

Advance Directives

A Landscape Overview

Work Funded By: The State of Connecticut Office of Health Strategy

Prepared by:

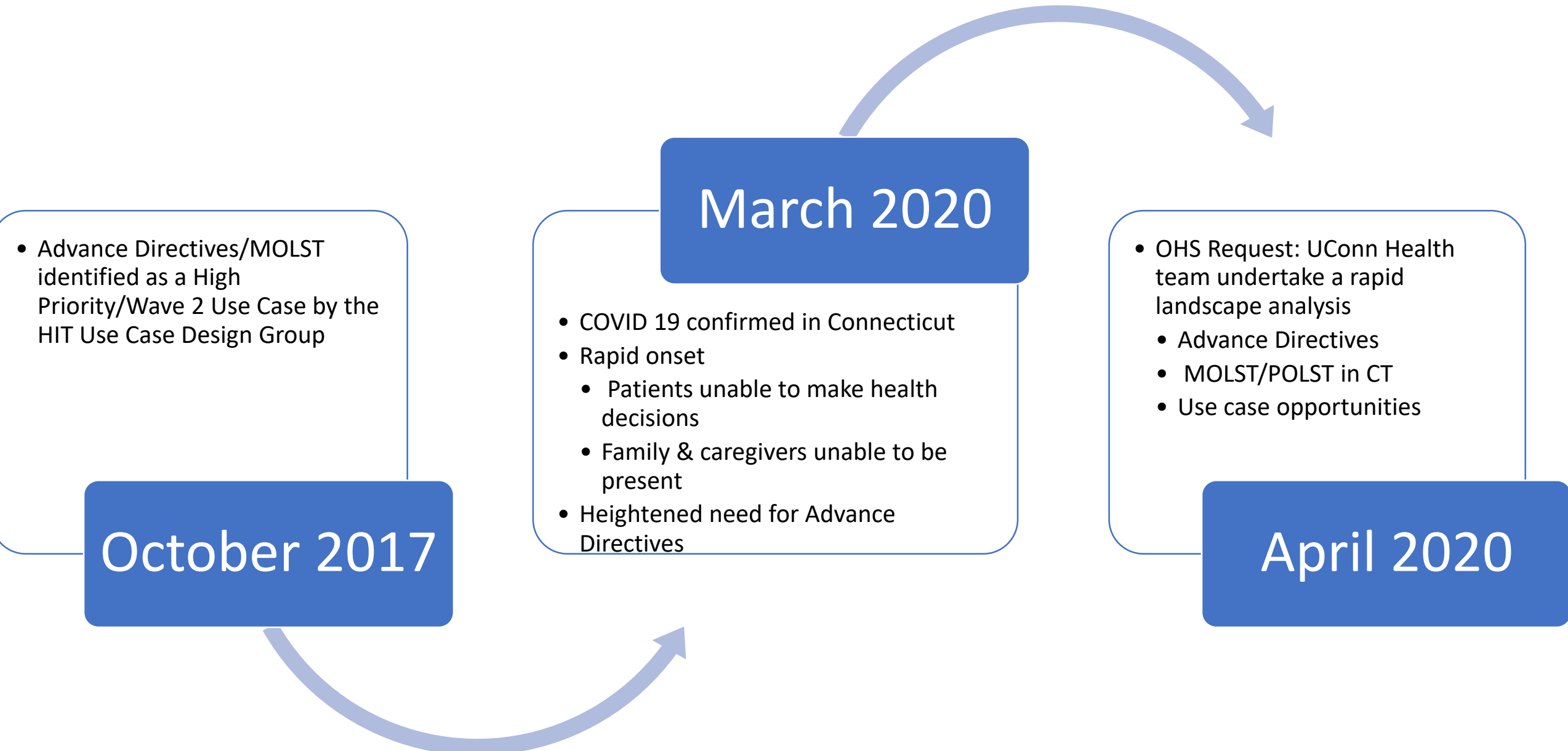
Thomas P. Agresta, MD, MBI, UConn Health

Rachel S. Rusnak, MPA, UConn Health

Ryan J. Tran, MHS, UConn Health



Prioritizing Advance Directives as a Use Case



Defining Advance Directives



Advance Directive

- Written statement of wishes for care
- A tool to ensure patients receive the medical care that they desire in times that they are unable to select for themselves

