use antibiotics for prolongation of life. Do not use antibiotics except when needed for symptom management

Additional orders: (e.g. dialysis, blood products, implanted cardiac devices. Attach additional orders if necessary.)

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- » Some studies point to positive outcomes, such as fewer intensive treatments at the end of life; increased use of hospice; higher satisfaction with quality of life; lower stress among surviving relatives
- » Other studies found limited evidence that wishes of patient who has Advance Directives have greater likelihood of being implemented
- » Best evidence for ACP appears to be with Comprehensive Approaches, such as Respecting Choices and Prepare for Your Care

<https://www.uptodate.com/contents/advance-care-planning-and-advance-directives>



Interoperability

Streamline access between District providers, DC Fire, and EMS to patient advance directives



Preparedness

Provide patients peace of mind in emergency and/or end-of-life situations



Free ACP Tools

Prepare, upload, share, store, and view ACP documents and portable medical orders 24/7



Less Burnout

Focus on high-need patients and reduce low value care and activities



Patient Satisfaction

Meet Medicare quality mandates and boost performance ratings for higher referrals from patients, family, and community



Lower EOL* Costs

Opt for less expensive care options and shorten stay without negatively impacting mortality



Patient Voice

Eliminate unnecessary and unwanted medical treatments and procedures



Revenue Increase

Expand service offerings to patients without significant investment in time and resources

*EOL: End of Life

- » Only about 36% of Americans have any form of Advance Directive
- » For 65+: 46%
- » (For comparison, only 46% of all Americans have a will)

» ***What are your thoughts about why these percentages are so low?***

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0175#:~:text=Among%20the%20795%2C909%20people%20in,29.3%20percent%20with%20living%20wills>

- » Lack of understanding about ACP
- » Lack of access to ACP
- » Magical thinking (“*If I plan for end of life, then it will make it more likely to occur*”)
- » Concern that family members may be upset about choices
- » Skepticism that Advance Directives will be heeded in an emergency



Stock Image

Sources: <https://link.springer.com/article/10.1186/s12875-020-01167-0>
<https://bmcpriamcare.biomedcentral.com/articles/10.1186/s12875-020-01167-0>



Stock Image

- » Lack of training/comfort
- » Personal discomfort with ACP
- » Lack of time
- » Lack of reimbursement
- » Fears of quashing hope
- » Skepticism that Advance Directives will be accessible in an emergency

Sources: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5897087/>
<https://www.ijms.info/IJMS/article/view/567>
<https://pubmed.ncbi.nlm.nih.gov/31494997/#:~:text=The%20two%20most%20important%20barriers,to%20take%20on%20the%20responsibility.>

» ***Why do you think some providers have personal discomfort with ACP?***



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>> For physical health providers:

- Educator
- Guide
- Clarifier
- Recorder

>> For behavioral health providers:

- Educator
- Guide
- Recorder of Advance Instructions
- Referrer for Living Will, etc.



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- » At the next visit, the doctor asks Ines if she has any questions about the information on ACP. Ines says she hasn't had a chance yet to look at the information
- » ***What should the doctor do next?***



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- » Roger says that he just wants his family to make decisions for him. But the care manager knows he rarely is in contact with his family members, most of whom don't believe he is mentally ill and are against his psychiatric treatment
- » ***What should the care manager do next?***

» ***What's the hardest part of conducting ACP?***



District Prioritization of Advance Care Planning

DC Legislation: Sec. 21-2221.14a

Required development of a secure, cloud-based eMOST and advance directives registry connected to the Health Information Exchange (HIE)

Mayor's Commission on Healthcare Systems and Transformation

Recommendation 5 addresses the need to:

- Increase the number of mentally ill persons with an advance directive
- Ensure advance directives are accessible through the HIE



DC Advance Care Planning Initiative is a Partnership

Since October 2021, DHCF and DC Health have partnered with the Designated DC HIE, CRISP DC, and A|D Vault, an industry-leading advance care planning solutions provider.

