A 10-YEAR ROADMAP

TAKING PALLIATIVE CARE TO THE NEXT LEVEL

Judy Thomas, JD
CEO, Coalition for Compassionate Care
What lies ahead?
What was happening in the world in 2006?
What was happening in the world of palliative care in 2006?
Coalition for Compassionate Care of California in 2006

- Had dedicated staff for the first time
- Established an advisory board
- Transitioning from a being a project to an organization
Where were you in 2006?

Had you heard of palliative care?

Were you active in the end-of-life movement?
HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section.

POLST complements an Advance Directive and is not intended to replace that document.

A

CARDIOPULMONARY RESUSCITATION (CPR):

☐ Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)

☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)

B

MEDICAL INTERVENTIONS:

If patient is found with a pulse and/or is breathing,

☐ Full Treatment – primary goal of prolonging life by all medically effective means.

In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

☐ Trial Period of Full Treatment.

☐ Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.

In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ Request transfer to hospital only if comfort needs cannot be met in current location.

☐ Comfort-Focused Treatment – primary goal of maximizing comfort.

Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goals. Request transfer to hospital only if comfort needs cannot be met in current location.

Additional Orders:

C

ARTIFICIALLY ADMINISTERED NUTRITION:

☐ Long-term artificial nutrition, including feeding tubes

Additional Orders: ____________________________

☐ No artificial means of nutrition, including feeding tubes

☐ No artificial means of nutrition, including feeding tubes

D

INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

☐ Advance Directive dated ______ available and reviewed → Health Care Agent if named in Advance Directive

☐ Advance Directive not available

Name: __________________________________________

Phone: _________________________________________

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)

My signature below indicates to the best of my knowledge that these orders are consistent with the patient’s medical condition and preferences.

Print Physician/NPPA Name: ____________________________

Physician/NP/PA Phone #: ____________________________

Physician/NP/PA License #: NP Cert. #: ____________________________

Physician/NP/PA Signature: ____________________________ Date: ____________________________

Signature of Patient or Legally Recognized Decisionmaker

I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the person’s desires as of and with the best interest of the individual who is the subject of the form.

Print Name: ____________________________

Relation: (e.g. parent, spouse, adult child)

Signature: ____________________________ Date: ____________________________

Mailing Address (street/city/state/zip): ____________________________ Phone Number: ____________________________

FOR REGISTRY

USE ONLY

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009, 4/1/2011 or 10/1/2014 are also valid.
POLST Strategic Model

State Level
- Standardization
- State-level influencers
- Top down

Local Level
- Implementation
- Local leadership
- Grassroots up
POLST Strategy Components

- Legislation
- Single form
- Message platform
- Pilot testing
- Curriculum
- Focus on Quality
- Dissemination
POLST Data

In California hospitals

- Almost 95% of California hospitals have admitted a patient with a POLST
- 65% have a formal POLST policy
- 84% have educated staff about POLST

In California nursing homes

- 95% of facilities have completed POLST forms with patients
- 87% have educated staff on POLST
POLST Milestones this past year

- 1.2 million POLST forms
- 2 pieces of legislation
- 2016 revised form
- 600 webinar attendees
Time to Celebrate!

Oregon   West Virginia   California
Where Are We Now?
David Bowie
This past year has been very eventful for the Coalition for Compassionate Care of California
Brought together Adult & Pediatrics

Combined Forces with CHPCC

Staff
  • Devon Dabbs

New board members
  • Terri Warren & Jim Santucci

Communications
  • Website, social media, messaging

Merging operations
  • Membership, education, sustainability
Sponsored two bills … Successfully!

AB 637 (Campos)
NPs & PAs can sign POLST

SB 19 (Wolk)
POLST eRegistry Pilot
Won an Award

Partnership between
University of California Los Angeles (UCLA) &
Coalition for Compassionate Care (CCCC)
Model for ACP Implementation

**Leadership**
- Strategic Direction
- System Communications
- Stakeholder Design Team

**Metrics**
- EHR measures with targeted denominators
- Pilot Project Monitoring
- Patient outcome surveys

**Materials**
- Advance Directive
- Disease-Specific Materials
- POLST Education

**Documentation**
- Electronic Medical Record Optimization

**Education**
- Clinician Training
- Simulation
- System Education

**Patient Engagement**
- Clinical Care Coordinator
- ACP Conversations
- Materials and Education

**Clinical Integration**
- Workflow Optimization
- Palliative NP
- ACP Social Worker

**VISION**
The UCLA/CCCC Advance Care Planning Initiative (ACPI) aims to create and foster culture, skills, and infrastructure within UCLA Health that support effective and compassionate communication, reliable documentation of preferences and goals, and high-quality end-of-life care.

For more information visit CoalitionCCC.org/consulting
Featured in film!

