POLST Registry
Status, Update, and Future

October 2020
Coalition for Compassionate Care

- Founded in 1998
- Collaborative of thought leaders representing healthcare providers, systems, consumers and government agencies
- Committed to improving serious illness care, and foster change in the areas of system, professional and cultural readiness
Today’s Presenters

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Presentation Overview

- About POLST and the POLST Ecosystem
- Why an Electronic Registry is Important
- Pilot Project
- Phase 2 Work
- Next Steps
Everyone should have the opportunity
Physician Orders for Life-Sustaining Treatment (POLST)

- A medical order recognized throughout the health care system
- Portable document that travels with the patient from setting to setting
Complete an Advance Directive

Update Advance Directive Periodically

Diagnosed with Serious or Chronic, Progressive Illness (at any age)

Complete a POLST Form

Treatment Wishes Honored

Across the continuum of care

Age 18

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## Advance Directive vs POLST

<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td>General instructions for FUTURE CARE</td>
<td>Specific orders for CURRENT CARE</td>
</tr>
<tr>
<td>Needs to be retrieved</td>
<td>Stays with the patient</td>
</tr>
<tr>
<td>Many different forms</td>
<td>Single, standardized form</td>
</tr>
<tr>
<td>Signed by patient &amp; witnesses or notary</td>
<td>Signed by patient (or HC Agent) and physician</td>
</tr>
</tbody>
</table>
CCC is Hub for ACP

- Lead liaison for POLST in California
- Sponsored
  - AB 3000: Established POLST in California law
  - AB 637: Allows NPs and PAs to sign form
  - SB19: POLST registry pilot
- Developed standardized POLST education curriculum
- Leads 25+ local POLST coalitions
The POLST Ecosystem

- POLST Implementation
- Interoperable POLST registry platforms
- Quality patient-provider conversations
- POLST Education
Importance of Electronic Registries

- Consolidates POLST from multiple care settings
- Improves timely, accurate access to valid physician’s orders at the point of care
- Provides an opportunity to improve form quality
- Allows evaluation of POLST usage and effectiveness
2016-2019

POLST eRegistry Pilot Program
Senate Bill 19

California POLST eRegistry Pilot (Wolk, 2015)

- EMSA as state lead
- No state funding
- Law sunset January 1, 2020
POLST eRegistry Pilot (2016-2019)

- Funder: California Health Care Foundation
- Leadership team: CCCC with EMSA and CHCF
- San Diego (pilot site with operating HIE)
  - San Diego Health Connect & Stella Technologies
- Contra Costa (pilot site without an operating HIE)
  - Alameda Contra Costa Medical Association & Vynca
POLST eRegistry Pilot

POLST eRegistry Pilot Learnings

Positives |
Existing HIE capabilities in a community eased POLST access for many providers.
Existing EMS integration in a community eased EMS access to POLST.
Readiness Assessment Tool for communities interested in POLST registries.
POLST eRegistry Pilot Learnings

Barriers | Technical capabilities vary by care setting
Workflow for POLST capture and access need to meet the needs of the care settings
EMS practice regarding POLST may vary by local EMS agency policies
EMS access to network connectivity varies widely
Enterprise and community registries create stovepipes of information, not statewide access
POLST eRegistry Pilot Recommendations

- **Quality POLST Programs** -- Ensure high-quality POLST implementation before starting an eRegistry project.

- **Stakeholder Engagement** -- Early engagement of community stakeholders, including clinical champions, health system administration and IT/records, and local EMS services, to ensure broad understanding and buy-in.
POLST eRegistry Pilot Recommendations

- **Standardization and Workflow** -- Create standard processes and ensure processes will work for all user types.
- **Integration** - Consider how file format and documentation management system capabilities impact integration.
- **Quality Assurance** - Clearly identify respective roles and processes for ensuring.
Current Registry Environment

- San Diego
- Contra Costa County
- Inland Empire Health Plan
- Ventura County
- Statewide
Phase 2: POLST Registry
Next Steps

2019-2020
Phase 2 | Activities

• Stakeholder Engagement
• Visioning
• Recommended Practices
Stakeholder Engagement