A|D Vault's advance care planning platform, called MyDirectives for Clinicians, is embedded in the DC HIE

- These tools are available to District providers and other DC HIE users at no cost





MyDirectives for Clinicians™ Benefits

Clinicians

- **Create** digital portable medical orders
 - DC MOST, National POLST, Psychiatric Advance Directive
- **Upload** existing advance directives
- **Share** advance directive information through the HIE and patient portal
- **Track and report** time and activity automatically on every interaction for billing and Medicare compliance
- **Analyze performance** through raw data export to improve quality

Patients

- Document medical goals, treatment priorities, and care preferences
- Designate health care agent
- Share advance directives 24/7 with healthcare providers and loved ones
- Record wishes to provide insight on care decisions



Fast and Easy Implementation and Support

MyDirectives for Clinicians™

- Identify number of users in your organization that will engage in Advance Care Planning
- Request access from CRISP DC by contacting Corey Main
- Provide names and emails for users to receive email invitation to set up account
- Accept invitation and start using tool on any mobile device with an Internet connection

Education and Technical Assistance

- **Initial training** option for
 - Technical assistance on tools
 - Conducting advance care planning discussion
 - HMA Webinar series 9/13, 9/22
 - On-demand videos
 - One-on-one sessions and support with DCHA, DCPCA, DC Health, A|D Vault, and/or CRISP DC
- Informational **marketing materials** to educate patients on value provided and how to access advance care planning from your organization