The Journey Ahead
Produced by KVIE in Sacramento Public Television
Published *Dying in California*

Partnership between California Health Care Foundation & Coalition for Compassionate Care of California
New Tools for Better Conversations

Quality Assurance and Performance Improvement (QAPI)

A Toolkit for POLST in California’s Skilled Nursing Facilities

Developed by the Coalition for Compassionate Care of California with support from the California Healthcare Foundation

Advance Care Planning - now reimbursable under Medicare

Beginning January 1, 2016, Medicare will pay healthcare providers for advance care planning (ACP) discussions with Medicare beneficiaries. Authorization for payment is set forth in the November 2015 Final Rule, published by the Centers for Medicare and Medicaid Services (CMS).

In order to be billable under Medicare, the ACP discussions must be face-to-face conversations with Medicare patients and/or their surrogates (the patient does not need to be present) which cover the patient’s specific health conditions, their options for care and what care best fits their personal wishes, and the importance of sharing those wishes in the form of a written document.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Final CY 2016 work RVU</th>
<th>Approx. Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>99497</td>
<td>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.</td>
<td>1.30</td>
<td>$65 in doctor’s office/ $80 in hospital</td>
</tr>
<tr>
<td>99498</td>
<td>Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physicians or other qualified health care professional, each additional 30 minutes (or separately in addition to code for primary procedure).</td>
<td>1.40</td>
<td>$75</td>
</tr>
</tbody>
</table>

Frequently Asked Questions

1. What qualifies as “advance care planning” for the purposes of these codes?

According to the current procedural terminology (CPT) description:

“Codes 99497 and 99498 are used to report the face-to-face services between a physician or other qualified health care professional and a patient, family member or surrogate in counseling and discussing advance directives, with or without completing relevant legal forms.”

The CPT manual defines an advance directive as a document appointing an agent and/or recording the wishes of a patient pertaining to his/her medical treatment at a future time. It should list the decisional capacity at that time. Relevant legal forms include, but are not limited to, a Health Care Proxy, Durable Power of Attorney for Health Care, a Living Will and/or completion of a Medical Order for Life-Sustaining Treatment (MOLST).

California’s POLST form would qualify as a relevant legal form under this definition.

January 2016
Expanded the Decision Guides Series

CPR (hỗ hấp nhân tạo) là gì?

CPR là một nỗ lực để tái khởi động tim khi một người:
- đã ngừng thở và tim ngừng đập, hoặc
- có một loạn nhịp tim dẫn đến mất máu và tử vong.

CPR trong thư viện nào?
Có thể quay về để từng bước CPR trên truyền hình. Truyện hình thường khuyên CPR trong nhánh chống và đái đường, nhưng không phải thế.
- Người được cứu có thể gặp 100 lần mỗi phút.
- Một người bị bệnh đột quỵ được điều trị bằng máy CPR không có khối phổi.
- Một người có thể được điều trị bằng CPR.
- Một người có thể được điều trị bằng CPR.
- Người này được cung cấp sau khi làm CPR.

CPR thường xuyên quấy rối đến nhiều nơi?
Ngành cứu hộ cho thấy không ít người từng làm CPR tới 15% còn lại được làm CPR tới 100 người được làm CPR, 600 người sống sót và 85 người chết.

Nếu bạn đã làm CPR trong bệnh viện, có thể sống sót của quá trình khoảng 20%.
CPR hiệu quả để cứu sống người trong một người xem cách họ thực hiện:
- người nhận thấy mình ngừng đập,
- người biết cách hồi phục đập cho người ngừng đập,
- tai tim đã ngừng đập sau xử lý không khí bị tắc nghẽn.
Trained people in having better conversations

Live workshops

• Let’s Talk: Bringing Advance Care Planning to Your Community
• Building Bridges: Cultural Congruency
• POLST: It Starts with a Conversation

Online Courses with CSU Institute for Palliative Care

• POLST for professionals
• Effective Advance Care Planning: Skills Building for the Entire Organization
Hosted Webinars on cutting-edge issues
Symbiosis with Local Coalitions
Faith Leader Toolkit

Goal

• Develop meaningful relationship with local faith leaders

Can be used *off-the-shelf*

• Step-by-step guide
• Modular curriculum
• Tested by 10 coalitions

Demonstrates

• Power of state and local collaboration
Local Coalition Are Incubators

• Homeless solutions
• Mental health
• Latino outreach
• Using the arts
• And much more…
Local Coalitions Leverage Passion

- Screenings of *Being Mortal*
- ACP Village
- Prison outreach
- Heart-to-Heart Cafes
- Lead by Example
- Conversation Cafes
- And more!
Find a Local Coalition Near You!

Coalition for Compassionate Care of San Mateo County
San Luis Obispo Compassionate Care Coalition
East Bay Conversation Project
California Central Valley Coalition for Compassionate Care
The Journey Project & My Care, My Plan Sonoma
San Diego Coalition for Compassionate Care
Compassionate Care Alliance of Monterey
Honoring Choices Napa Valley
Ventura County Coalition for Compassionate Care
Chinese American Coalition for Compassionate Care
And many more!!
Served as a Spokesperson for the Movement
Represented YOU on SB 1004

Technical Assistance & Resources

- **California HealthCare Foundation (CHCF):** Wide range of online materials and resources, as well as in-person technical assistance events.

