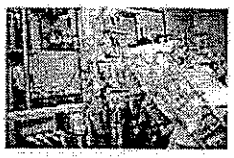
Honoring the Patient's Wishes: The POLST Paradigm and MOST in Colorado

David Koets, MD
Chair, Colorado Advance Directives Consortium
Medical Director, The Denver Hospice
dkoetsmd@q.com



Colorado Advance Directives Consortium

- Medical Community-CMS, DMS, EPCMS
- Legal Community-CBA, Elder Law
- Legislative Representation/Lobbyists
- CDPHE-Facilities Division and EMS Division
- Long-term Care- CHCA, Ombudsman
- Colorado Center for Hospice and Palliative Care
- Ethics Committees/Community Groups

ADVANCE DIRECTIVES

- CPR/DNR-Colorado CPR Directive
- MDPOA / POA / Surrogate-Proxy Decision Maker
- Living Will
  - Artificial Nutrition & Hydration/PEG, IVF
  - Antibiotics
  - Hospitalization

  –And
- POLST Paradigm and MOST in Colorado

BARRIERS

Patient Barriers to completion of Advance Directives

- Belief that physicians should initiate discussions
- Discomfort with the topic
- Procrastination/Apathy
- Belief that family should decide
- Family would be upset by the planning process
- Fear of burdening family members

Physician Barriers to addressing Advance Care Planning

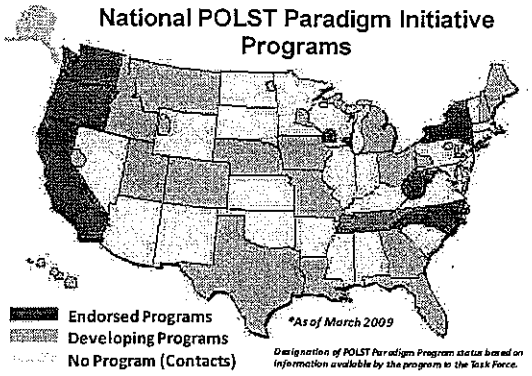
- Belief that patients should initiate discussions
- Discomfort with the topic
- Time constraints
- Lack of knowledge about Advance Directives
- Negative attitude
- Perception of Failure

Advance Directive Discussions

- Having the Conversation
  - Patient
  - Family
  - Providers
- Effective Communication
  - Honest Prognosis/Expectations
  - Goals of Care/Resolving Conflicts
- Comprehensive/Portable Documentation
  - Communication across all care settings
  - Re-evaluation with changes in condition

The POLST Paradigm

- POLST-Physician Orders for Life Sustaining Treatment
- MOLST-Medical Orders for Life Sustaining Treatment
- POST-Physician Orders for Scope of Treatment
- MOST-Medical Orders for Scope of Treatment



"POLST at Work"

Living Will vs. *MOST*

Living Will	POLST-*MOST*
For any adult	For the seriously ill
Decisions about potential future conditions & treatments	Decisions relative to the current condition
Negative preferences are defined	Preferences presented as *options*
Needs to be retrieved	Stays with the patient
Requires interpretation	Physicians Orders

Fagerlin & Schneider. *Enough: The Failure of the Living Will.* Hastings Center Report 2004;34:30-42.

CPR Directive vs. MOST

Colorado CPR Directive	MOST
DNR is the only option	DNR or Full Resuscitation
Other care options *implied*	Other Care options defined
Regulatory constraints	Regulatory latitude
Repeated across settings	Remains with the patient

Barriers & Changes

CDPHE/EMS recognition	Regulatory Revision Task Force
Signature requirements	Expanding "valid" signatures
Original Document	Copies are valid

Paradigm Outcomes

- Summarizes all components of Advance Care Planning- CPR Directive, Living Will, MDPOA
- Establishes Advance Directives as Orders
- Portability-Follows the patient
- Allows for and facilitates ongoing discussions
- Updated on a regular basis

Legislative Experience HB09-1232

- Portability across healthcare settings
- Acceptable formats-fax, photocopy, electronic
- Expand Signature options-APNs, PAs
- Immunity
- Opened discussions with CDPHE and DORA
- No delay in implementing the MOST initiative/pilots

References-POLST Paradigm

- **www.polst.org**
- Dunn, P, et.al., *The POLST Paradigm: Respecting the Wishes of Patients and Families.* Annals of Long-Term Care, 2007; 15 (9): 33-40
- Emanuel, LL, *Advance Directives and Advancing Age*, Editorial, JAGS 2004; 52: 641-642
- Meier, D., Beresford, L., *POLST Offers Next Stage in Honoring Patient Preferences,* J Pall Med 2009; 12 (4): 291-295