

Optum

Advanced Care Planning and End of Life Choices

2022 Compliance | Quality Dept.



Don't be Afraid to Talk

End Of Life (EOL) Discussions

- Are not associated with increased depression or worry. In fact, it can be relieving to patients and caregivers, allowing choices.
- Are associated with lower rates of ventilation, CPR, and ICU care

Aggressive EOL Care

- Is associated with worse patient quality of life
- Has a higher risk of caregiver depression in bereavement period

EOL Conversations: How to Start

- “What concerns you the most about your illness?”
- “How is treatment going for you and your family?”
- “As you think about your illness, what is the best and the worst that might happen?”
- “What has been the most difficult about this illness for you?”
- “What are your hopes (your expectations and your fears) for the future?”
- “As you think about the future, what is most important to you?”

Definitions

- **Advanced Directive:** This document is called different things in different states (e.g., living will, health care power of attorney). It is a legal document used to provide guidance about what types of treatments a patient may want to receive in case of a future, unknown medical emergency; it is also where patients designate a surrogate. Advanced health care directives (AHCD) may be revoked orally at any time until patient loses decision-making capacity. All adults should have an advance directive.
- **Durable Power of Attorney:** A legally binding document that allows the patient's person of choice (agent) to make health decisions if the member is no longer able to make such decisions. This includes routine medical decisions, as well as more complicated decisions. The agent may not be the attending physician. The document must be signed by two qualified adult witnesses. Those persons not eligible to be witnesses are attending physicians, nurses or their employee or any other healthcare professional that is involved with the patient's care.
- **POLST:** (Physician Orders for Life-Sustaining Treatment) This is a medical order that tells emergency health care professionals what to do during a medical crisis where the patient cannot speak for him or herself. POLST forms are appropriate for individuals with a serious illness or frailty near the end-of-life.

What the Health Care Agent can decide for the Patient?

- Medical/surgical treatment and organ procurement/donation
- Withholding/withdrawing medical treatment
- Admission/placement to a health care facility
- Release of medical records
- Selection and oversight of health care providers
- Living environment
- Apply for Medicare, MediCal or other programs

California PREPARE Advance Directive



Let PREPARE help you fill out the advance directive.

The pages are easy-to-read and PREPARE will walk you through them.

Fill out the advance directive in PREPARE



Or, you can download a blank form to do outside of PREPARE.

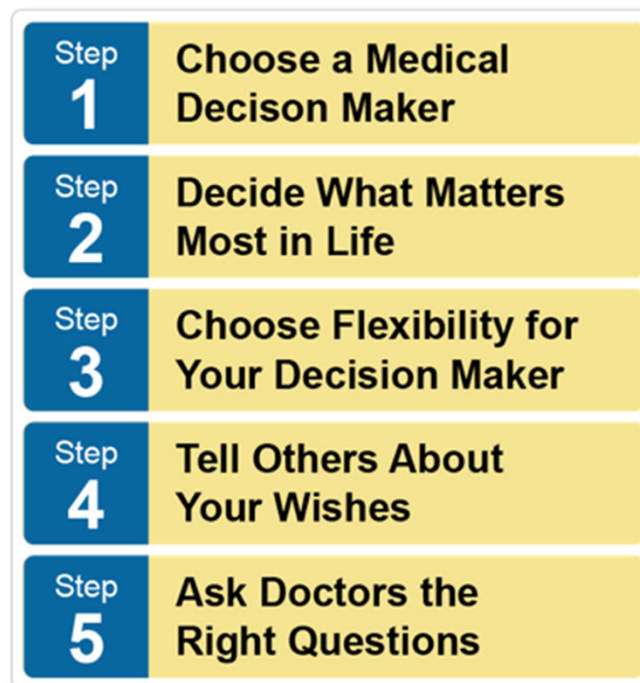
Choose a Language to Download

Prepare for your Care

PREPARE is a program that Optum uses to help patients make medical decisions for themselves and others and document their Advanced Directive(s).

[Prepareforyourcare.org](https://prepareforyourcare.org)

- Evidence-based, NCQA endorsed.
- Prepares patients and surrogates for medical decision making, decreasing surrogate burden, PTSD and complicated grief.
- Available in 11 different languages and at a 5th grade reading level



<https://prepareforyourcare.org/en/faq>

Decreases Health Disparities

PREPARE, co-created with communities to address:

- Outdated models of ACP (i.e., check boxes)
- Limited health and digital literacy
- Cultural and language diversity
- Visual, hearing, cognitive impairment

California Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 3 parts:

- Part 1 Choose a medical decision maker, Page 3**
A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself. This person will be your advocate. They are also called a health care agent, proxy, or surrogate.
- Part 2 Make your own health care choices, Page 7**
This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.
- Part 3 Sign the form, Page 13**
The form must be signed before it can be used.

You can fill out Part 1, Part 2, or both.
Fill out **only** the parts you want. Always sign the form in Part 3.
2 witnesses need to sign on Page 14, or a notary on Page 15.

PREPARE logo and footer: Your Name, 1

Instrucción anticipada de atención de salud de Wisconsin

Este formulario le permite indicar cómo desea ser atendido si usted no puede hablar por sí mismo.

Este formulario consta de 3 partes:

- Parte 1 Escoger una persona decisora, página 3**
Una persona decisora es una persona que puede tomar decisiones médicas por usted si usted no puede tomarlas por sí mismo. Esta persona será su representante. También se le llama un agente de salud, un representante, o un sustituto.
- Parte 2 Tomar sus propias decisiones de atención de salud, página 7**
Este formulario le permite escoger el tipo de atención de salud que desea. De esta manera, las personas encargadas de su cuidado no tendrán que adivinar lo que desea si no puede decirlo por usted mismo.
- Parte 3 Firmar el formulario, página 13**
El formulario se debe firmar antes de que se pueda usar.