MOLST (Medical Order for Life Sustaining Treatment) / POLST (Physician Order for Life Sustaining Treatment)

- Intended for the seriously ill, signed by the clinician and the patient
- Effective immediately, regardless of patient capacity

Living Will

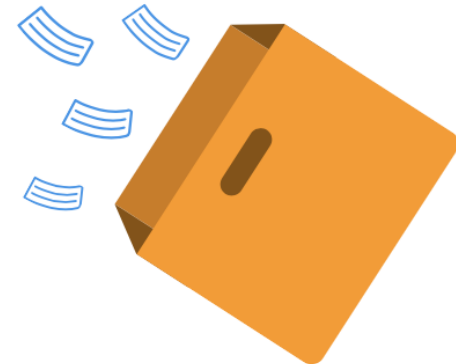
- Identifies life sustaining treatments patient would and would not want in the event they are not able to make their own medical decisions
- Identifies preferences for medical decisions, such as palliative care and organ donation

Power of Attorney

- Legal document, appoints an individual to make medical care decisions in the event the appointee cannot make their own

Advance Directive Foundational Components

- living will
- durable power of attorney for health care





The State of Advance Directives

Connecticut & Nationally

Research, surveys, and interviews reveal the landscape of advance directives, technologies, satisfaction, gaps, and needs in Connecticut, with a view of activities nationally.

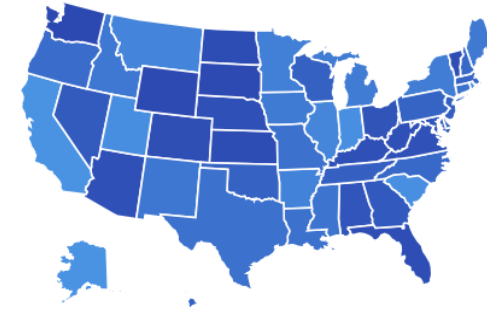


One out of every 3 adults in the US have some form of an advance care plan.

MOLST

Medical Orders for Life Sustaining Treatment The State of Connecticut

Existing MOLST program
Administered by DPH
Green Paper Forms
Patients must carry at all times
Based on National POLST Paradigm
Not endorsed by the National POLST Paradigm



3 Primary Solutions Nationally

- My Directives
- Advance Care Planning Registry
- Vynca



Components Reviewed



Patient Perspective

Proxy Access
Ease of Use/Accessibility



Provider Experience

Ease of Use/Accessibility



Opportunity to Engage

Current Arrangements
Prospective Arrangements
Willingness to Collaborate



Tools & Capabilities

Mobile Compatibility
Documentation Types



Technical Specifications

POLST/MOLST Integration
EHR Integration
Document Creation
Data Transfer
Compliance

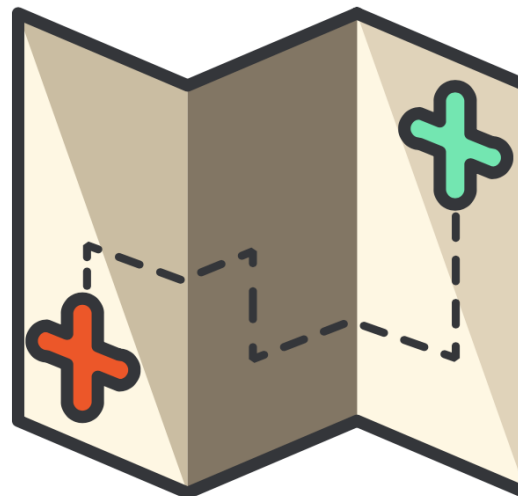


Business Model

Current Customers
Stability
Revenue Model

The Process

The team at UConn Health engaged in a research and evaluation process in the Spring & Summer of 2020 to identify and assess the three principal advance directive vendors used in the US.