- **Coalition for Compassionate Care of California:** Consumer and provider resources on advance care planning and palliative care. Also frequent webinars and training programs.

- **California State University Institute for Palliative Care:** Instructor-led and self-paced online training for health care professionals, as well as patients and families.

- **DHCS SB 1004 Website:** Materials available related to SB 1004 implementation, as well as links to other resources.
## Created New Palliative Care Tools!

### VALUE SNAPSHOT | Advance Care Planning

Advance care planning promotes compliance with patients’ wishes and improves satisfaction

Advance care planning (ACP) extends patient autonomy by allowing individuals, particularly those with progressive illnesses, to reflect on and articulate their preferences for medical care in advance of medical crises that might impede their ability to speak for themselves. Through the mechanism of open communication and the explicit documentation of preferences, ACP can help patients and families have greater control over how and where they engage with the health care system. By promoting concordance between care delivered and patient preferences, ACP programs have positive effects on patient and family satisfaction and mental health. Several recent trials and systematic reviews corroborate long-held clinical claims.

For example, Mansion and colleagues found that in nursing homes that provided ACP education and discussions, residents were more likely to have their preferences documented (p=0.01) for CPR, artificial nutrition, resuscitation, and hospice care, and were much more likely to have their wishes respected (p=0.04).1


### SNAPSHTOS of Palliative Care Practices

### SNAPSHTOS of Palliative Care Practices

Insights from the 2015 Coalition for Compassionate Care of California Annual Summit

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What can you look forward to this coming year?
Monthly conference calls on advance care planning

Join us!
Third Tuesday of the month @ Noon PT
End of Life Option Act

**CCCC is a neutral source for information on California’s new law.**

- Workshops
- Webinar
- We can bring our training to you!

[Image of training announcement]

**CALIFORNIA END OF LIFE OPTION ACT:**

*When patients talk about death*

May 31, 2016 in Sacramento, CA
Includes 5 CEUs

http://caEndofLifeOptionActMay2016.eventbrite.com
POLST eRegistry

- Working closely with CHCF & EMSA
- To pilot an POLST eRegistry per SB 19
Supported Decision Making

Supported Decision Making: Gabby's Story

The Special Hope Foundation
California Advanced Illness Collaborative

INSURANCE POLICY

blue of california
New Membership Benefit

CSU The California State University

Institute for Palliative Care
Co-Creating Our Future

A ten-year vision!
Our Aim

- Wishes Explored
- Wishes Expressed
- Wishes Honored
What We Need to Get There

- Effective Communities
- Effective Professionals
- Effective Systems

Public Policy & Common Vision
Dying in California: A Status Report on End-of-Life Care

Finding

A diverse group of stakeholders are joining together to support policy reform, outreach, and education around quality palliative care, serving patients earlier than traditional EOL care services.
POLST as a Model
Geography is Everything

A concentrated regional focus will get us the farthest
• **Increasing demand**
  for patient-centered care for seriously ill

• **Increasing supply**
  of healthcare professionals and systems prepared to support individuals and families throughout the course of their lives and illnesses

• **Increasing capacity**
  of the California network to improve care in the face of serious illness
Leaders in California

- Palliative Care Leadership Center
- Palliative Care Quality Network
- CSU Institute for Palliative Care
- End-of-Life Nursing Education Consortium
- Prepare for Your Care
- Chinese American Coalition for Compassionate Care
- UCSF, UCLA, UC Hastings
- California Health Care Foundation
- 25+ Local Coalitions
- And More!
Working with National Partners

- ACP Decisions
- Coalition to Transform Advanced Care
- Conversation Project
- Center to Advance Palliative Care
- National Healthcare Decisions Day
- And more
INCREASING CAPACITY
Statewide Network

› Stakeholder engagement
› Communications strategy
› Evaluation and metrics

INCREASING DEMAND
Public Education & Engagement

› Local community coalitions
› Consumer Advocacy Board
› Traditional and social media
› Consumer website
› Faith leader outreach
› Volunteer training

INCREASING SUPPLY
Effective Healthcare Professionals

› CCCC training programs: ACP, POLST, diversity, more
› Other best-practice resources

INCREASING SUPPLY
Effective Healthcare Organizations

› Provider trainings
› ACP Decisions videos
› HR policies
› Workflow
› Medical records

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You Are Key to Our Collective Future

2015 Sources of Revenue

- Grants: 58%
- Philanthropic Contributions: 13%
- Program Fees: 16%
- Membership Dues: 4%
- Sales/Fees for Service: 9%

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Where do you see yourself in 2026?

What do you think is possible?

Where do you picture yourself in 10 years?