Bringing the POLST Process to Texas - Fact Sheet
An introduction to the Texas MOST Coalition

What is POLST?

- Physician Orders for Life-Sustaining Treatment (POLST) is a ***conversational process leading to portable physician orders.*** The conversation is between health care professionals, ***patients*** and their loved ones or chosen representatives, ***facing advancing, serious illness or frailty and for whom the health care professional would not be surprised if the patient died within the next year.***
- The POLST process begins with conversations about the patient's future leading to shared decision making about what treatments patients do and do not want based on their condition and personal beliefs.
- These conversations are then turned into a portable order set respecting the patient's goals of care that travels with the patient between different treatment sites such as hospitals, nursing facilities, and emergency departments.
- Shared decision making involves ***helping the patient explore what matters most***, the risks and benefits of medical interventions in the setting of a sudden decline in medical condition during which the patient cannot communicate. Whether the patient wishes interventions focused on comfort only, or on the most intensive interventions appropriate, the patient's wishes are converted to medical orders that travel with the patient, insuring that others know the patient's goals of care and treatment preferences.
- States have chosen to call POLST by differing names such as IPOST, MOLST, and others. **We are advocating the term Medical Orders for Scope of Treatment, referred to as MOST, here in Texas.**

The Texas MOST Coalition:

- Initiated in 2014 after the pattern of many other states to bring stakeholder organizations together who care for patients facing serious, advancing illness and frailty with an interest in adopting conversations and MOST in an effort to improve that care. The initial board meeting was held September 25, 2015. (26 states have legislation and/or regulation adopting POLST. Several healthcare organizations in Texas already use MOST as a care planning discussion and form with appropriate patients and their families.)
- The ***mission*** of the Texas MOST Coalition is:
  - To improve patient centered treatment based upon shared decision-making and communication across sites of treatment in the setting of serious illness by:
    - Advocating state wide development, training and usage of portable Medical Orders for Scope of Treatment (MOST) forms based upon patient values and treatment preferences that are ***actionable in all care settings***; and
    - ***Encouraging providers to have timely goals of care discussions with patients and families, especially the seriously ill,*** in order to:
      - Facilitate understanding of the medical conditions involved
      - Help the health care professional understand the patient's values
      - Engage patients and their families in shared decision-making, and
      - Document patient preferences on the MOST form.

- **Our objectives** which drive this work are:

  - Share the experience of MOST conversations among providers.
  - Collect data that will support the use of MOST, including experiential and patient satisfaction data.
  - Advance the use of a common MOST/POLST document in Texas.
  - Serve as a clearinghouse for information.
  - Further the use of a conversational paradigm leading to MOST.
  - Promote paper and/or digital based advance care planning, document creation and retrieval.
  - Monitor our legislative environment and assess opportunities and timing to advance legislation that will support the use of MOST.
  - Seek funding to sustain these efforts.

What You Can Do:

1. Understand that **fostering meaningful conversations** about what matters most to patients is the goal of all this work. Advance care planning and MOST conversations are ways of doing this.

   - Become familiar with MOST and who is using it and how you might **partner** with those organizations.
   - Recognize that as of January 2016, advance care planning became a billable service for physicians under Medicare and that other payors are considering and/or following this practice.

2. **Join the Texas MOST Coalition** and follow the work and/or access resources that might help you adopt systems to improve conversations with your patient population.

   - Send an email to kim.callanan@gmail.com with your contact information and a request to be placed on the communication distribution list.
   - We have meetings 2-3 times per year that you might find interesting, are preparing to launch a website and will share other progress updates about this work.

More about MOST- (supporting evidence, comparison to advance directives and the out-of-hospital-do-not-resuscitate form)

What is the difference between an Advance Directive (Living Will) and MOST?

- An advance directive is a legal form (often multiple pages, sometimes prepared by an attorney) ***allowing a patient to express treatment preferences in the setting of a terminal or irreversible illness at a time in the future when the patient is unable to make his or her wishes known***. It is not an order set. An advance directive may include appointing a proxy or surrogate to speak for the patient.
- A POLST/***MOST form is a one-page order set*** resulting from the conversation signed by the physician. It contains current preference about level and settings of care, nutritional support and resuscitation that result in orders that can follow the patient across multiple settings. It directs the care delivery and plan.
- Evidence supports that every adult, age 18 and above, should have a designated medical power of attorney. Advance care planning conversations should be pursued with all patients by age 65 or at the onset of chronic, serious medical diagnoses.

What is the difference between the Texas Out-of-Hospital-Do-Not-Resuscitate order and MOST?

- An OOH-DNR is an ***order only to withhold attempted CPR*** when heartbeat and/or breathing stops.
- A MOST order may direct emergency personnel to attempt or not attempt CPR when heartbeat and/or breathing stops. More importantly ***MOST addresses a broader range of care decisions***. It directs emergency and other medical personnel to pursue the most intensive interventions, selective interventions, or to focus on comfort for any serious change in medical condition.
  - ***Currently in Texas, an OOH-DNR must accompany the MOST in order to ensure caregivers, including emergency responders, do not initiate CPR if that is the patient's wish.***

What is the Evidence supporting this new patient centered tool?

- At the end of life, 40% of patients fear they will receive too little treatment and 45% fear too much treatment. * **POLST/MOST allows the patient to address both fears.**
- A recent article in the Journal of the American Geriatrics Society demonstrated that POLST/MOST significantly increases the likelihood that a patient's treatment preferences will be honored as evidenced by a review of over 18,000 death records comparing POLST/MOST preferences and place of death:
  - 6% of patients with a POLST specifying a preference for comfort measures only died in the hospital versus 94% dying at home or nursing home as preferred by the patient.**

- 22% of patients with POLST specifying limited interventions died in the hospital.**
- 44% of patients with POLST specifying intensive interventions died in a hospital. This is significantly higher than the 34% of patients with no POLST who died in a hospital, strongly suggesting that POLST increases the likelihood of a patient who wishes to have aggressive interventions at life's end making it to the hospital for treatment.**
- *(*Barnato AE, Herndon MB, et al. Are Regional Variations in End-of-Life Care Intensity Explained by Patient Preferences? A Study of the US Medicare Population. Med Care 2007 May; 45(5):386-393.)*
- *(**Fromme EK, Zive D, Schmidt TA et al. Association Between Physician Orders for Life Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon. Journal of the American Geriatrics Society, on-line June 9 2014. DOI 10.111/jgs. 12889.)*

Other Important Considerations:

- The National POLST Paradigm Task Force's (NPPTF) position is that a POLST should never be mandatory, but health care professionals should be encouraged to offer POLST to appropriate patients.
- As a clinical matter, the NPPTF recommends that POLST/MOST be reviewed periodically and specifically when: (A) the patient is transferred from one care setting or care level to another, or (B) there is a substantial change in the patient's health status, or(C) the patient's goals of care and/or treatment preferences change.
- A study of established POLST Programs found that among the most important factors facilitating successful creation of a POLST Program was a core group of "physician champions" working with a broadly inclusive task force or coalition. The coalition should include representatives of the various organizations that contribute to end-of-life health care, including the state medical association, the state bar association, EMS providers, hospitals, long-term care providers, nurses' associations, hospice associations, the disability community, patient advocacy organizations, and other consumer groups, including faith-based organizations that are particularly concerned about patient protections.

[Texas MOST Coalition February 2016—Contact us via kim.callanan@gmail.com]