Research

- Web Based
- Literature Review
- Legal



Product Testing

- Demonstrations



Interviews

- Product Reps



Survey

- Development
- IRB
- Deployment
- Data Collection



Analysis

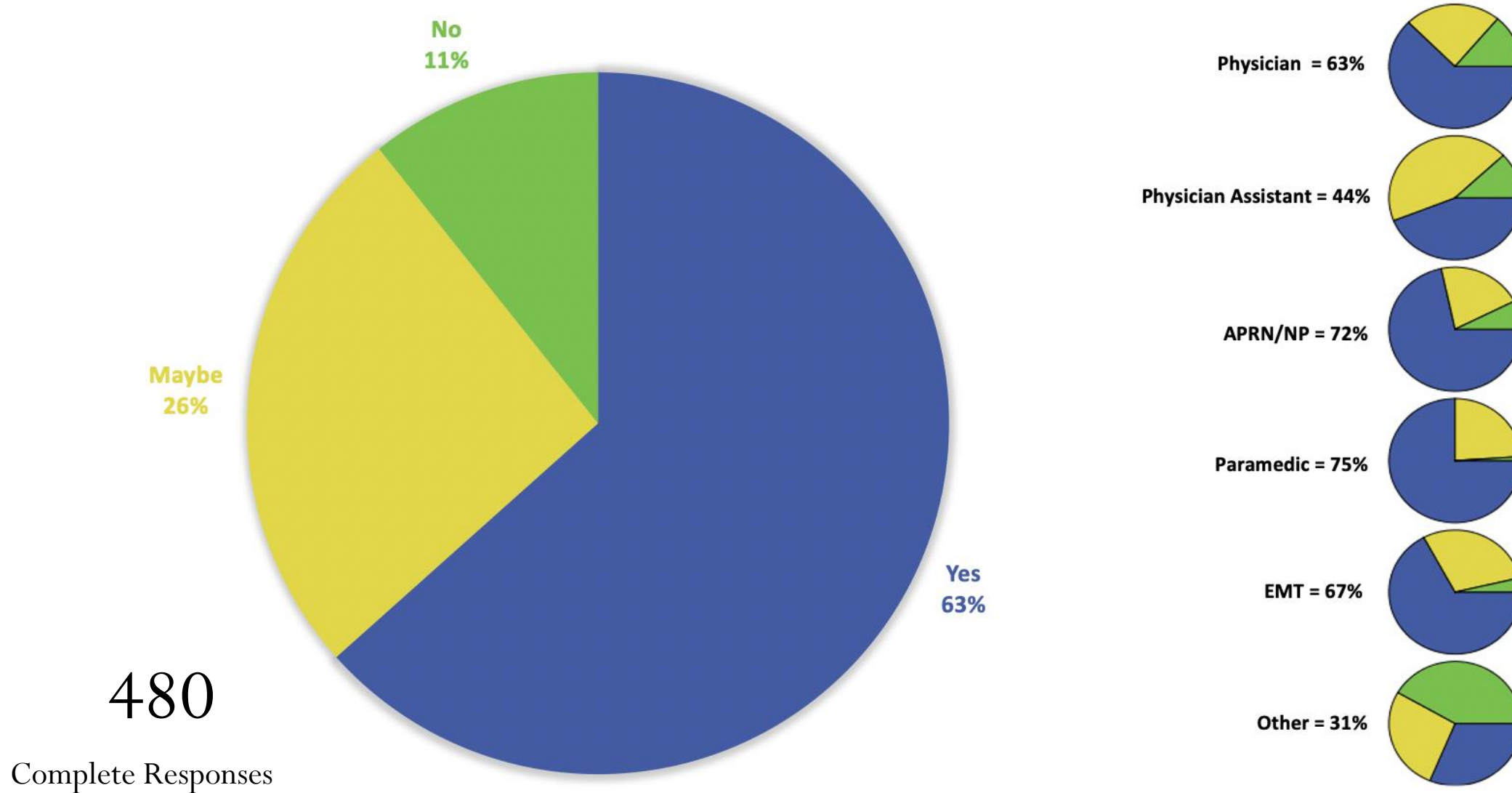
- Synthesis
- Qualitative
- Quantitative