Usted puede llenar la Parte 1, la Parte 2, o ambas.
Llene **solamente** las partes que desea. Siempre firme el formulario en la Parte 3.
Es necesario que 2 testigos firmen en la página 14, o un notario en la página 15.

PREPARE logo and footer: Su Nombre, 1

紐約州醫療照護事前指示書

在您無法表達意見時，這份指示書可讓您表達您希望得到的醫療照護。

指示書分為三部分：

- 第一部分 選擇一位醫療代理人，第3頁**
在您無法自己做出決定時，您的醫療代理人會幫您做出醫療決定。這個人將是您的醫療代理人。您也會被稱為醫療代理人、委託人、決策者或代理者。
- 第二部分 選擇您的醫療照護，第7頁**
指示書會让您選擇自己的醫療照護。這樣，若您無法表達意見，照護您的人就不需要猜您的想法。
- 第三部分 在指示書上署名，第13頁**
這份指示書必須署名才可以使用。

您可以填寫第一部分或第二部分，或兩部分都填寫。
只填寫您想要的部分，但一定要在指示書的第三部分署名。
兩位見證人必須在第十四頁署名。

PREPARE logo and footer: 您的姓名, 1

What is POLST?

Physician Orders for Life Sustaining Treatment

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Person has no pulse and is not breathing.</i>
	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow Natural Death) (Section B: Full Treatment required)
When not in cardiopulmonary arrest, follow orders in B and C .	

B Check One	MEDICAL INTERVENTIONS: <i>Person has pulse and/or is breathing.</i>
	<input type="checkbox"/> Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. Transfer if comfort needs cannot be met in current location.
	<input type="checkbox"/> Limited Additional Interventions Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
	<input type="checkbox"/> Do Not Transfer to hospital for medical interventions. Transfer if comfort needs cannot be met in current location.
	<input type="checkbox"/> Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.
Additional Orders: _____ _____	

C Check One	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible and desired.</i>
	<input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube.
	<input type="checkbox"/> Long-term artificial nutrition by tube.
Additional Orders: _____	

POLST Essentials

- Not just a form – POLST establishes a community plan of care
- A **physician order** that specifies a range of medical treatments
- Portable document honored across health care settings

Who should have one?

- Would you be surprised if the patient died within 12 months?
- Is your patient seriously ill? Exhibiting functional decline? Experiencing frequent admissions or complex care requirements?

Allows clarification of Goals of Care

- Resuscitation: CPR vs AND
- Medical interventions: Comfort Measures Only vs Limited Interventions (generally avoid Intensive Care), vs Full Treatment
- Artificially administered nutrition (Gtube, NGtube, TPN)
- Alternate decision maker

Does POLST Replace the Advance Health Care Directive?

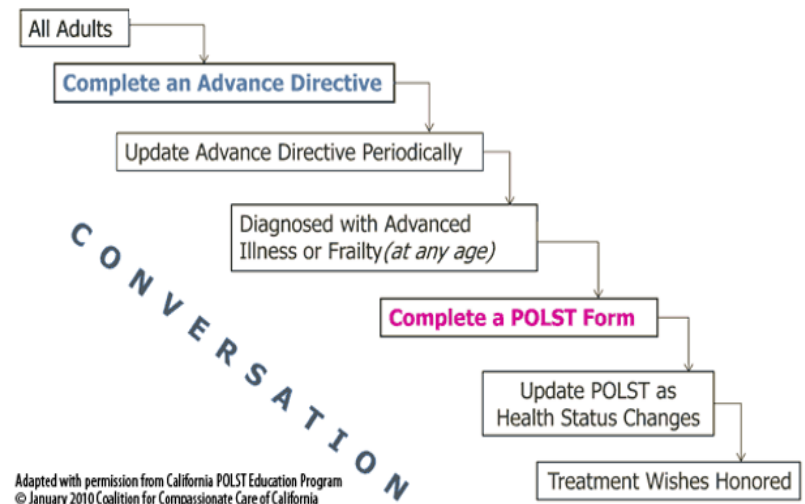
The POLST complements the Advance Health Care Directive (AHCD).

- California law requires physician orders in a POLST to be followed by healthcare professionals.

The AHCD allows you to:

- Name a health care decision maker
- Make general statements about health care wishes
- Does not give medical orders.

Encourage everyone 18 years and older to complete an Advanced Health Care Directive



Documentation for Healthcare Providers

Healthcare providers must ensure that an Advanced Directive (AHCD) is completed and on file in the patient's chart.

Documentation must exist in the patient's chart that they were offered information on an AHCD, they refused the information, or that they have one and it is in the chart.

- For patients who have a completed an AHCD:
 - Request a copy of the directive to scan into the patient's EHR.
 - The original document is always returned to the patient.
 - Document receipt of advanced directive in EHR note.
- For patients with No AHCD:
 - Employed Optum providers can access the Prepare for Your Care Advanced Directive form within the Allscripts EHR.
 - Other legally approved forms, such as the Advanced Health Care Directive (4701) form, available from multiple other sources may be accepted from patients.
 - The most recent copy of any advanced directive or POLST form takes precedent and is honored.

Resources

1. Policy RM-Optum-CA-001
2. 42 CFR §§ 489.100, 422.128
3. California Probate Code §§ 4700-4701
4. Centers for Medicare and Medicaid Services 92009) Conditions for Coverage 42 CFR 416. Interpretive Guidelines §416.50 (a) (2)
5. Patient Self Determination Act (PSDA)
6. [Prepare for Your Care Advanced Directive](#) form
7. [ADVANCE HEALTH CARE DIRECTIVE \(4701\)](#) form
8. [POLST](#) form

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