- EMSA
- Healthcare systems
- Health information organizations
- Local EMS
- Health Plans
- Nursing homes
- Registry vendors
- Subject matter experts
- Medical Association
- State of CA personnel
Online Survey

- **High degree of familiarity with POLST**: 92% were either extremely or very familiar with POLST
- **Use in clinical setting**: most responders are actively engaged using POLST with patients and families
  - 79% had completed a POLST form with patients
  - 39% had treated a patient who had a completed form
Online Survey
Benefits of POLST Registry

• 24/7 access by health providers to POLST
• Eases information sharing across settings
• Creates POLST database to aid in research and quality improvement
Online Survey
Barriers to POLST Registry

• Integration with different EHR systems
• Ensuring security of protected health information
• Cost
Online Survey
Benefits of Electronic POLST Completion

• Easier data integration with electronic health records
• Quality controls built into system
• Walks clinician through POLST conversation/process
Online Survey
Barriers to Electronic POLST completion

• Some providers may have limited computer access
• Obtaining digital signatures may be challenging
• Cost
• Staff resistance to changes in workflow
Stakeholder Interviews

Benefits

• Broad support for registry concept
• Key motivators:
  • Ensuring patient wishes are known so they can be honored
  • Quality improvement achieved by standardizing POLST processes
Stakeholder Interviews
Challenges

- Time and money
- Implementation requires change in culture and workflow
- Diversity of health system payment structures may slow adoption of registry
POLST is nothing if it does not serve the patient. The patient-doctor relationship must be at the center of any POLST-related work.
Shared Vision

We envision a future in which all Californians with advanced serious illness or frailty have their wishes for medical treatment at the end of life elicited and honored and where ensuring person-centered care and honoring patient wishes is always of highest priority within health care. Widespread adoption and electronic exchange of POLST are essential realizing this vision.
Phase 2 | Recommended Practices

Purpose | Work with stakeholders to identify practices that would advance use of electronic POLST registries as a means to enable statewide access to POLST information
Phase 2 | Recommended Practices

- Electronic Capture of POLST Information
  - Electronic form completion should be modeled after paper form, using accepted language
  - Use of digital signatures in POLST forms should follow guidance for advance health care directives
Phase 2 | Recommended Practices

- Quality of POLST Information
  - Responsibility for quality lies first with the signing provider
  - POLST capture should include processes to ensure quality in scanned forms and technology to ensure quality in electronic forms
Phase 2 | Recommended Practices

- Alternative Methods of POLST Capture
  - POLST information capture must allow for real-world provider workflows
  - Registry should continue to support submission of paper POLST forms
Phase 2 | Recommended Practices

- Authoritative Source of POLST
  - Communities should establish local authority and workflow for accessing POLST information
  - Communities should advocate for electronic POLST information (registries)
  - Communities should leverage HIE if available
Phase 2 | Recommended Practices

- Statewide Approach
  - California should establish a consensus architecture for sharing electronic POLST information statewide
  - State government should take a role in leadership, funding, and/or incentives to participation
Electronic POLST Sharing

- Registries should share POLST information electronically statewide
- Historical POLST information should be available to providers upon request, presenting only the most recent valid form by default
Phase 2 | Recommended Practices

- Example approaches…
Phase 2 | Recommended Practices

- **Technical Approach**
  - Allow and encourage enterprise and regional registries to innovate
  - Leverage a central repository when viable; coordinate among registries if necessary
  - Leverage existing exchange standards if possible
Phase 2 | Recommended Practices

For more information on recommended practices, see:

2020 and Beyond

Next Steps
The impact of COVID-19

- Creates more urgency
- Verbal consent work around
#7. Create a statewide system for making information about patients’ specific treatment preferences available to healthcare providers whenever and wherever it is needed, with advance healthcare directives and POLST that are incorporated into electronic systems so that this information is prominent and readily available and can be honored.

A. Implement a statewide registry for electronic exchange of POLST.
Your Next Steps

• Champion within your Organization
• Align with the Vision
• Adhere to the Recommended Practices
• Staying Tuned
Our Next Steps

• Continue to provide stakeholder engagement opportunities
• Build on policy opportunities
• Explore sustainability and funding
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Questions?