Findings

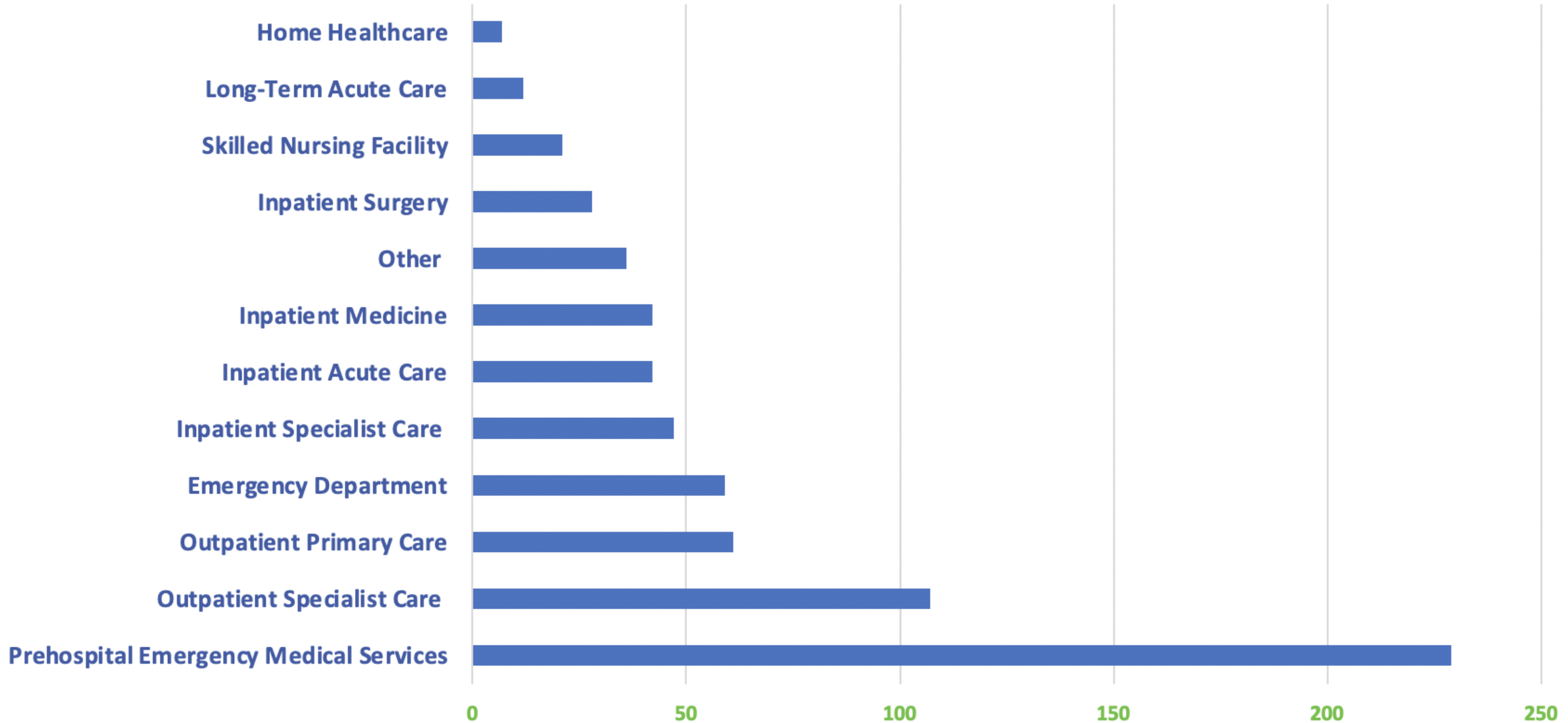
	Active in CT	Integration Capability (API or Web Services)	Documents can be uploaded	Patient Portal	Proxy Sharing	Fillable Documents	Interoperable Data	Exportable Data	Multi-Device Compatible	Stable Business Model	Opportunity to Engage
Vynca		✓	✓		✓	✓	✓	✓	✓	✓	✓
Advanced Care Registry		✓	✓	✓	✓			✓	✓	✓	✓
MyDirectives		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

“There is substantial evidence that the treatment people would choose at the end of life commonly is different from the treatment they receive. Too often individuals receive more aggressive care than they desire...preferences for where they wish to spend the end of their lives are also often not met... there is an apparent need to improve end-of-life care in the United States.”