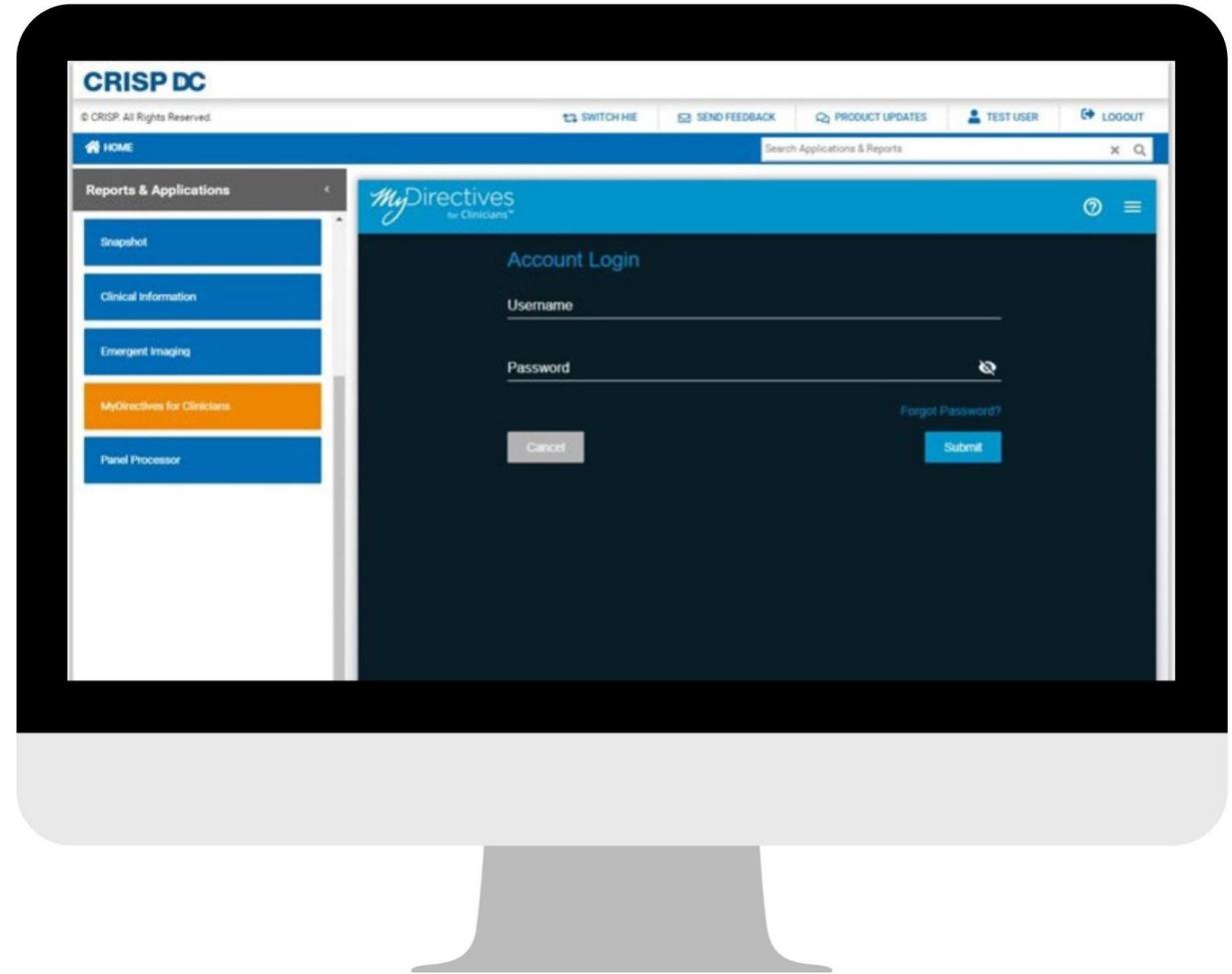
MyDirectives for Clinicians™





MyDirectives for Clinicians Embedded in CRISP DC HIE

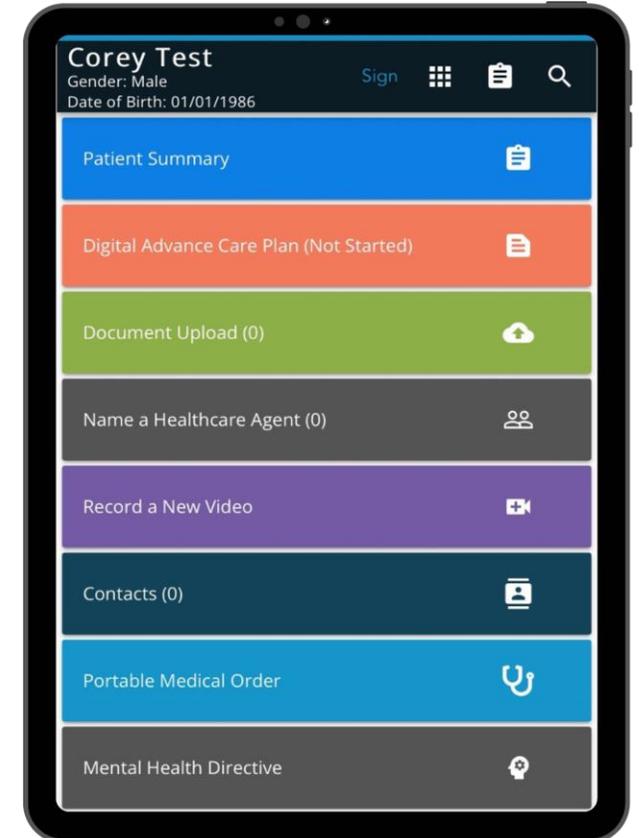
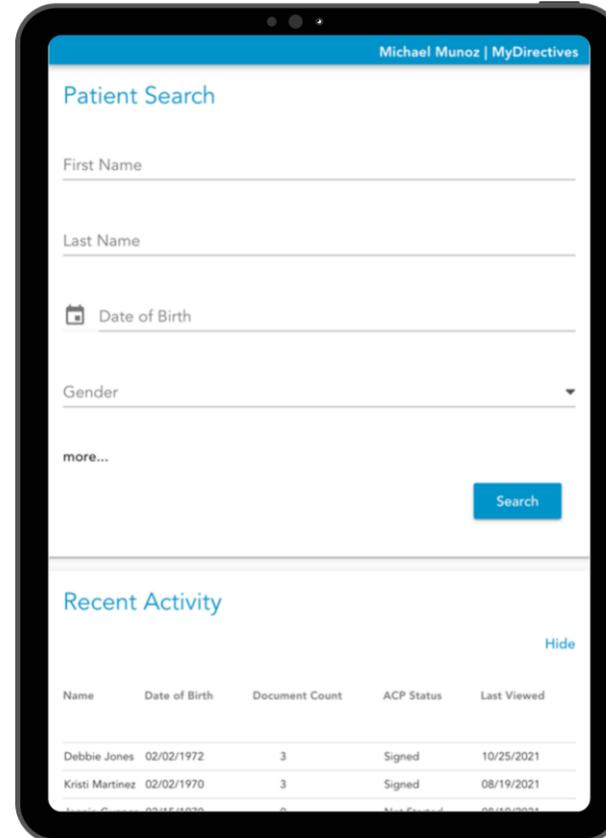
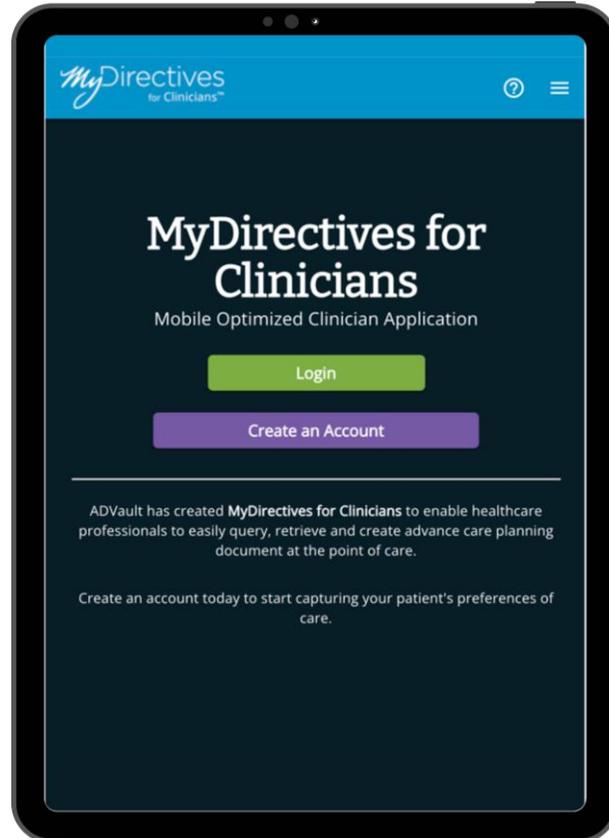
- Access the advance care planning application within CRISP
- Open applications by entering separate MyDirectives for Clinicians credentials. The username will match your CRISP credentials.
 - In FY23, a single sign-on will be implemented removing the need to log in.





MyDirectives for Clinicians Mobile Application

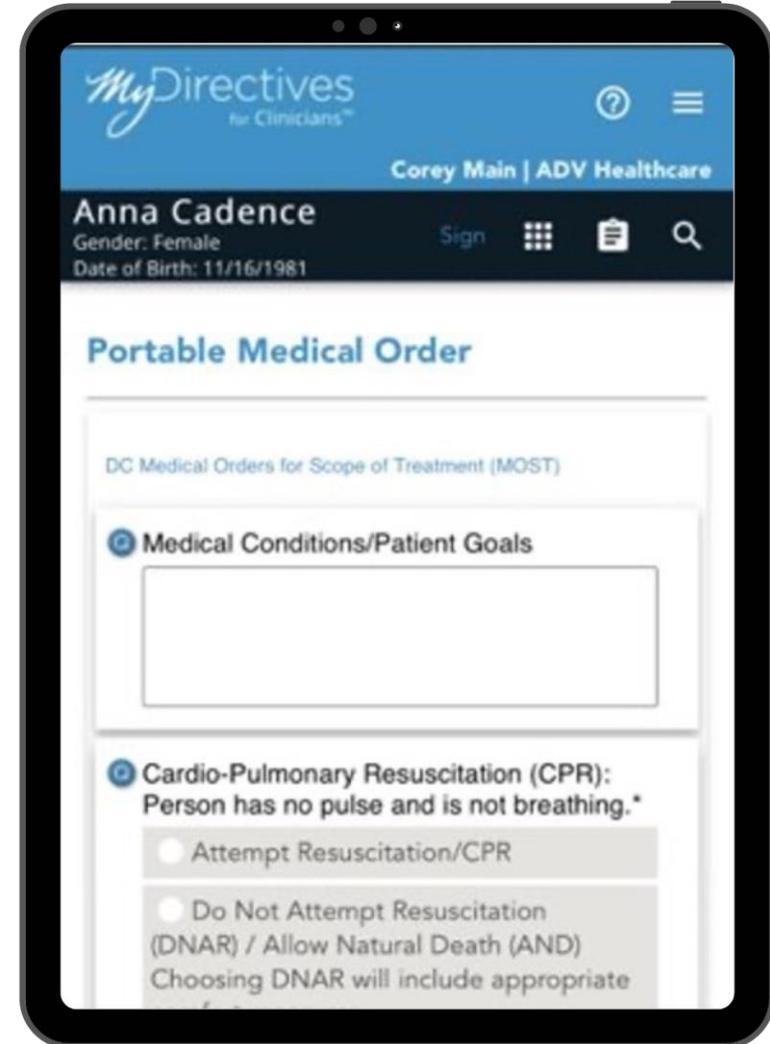
- Search for patient in ADVault Exchange™
- Select activities to complete with the patient via the dashboard in your preferred conversation order