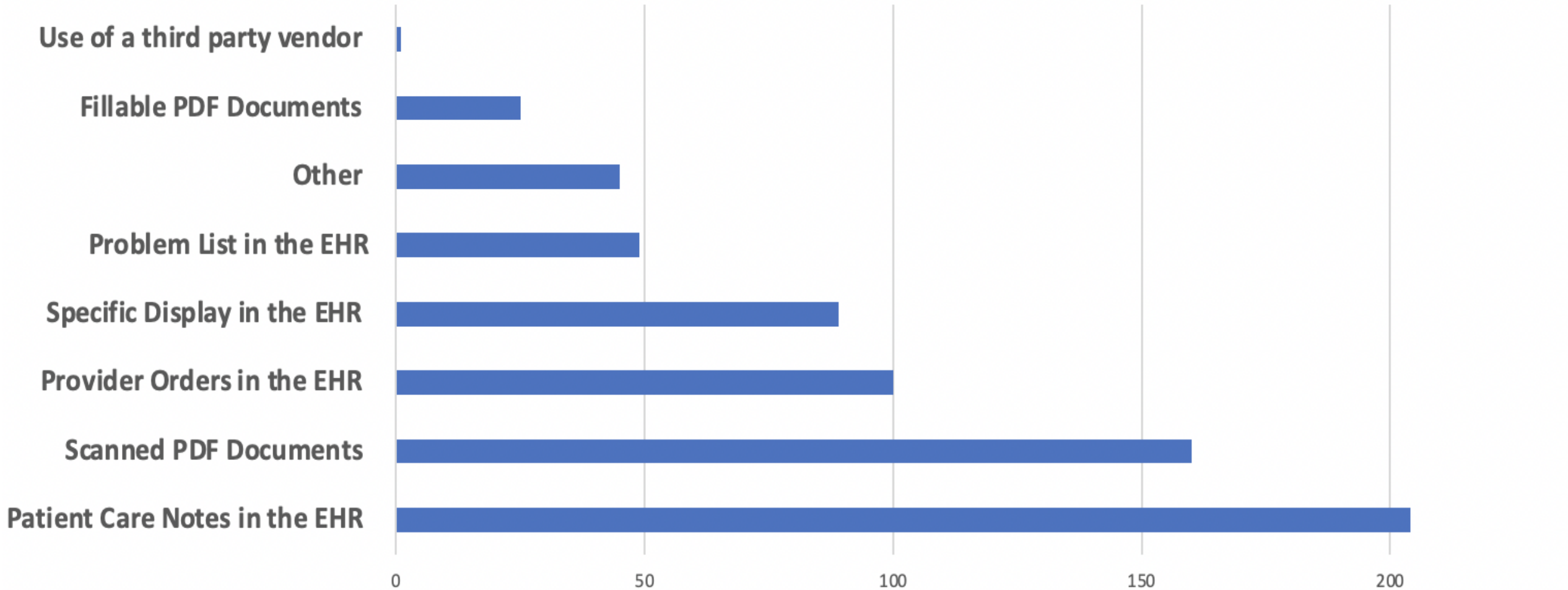
Interest in Participating in a HIA Sponsored Solution



Responding Provider Practice Setting



Storing Advance Directives in the EHR: Possible Locations



What Providers are Saying

“Family member on scene could not provide DNR order, senior living staff did not have a copy... life-saving measures were initiated. (patient) ended up in the ER for hours before passing”

“I have encountered several patients that have had procedures performed on them against their wishes... due to not having proper paperwork with the patient or not having the ability to contact the appropriate people who had the paperwork or information for the patient.”

“many examples of when intervention (possibly futile) was provided because I was not able to access documents pertaining to patient's wishes or patient/family was not clear about the decisions already made.”

Opportunity

- Facilitate the delivery of a significant, and needed service to Connecticut's residents, health care providers and health systems.
- Reduce unwanted, nonbeneficial care, financial burden and emotional distress
- Revenue Generation
 - Serve as a Reseller
 - Purchase Bulk Access
 - Purchase on Behalf of Residents

Considerations

Role of the HIE

- Consolidated Information Source
- Query & Retrieve
- SMART on FHIR
- Access: patients & providers
- Legislation
- Formal Use Case Development

Technical & Policy

- Interoperability
 - Interface/Integrate
- Product Usability
- Reimbursement
- End Users
- Barriers & Interventions

Next Steps



Further Research



Product Demonstrations



Interviews & Data Gathering



Present to the OAC for Use Case Development



Identify Additional Stakeholders

ER Clinician

EMT/Paramedics

State Agencies



Develop Survey Result Report



Evaluate HIE Integrations

Advance Directives

POLST

MOLST

Questions