Populate Digital Portable Medical Orders

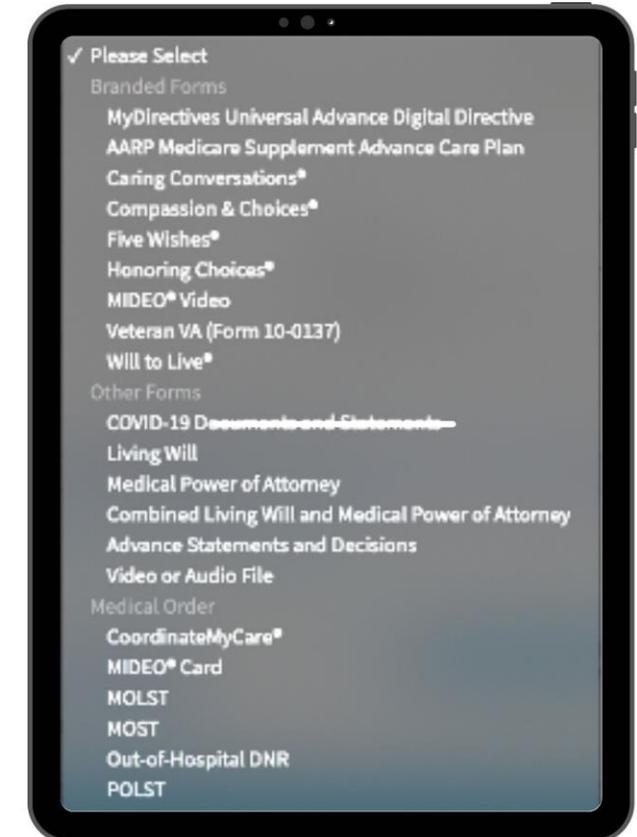
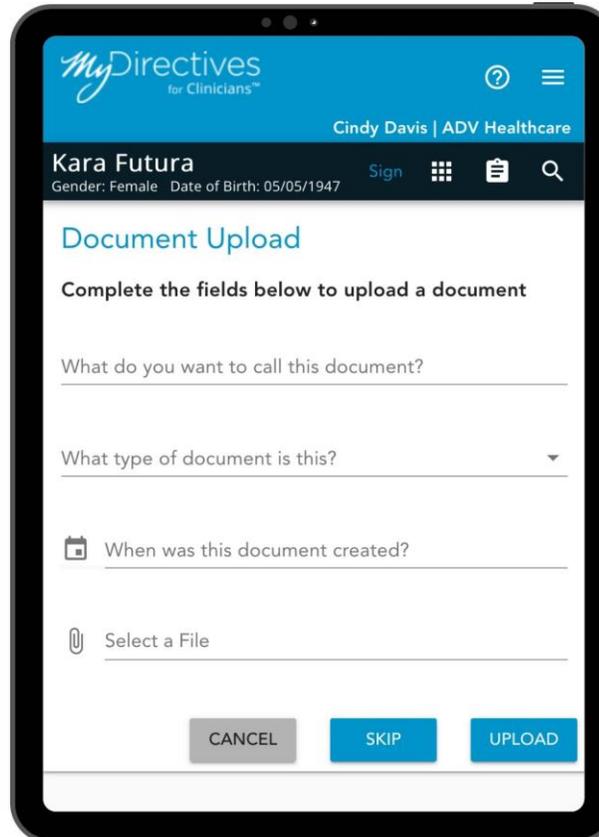
- Selections populate based on chosen form
 - DC MOST
 - National POLST
 - Psychiatric Advance Directive
- Intuitive question and answer format to easily guide patients and loved ones through information
- Automatically create digital legal documents
- Securely store digital documents
- Display forms in CRISP DC HIE for anytime and anywhere across continuum of care





Upload Patients Existing Documents

- Scan and upload new and existing ACP documents and portable medical orders via MyDirectives for Clinicians into ADVault Exchange for
 - Secure storage
 - 24/7/365 query and retrieval by medical teams throughout the District and across the country
- Supports multiple document types





MyDirectives®

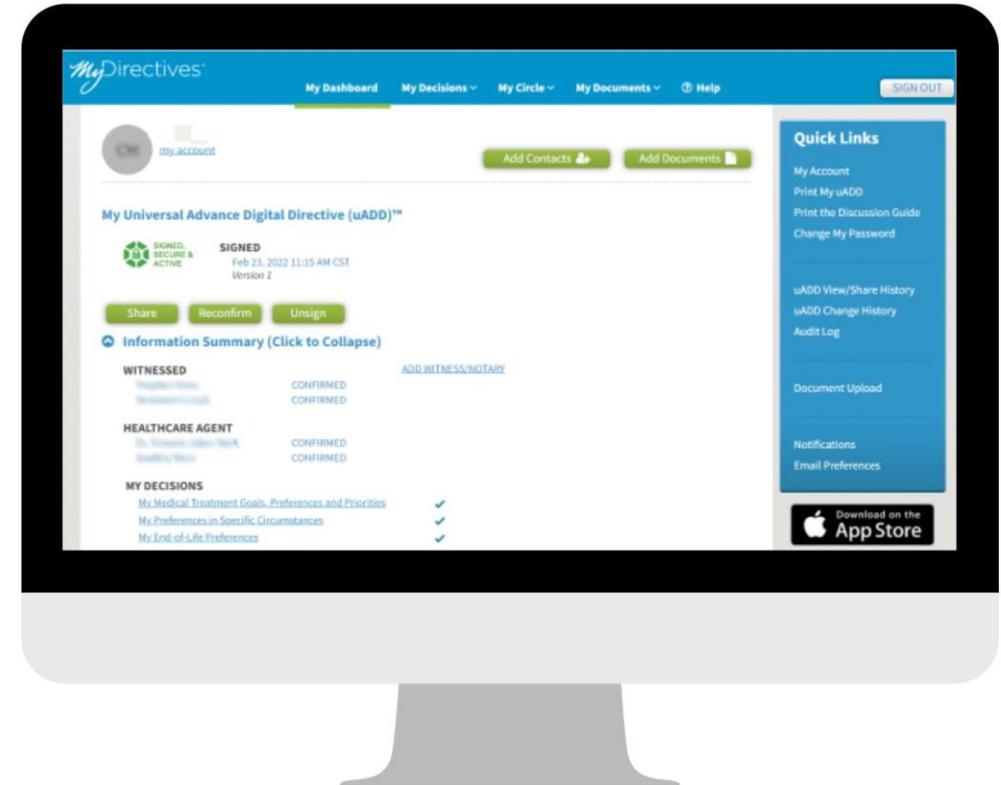
Patient Portal Overview





Patient Access to Advance Directive Information

- The patient is notified of the MyDirectives account creation when:
 - Digital documents are created
 - Paper documents are uploaded
- Patient access account allows them to:
 - Review existing advance directive information and video recordings
 - Update or modify existing documents (non-PMO)
 - Add other medical goals, treatment priorities, and care preferences as circumstances change
 - Share documents and decisions with healthcare agent, loved ones, and other medical team members
- Patient always owns and manages their information





24/7 Access to Advance Directives

View advance care planning documents and portable medical orders
directly in the CRISP DC HIE





Easily View Advance Directive Information

- All CRISP users can display the patient's most current thinking on future, urgent, and end-of-life care planning goals and objectives
- Access information via "Care Coordination" tile or as part of their "Snapshot"

HIE InContext **Anna Cadence** Female | Nov 16, 1981

CARE TEAM **ADVANCE DIRECTIVES**

Care Alerts **VIEW**

Date ↓	Source	Description	Document
2021-09-23	A D Vault	This patient has a DC MOST form available. This document was submitted on 2021-09-23 and is effective on 2021-05-21.	

Rows per page: 25 1-1 of 1

Patient Snapshot Access to Advance Directive Information



Connecting **Providers with Technology** to Improve Patient Care

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Reports & Applications

Clinical Information

Referrals

Prescriber Reports

Snapshot

Referral Portal

Patient Snapshot

Patient Name: Anna Cadence

Gender: F

Date of Birth: 11/16/1981

Patient Demographics

 Search

Name	Gender	Date	Phone	Address	Medicaid ID
Anna Cadence	F	11/16/1981		1021 Main St, Columbia, MD 21045	

Next of Kin

 Search

Advanced Directives and Medical Orders

 Search

Date	Source	Type
09/23/2021	A D Vault	DC MOST



How can I get access?

Corey.Main@CRISPHealth.org, CRISP DC Project Manager

- Access the DC HIE
- Access to the MyDirectives App and the suite of other HIE tools
- Receive technical assistance and support
- Access patient education resources or obtain additional information

CRISP DC

Q&A

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- >> U.S. Department of Health and Human Services. (2018, January 15). *Advance Care Planning: Health Care Directives*. National Institute on Aging. Retrieved August 23, 2022, from <https://www.nia.nih.gov/health/advance-care-planning-health-care-directives#what>
- >> Silveira, M. J. (2022, May 27). *Advance care planning and advance directives*. UpToDate. Retrieved August 23, 2022, from <https://www.uptodate.com/contents/advance-care-planning-and-advance-directives#disclaimerContent>
- >> Yadav, K. N., Gabler, N. B., Cooney, E., Kent, S., Kim, J., Herbst, N., Mante, A., Halpern, S. D., & Courtright, K. R. (2017). Approximately one in three US adults completes any type of advance directive for end-of-life care. *Health Affairs*, 36(7), 1244–1251. <https://doi.org/10.1377/hlthaff.2017.0175>
- >> Council of the District of Columbia. (2022, July 27). § 21–2221.14A. *establishment of an electronic medical orders for scope of treatment registry*. D.C. Law Library. Retrieved August 23, 2022, from <https://code.dccouncil.us/us/dc/council/code/sections/21-2221.14a.html>
- >> Office of the Deputy Mayor for Health and Human Services. (n.d.). *Mayor's Commission on Healthcare Systems and transformation*. Mayor's Commission on Healthcare Systems and Transformation. Retrieved August 23, 2022, from <https://dmhhs.dc.gov/commissionreport>

- » Please complete the online evaluation! **If you would like to receive CE or CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

- » The webinar recording will be available within a few days at:
<https://www.integratedcaredc.com/learning/>

- » **Upcoming Webinar:**
 - » ***Advance Directive and Person-Centered Care Planning Series 2: Overcoming Patient Reluctance and Provider Discomfort to Engage in Advance Care Planning***, September 13, 12:00pm-1:00pm EST
 - » ***Advance Directive and Person-Centered Care Planning Series 3: From Beginning to End (So to Speak): A Case-Based Experiential Session About Advance Care Planning***, September 22, 12:00pm-1:00pm EST

- » For more information about Integrated Care DC, please visit:
<https://www.integratedcaredc.com/>